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INTERNATIONAL LABOUR OFFICE

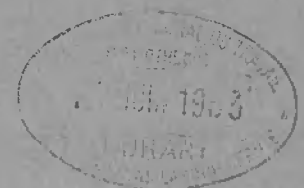
HAND BOOK
OF
SOCIAL INSURANCE
ADMINISTRATION

Volume I

METHODS AND PROCEDURES



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VOLUME I

METHODS AND PROCEDURES

(Parts I, II, III, IV and V of the Handbook)

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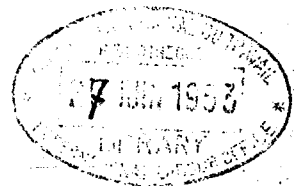


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Part I

Introduction and General Observations

Section 1

Foreword.

Section 2

Basic Assumptions.

Section 3

Preliminary Review.

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General Remarks as to Administrative Problems.

Part I

Introduction and General Observations

Section 1. Foreword

1. The primary purpose of this document is to give some general guidance in a straightforward and direct manner to persons who are concerned with bringing into operation a scheme of social insurance in countries where no such scheme is at present in operation, and to assist those countries where the possibility of adapting, modifying or extending their present schemes is under consideration.

2. In order that the plan should have a concrete form it has been necessary to make some basic assumptions as to the content of the social insurance scheme which is to be administered (see Section 2). But while the schemes of many countries may follow the lines set out in that section, this will not invariably be the position and it must therefore be fully understood that the plan is to be regarded essentially as a model which can be used or modified to the extent appropriate to the particular circumstances of the individual country.

3. Moreover, it is impossible in any case to establish a uniform standard plan of administration, because of the many factors present in the life and organisation of each country, of which account must be taken when preparations are being made for the introduction of the social insurance scheme. Such factors are the density of the insured population, the level of education of the workers and their employers and of the persons who will be responsible for administering the scheme, the existing organisation of public administration, including public health and public assistance services, the facilities of communication and the availability of postal and banking services.

4. In these circumstances it is obvious that, when considering the extent to which the model plan can be used without adaptation, care must be taken to see whether the procedures suggested are fully suitable for use in the individual country, and to modify them if necessary. In that connection allowance may even have to be made for such intangible factors as the traditions of the country in regard to administrative procedures, while if a strong preference is expressed for a particular procedure by the persons

who will actually be responsible for administering the scheme, it may foster good co-operation to accept this rather than to insist on the adoption of an alternative procedure which may seem to be rather better. Similarly there should be no hesitation in modifying or changing the wording or style of the forms where it is thought to be desirable to do so in connection with the administration of any individual scheme or part of a scheme which is under consideration.

5. When a decision is reached with regard to the form of the procedure to be adopted it is essential to have a concrete plan in written form so that each of the officers in the various administrative sections and offices knows exactly what are his functions and duties in connection with the scheme. It is also necessary to have standard forms in order to save the work which would otherwise be involved if everything had to be written or recorded as a result of oral interviews.

By standardising the procedure and forms in this way it is possible to secure uniformity of treatment in parallel circumstances and to ensure that no opportunity should be given for complaint as to inequality of treatment as between different offices or by different officers.

6. The procedures and draft forms have been simplified as much as possible consistent with proper administration. In general they are concerned with the treatment of normal straightforward situations, but it would be unrealistic to suppose that **unusual** difficulties will never arise. Provision has accordingly been included in the plan to suggest the action to be taken in dealing with some of these exceptional circumstances and these normally involve rather more complicated procedures. It may appear that there are a great many draft forms but, as the work will be sectionalised and the great majority of the cases will be straightforward, each individual officer will only need to use a relatively small proportion of them. It must not be overlooked in this connection that the plan has to cover the administration of a number of different benefits but, nevertheless, while recognising that some differences of treatment may be inevitable, the procedures and forms have been drafted in such a way as to secure the greatest possible degree of uniformity throughout.

7. Part V of the plan contains some notes of a general nature which are designed to indicate some of the considerations which led to the adoption of certain items in the plan and in some cases to suggest alternatives which it may be considered preferable to adopt having regard to the circumstances in a particular country. References to these notes are made in the introductions to the relative sections to which they relate and it is essential that the notes should be studied when any part of the plan is under consideration.

8. The procedures relating to accounting, financial matters and the collection of statistics, are to form the subject of a later study and accordingly they are not dealt with in detail in the present plan.

9. Finally it should be explained that the plan as at present drafted is limited to cover the provision for the benefits which are to be included in the early stages of a new social insurance scheme, but the intention is that it should be extended in due course to deal with benefits which may be provided at later stages. Additional systems of organisation and methods of procedure may also be added from time to time as necessity arises in the future.

10. In connection with the question of the extension of the scheme it must be stressed that in planning the administration of the initial scheme, regard must not be had solely to the immediate requirements at that stage; the plan must be so designed that an extension of the scheme will not involve major changes in its structure. Obviously the provision of new benefits will mean new administrative procedures but, if the initial plan was framed with this possibility in mind, they should fit easily into the existing arrangements.

Section 2. Basic Assumptions

11. The benefits which are normally provided to a greater or lesser degree under the existing social insurance systems are

- (a) sickness cash benefit, maternity cash benefit, employment injury cash benefits and funeral grant;
- (b) medical care;
- (c) invalidity, old-age and survivors' benefits;
- (d) unemployment benefit.

12. The extent to which these benefits are to be provided in a country which has previously had no social insurance scheme will naturally depend on many factors individual to the country, such as the immediate and future needs of its people, the geographic distribution of the persons for whom it is proposed to provide benefits, the facilities for the adequate provision of those benefits, e.g. doctors, clinics, hospitals, etc., and the availability of sufficient personnel, either already experienced or capable of being trained, to undertake the administration of the new scheme.

13. In the initial stages of many new schemes the benefits to be provided are limited to the benefits referred to at (a) and (b) of paragraph 11. Of these, medical care is generally regarded as of chief importance since the value of the cash benefits is greatly increased if an adequate medical service is also provided, and in addition it assists the administration of cash benefits by ensuring the production of satisfactory medical certificates of incapacity, etc. on which the award of those benefits is normally dependent. The provision of the benefits referred to at (c) of paragraph 11 must generally wait until the insured population have a better understanding of social insurance and are likely to be prepared to accept the payment of contributions for benefits which are unlikely to become available until very much in the future. The inclusion of unemployment benefit is normally dependent on the availability of suitable arrangements for assisting unemployed persons to secure fresh employment.

14. The plan has accordingly been drafted on the basis that (a) the scheme, which will be contributory, is to be compulsorily applied to some or all of the persons who work for employers; and (b) the benefits to be provided initially are:

- (i) medical care;
- (ii) sickness cash benefit;
- (iii) maternity cash benefit;
- (iv) employment injury benefits; and
- (v) funeral grant;

but with the intention that the scheme should be extended at a later stage to provide other benefits.

15. Furthermore, it has been assumed that the legislation includes provisions -

- (a) defining the persons who are to be insured under the scheme, with power to limit the coverage in the first instance and to extend it later as conditions permit; by limiting the initial scheme to employed persons it is possible to secure the co-operation of their employers to assist the administration by acting as intermediaries between the administration and the employees;

- (b) enabling regulations to be made with regard to the rates of cash benefit to be provided, the conditions and periods of entitlement to benefit, the methods of claiming benefit and of paying cash benefits and related matters;
- (c) requiring contributions to be paid by the insured persons and by their employers and for the State also to bear part of the cost, with power to make regulations with regard to the rates of contributions to be paid, the method of payment of these various contributions and related matters;
- (d) enabling regulations to be made for dealing with appeals and disputes arising on matters connected with the administration of the scheme; and
- (e) for the setting up, in accordance with regulations, of a Social Insurance Board to be responsible for the general administration and control of the scheme - this method of control has been chosen because it gives to the employers and employees, who have thus to collaborate in the administration, a certain degree of autonomy through their representatives on the board; if, however, this is not considered to be essential, it would be possible to bring the scheme within the general organisation of public administration under the control of a Minister directly responsible for the scheme to Parliament - see in this connection paragraph 102.

It may be that in practice the legislation will deal specifically with certain of the matters referred to in this paragraph, but they are here shown as to be covered in the regulations in order to give support to the draft procedures included in Part IV.

Section 3. Preliminary Review

16. Before any new social insurance scheme is formulated it is probable that a review has been made of the provisions which already exist to meet the needs of the people during periods of adversity, notably those arising as a result of illness, accident, old age and death.

17. Such provisions may be made, for example, by means of public health services, public assistance, workmen's compensation, provident fund schemes, superannuation schemes and various forms of private insurance, including those provided by mutual benefit societies.

18. Quite apart from giving some indication of the extent to which it is desirable to provide social insurance benefits, such a review will show how far it may be possible, in the organisation of the new administration, to make use of or to adapt the administrative procedures followed in these existing schemes and services, or otherwise to take account of their experience when preparing the administrative set-up of the new scheme. For example, it is possible that there has already been some registration of the workers as a whole, or of employers, or that there are labour inspection records in connection with the provision of workmen's compensation, of which use might be made in connection with the registrations for the purposes of the new scheme, or some experience may be available of the efficacy of postal and banking arrangements in connection with the claiming and payment of benefits, or of special administrative procedures in dealing with illiterate persons.

Section 4. General Remarks as to Administrative Problems

19. Before proceeding to describe in detail the plan of administration it may be helpful to refer to certain general considerations, particularly in connection with the introduction of a new scheme. Much of what is said in the following paragraphs is taken for granted in connection with the administration of any organisation of the type which is here contemplated and may already be well understood in the particular country where the scheme is to be introduced. But, for those countries where this is not the position, it is necessary to stress the importance of setting up an effective and sympathetic administration, especially where this may be the first occasion on which an organisation of the State has come into contact with the public to provide benefits for which a direct right has been acquired by the payment of contributions. Expectations will be high in regard to the new scheme and failure to fulfil promises which may have been made in advance of its introduction may have serious repercussions especially in relation to its later development.

20. One point, which is of especial importance, is that the legislators, when drafting the law, must take into consideration the possibilities of devising practical procedures for giving effect to the requirements proposed to be included in the law, particularly in regard to the making of claims for benefit and the paying of contributions. Accordingly before the final draft of the law is completed the general lines of the scheme and its administration should be worked out carefully and discussed with

representatives of the persons who will be directly concerned with the operation of the scheme, e.g. employers, doctors and the workers themselves, with a view to securing as far as possible that they understand and are in agreement with what it is proposed to do and see no obvious difficulties in the way of its administration. Similarly the regulations governing the detailed procedures should not be completed before those procedures have been fully worked out and tested for practicability. Failure to take these precautions will almost inevitably give rise to trouble when the scheme is brought into operation and inherent difficulties, which have been overlooked, come to light.

21. Reference has already been made in paragraph 15(a) to the need to obtain the co-operation of the employers by getting them to help with the administration of the scheme; e.g. by distributing leaflets about the scheme to their employees and seeing that they provide the information needed for their registration as insured persons and generally acting as intermediaries between the administration and the insured persons, most of whom will have had no previous experience of social insurance and many of whom may be unable to read or write.

22. But in the early stages the employers themselves will probably need a certain amount of instruction in order that they may realise the purpose of the scheme and the part which they will be called upon to play in connection with it. This may involve the giving by members of the staff of the Social Insurance Board of short courses of instruction through the medium of organisations of employers (e.g. Chambers of Commerce) - see in this connection Section 3.A. (Advance Publicity) of Part II of the plan.

23. In this matter of co-operation it will be helpful to bear in mind constantly that the purpose for which the scheme has been founded is to provide services and cash benefits for insured persons and that the people as a whole will gain as a result of the benefits granted to these persons. The insured persons are accordingly deserving of special consideration, and careful action will need to be taken in order to secure that they are given every assistance to understand why they are being required to pay contributions and what they should do when they want to claim the benefits to which these contributions entitle them. Much of the procedure will probably be strange to them and sympathetic handling will be necessary in order to gain their confidence particularly when they are in need of benefit. Moreover, it is essential that the officials who have to deal with enquiries about the social insurance scheme should thoroughly understand its purpose and workings and be able to give proper answers to the questions put to them.

24. It will be clear from what has been said above that right from the start it will be necessary to recruit a certain number of staff who are experienced to some degree in general office work or in various aspects of social welfare work and are available to be trained to deal with the administrative side of the social insurance scheme at the head office, and with the collection of contributions and consideration of benefit claims.

25. The questions of recruitment and staff training are dealt with in some detail in Section 2 of Part II of the plan, and at this stage it is only necessary to stress the paramount importance of seeing that, by the time the scheme is due to come into operation, a sufficient number of qualified staff, commensurate with the size of the field covered by the scheme, will be in position and able to provide an adequate service.

26. Other factors of similar importance are the need to see that sufficient technical staff are also available at that time, notably medical staff if medical care is to be included in the scheme, and that all necessary office and medical dispensary accommodation has been provided and suitably equipped. As stated in Chapter 1 of Part IV, Section 1, it has been assumed in the plan that medical care will normally be provided at social insurance dispensaries adequately staffed by medical officers and auxiliary personnel who will no doubt be paid on a salary basis out of the Social Insurance Fund. In view of the importance to the scheme of the provision of medical care on a satisfactory basis it is considered that an organisation of this nature is essential.

27. It is possible that the scope of the scheme and the date of its introduction may have to be determined in relation to the factors referred to in the foregoing paragraphs, but it will probably be considered desirable not to delay the introduction of the scheme until it can be extended to the whole country.

It is accordingly suggested that, where the facilities available are very restricted, not only should the initial scheme be limited to the provision of the benefits mentioned in paragraph 14 above, but the field of application of the scheme might be confined to industrial and commercial workers who, being accustomed to receive regular wages, are more likely to be immediately affected by the loss of those wages, and to those areas in which the necessary facilities are likely to be more concentrated. In this way the available administrative resources would be used to the best advantage, and the chances of a successful introduction of the scheme would be enhanced.

28. Once the scheme has thus been put into operation on a limited scale it can be extended, and, in fairness to those persons for whom provision has not already been made, such extensions should be made without avoidable delay as soon as the necessary facilities are available.

In particular, an early start should be made in the training of more staff, particularly those who would be available for employment in other areas, and as opportunity arises the scheme should be extended to apply to those areas, and, where initially its scope is limited to persons working in establishments with a minimum number of employees, this minimum number could be reduced or even withdrawn altogether. Thereafter the scheme could be further extended by applying it to employments other than industrial and commercial employments, and by including provision for some or all of the long-term benefits and for unemployment benefit when a proper placement service is in operation.

29. Reference has already been made in Section 1 of this part to the fact that the procedures set out in Part IV are essentially designed as models and that, when an actual scheme is under consideration, the procedures to be followed should be drafted to fit the scheme and to suit the conditions of the country in which it is to operate. It is possible, however, that, even so, the procedures which are first devised may in the light of experience prove to be not entirely satisfactory and to be in need of improvement, and as soon as the scheme has been put into operation, there should be regular meetings of senior members of the staff to discuss progress and to keep a detailed watch on the way the procedures are functioning.

30. Moreover, after the first few months, the whole organisation and the various procedures currently in use should be carefully reviewed in order to ascertain whether they are as effective as the needs of the scheme would warrant, and also whether it would be possible to improve them by some means which would be either more economical without loss of efficiency or more efficient without undue increase of cost.

31. Such reviews should be carried out by persons who are sufficiently detached from the particular aspect of the work under consideration to be able to form an unbiased opinion and are free to assess the value of the processes, to consider the possibilities of changing or modifying them and to formulate recommendations based on their findings. Any possible changes or modifications should, nevertheless, be discussed with the persons directly concerned with the particular job, in order to get their reactions and to bring to light any insuperable obstacles of which the reviewer might not have become aware.

32. When formulating recommendations the persons conducting the review must constantly bear in mind that no isolated change in the administration should be suggested without first having examined carefully, and taken into account, the possible effects the change might have on other procedures or processes. The acceptance or otherwise of any such recommendations would be a matter for the decision of the persons responsible for the control of the administration.

PART II

General Lines of Organisation

<u>Section 1</u>	General Organisation and Staff
<u>Section 2</u>	Recruitment and Staff Training
<u>Section 3</u>	Publicity
<u>Section 4</u>	Other Preliminary Work
<u>Appendix</u>	Organisation of the Headquarters Office

PART II

Section I. General Organisation and Staff

(see also paragraphs 1107 to 1112)

101. In paragraph 15(e) it was stated that it had been assumed for the purposes of the plan that the legislation would contain provision for the setting up, in accordance with regulations, of a "Social Insurance Board" to be responsible for the general administration and control of the social insurance scheme. If, in practice, the controlling authority is described in some other way, e.g. as a central council or a governing body, it will merely be necessary to substitute that description throughout the plan for "Social Insurance Board".

102. In some cases this authority may be answerable through a Minister (e.g. of Social Insurance) to the legislature. On the other hand, it may be that the Minister himself is to be the controlling authority, in which case there would probably be no need for a Social Insurance Board, although it might be considered necessary that a statutory committee should be set up to advise the Minister on specific matters relating to the scheme and its administration.

103. Much of the work of the Social Insurance Board would no doubt be done through a Standing Committee with powers which should be defined in the Social Insurance Board Regulations, and only matters of special importance would have to be dealt with by the whole Board. The Board should have power to set up other committees to assist it in its work.

104. It might also be considered advisable to set up some form of technical committee, composed of senior officials of the Board and other experts not connected with the scheme, to advise the Board on technical questions.

105. While the Social Insurance Board will exercise a proper control over the administration of the scheme, such control should be of a general character only, and the detailed control should be in the hands of the staff of the Board, working under the senior official, who may be designated as the Director-General for identification purposes, although any suitable title may be substituted as appears appropriate, e.g. in relation to the descriptions of officials of similar status employed elsewhere.

106. The Director-General, and possibly also the heads of the departments who work directly under him, should not be appointed by the Board itself, but by some independent authority.

such as the Head of the State, or whoever else may normally be responsible for appointments of this character. It has been assumed in the plan that the Director-General will be an ex-officio member of the Board and be responsible for the implementation of their directions.

107. The Social Insurance Board will no doubt be responsible for the appointment of the rest of the staff, but in practice the general work in that connection would normally be delegated to a special (Staff Services) division of the head office, and the actual appointment by the Board would be formal. This may, of course, be subject to certain standard conditions and rules relating to Government Service appointments as laid down by some central authority.

108. Under the Director-General the work of the Board will be performed by the other officials whose duties should be defined in a formal list of staff and duties in order to ensure, as far as possible, that there is no overlapping of duties or divided responsibility.

109. It is essential that the Director-General and the other senior officers should concentrate on matters of policy and that, as far as possible, responsibility for dealing with matters of detail should be delegated to the less senior staff. The principle of the delegation of duties should also be extended to the less senior staff as it is only in this way that the staff can be employed to the maximum of their abilities and their suitability for promotion in due course can be adequately judged.

110. In general the work divides naturally into various divisions; thus -

I. Cash Benefits Division, responsible for all matters relating to the determination of title to and payment of benefits, with subdivision possibly into sections dealing with individual benefits, and benefit appeals.

II. Medical Division, responsible for all matters relating to the provision of medical care, e.g. for the provision of doctors, dispensaries, etc. and for advising generally on medical questions.

III. Contributions Division, responsible for all matters relating to insurability, the collection or crediting of contributions, and the maintenance of the contribution records of insured persons.

IV. Legal Division, responsible for advising generally on drafting of legislation and regulations and on legal questions, prosecutions etc.

V. Finance Division, responsible for all accounting and auditing matters, and possibly of investment of funds not immediately needed for payment of benefits - this last mentioned function may alternatively be exercised by the Central Finance Authority (Treasury).

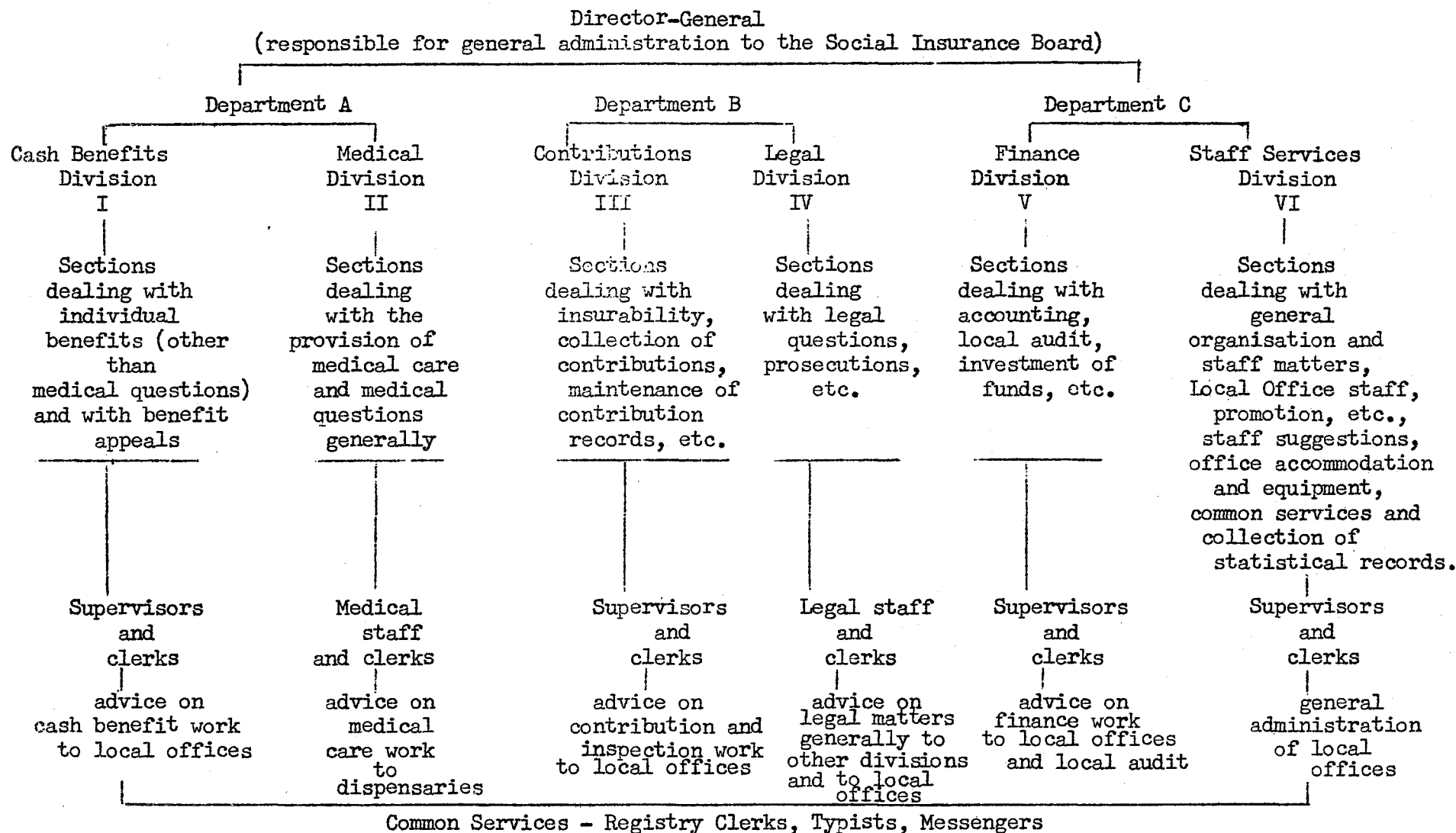
VI. Staff Services Division, responsible for all matters relating to the organisation and procedures of the various offices, to the engagement, training, placing, promotion and dismissal of staff, to office accommodation and equipment both at Headquarters and at local offices (see paragraph 112), to the provision and control of common services, such as registry, stationery, messengers, typing, etc., to staff suggestions, and collection of statistical records.

Each division would be under the control of a Head of Division and it is suggested that there should be three Heads of Department, each responsible under the Director-General for the work of two divisions.

The extent to which all these divisions will be required will depend, naturally, on the size of the scheme and amount of work which would be involved for each of them. It may even be found that the amount of work involved in some instances is so small that it would not justify the setting up of a full division for it. In that event it would probably be considered necessary to combine the work with that of another division, e.g. II with I.

111. On this basis the framework of the Staff Organisation might be broadly as follows:

Headquarters



A more elaborate organisation drawn up for a very considerable scheme is given in the Appendix to this Part of the Plan.

112. The need to decentralise certain parts of the workings of the scheme is discussed in Note 1 of Part V and, as stated in the final paragraph of that note, it has been assumed for the purposes of the model plan that initially there will be a number of local offices. The work of such offices would normally be subdivided in much the same way as is that of the headquarters office, but without the provision for consideration of legal or medical questions which would probably be dealt with centrally.

113. If, however, the scheme is to be wholly centralised at any rate initially, it will merely mean that the work of the local offices as set out in the following paragraphs will have to be carried out under the control of the various headquarters divisions and, to such extent as may be necessary, combined with the work of those divisions. It will probably still be found desirable to set up a public office with counters for enquiries, payment of benefit, etc., separate from the general administrative work of the divisions, and in fact it would be something in the nature of a "local office" within Headquarters.

114. The Manager of each local office would be responsible for the proper administration of the work and for the conduct of the office, and would be answerable in regard to these matters to the Staff Services Division, except that Finance Division would be responsible for control of work involving payments into and out of the Insurance Fund. The following table shows the layout of the local office on this basis:

Manager			
(responsible for general administration to Staff Services Division)			
Counter Work (Enquiries, etc.)	Benefit Work (Receipt and payment of claims)	Contribution Work, (Contact with em- ployers and gen- eral inspection of employers' records)	Cashier (Control of payments out, and receipts of contri- butions paid in cash)

115. It is not possible to give any idea of the number of staff which will be needed in the various sections and at the different levels since this must depend on the number of insured persons and beneficiaries and the number of different benefits provided under the scheme.

116. It is essential, however, that the staff of the local office and the accommodation should be large enough

- (a) to secure that benefit claims and personal enquiries at the counter can be dealt with properly and promptly;
- (b) to keep the collection of contribution and inspection work up to date, and not subordinated to the benefit work, except possibly in periods of heavy pressure due to epidemics; and
- (c) to ensure that adequate checks are applied with a view to safeguarding against internal fraud, e.g. by keeping the work of authorising claims distinct and separate from that of the actual payment of benefit - this matter is dealt with fully in Part IV.

It will, of course, be for the manager of the local office to see that the work is adequately supervised and properly checked at the various stages.

117. Obviously this degree of separation of duties is not possible in an office which has a staff of less than seven, allowance being made for sick leave and annual leave, and this aspect of the matter should be taken into account when deciding whether or not to open a local office for a particular area.

118. So far as the headquarters staff as a whole are concerned, much of their time will be taken up in dealing with queries raised by the local offices in connection with the matters which arise in the course of their day-to-day work. These offices should be discouraged from referring matters unnecessarily, e.g. where they are covered by current instructions; initially, however, they should be instructed to refer matters not so covered in order that an authoritative ruling may be given and a suitable general instruction issued if the case warrants such action. As experience of the scheme develops the amount of such reference should fall, but it will probably be found necessary at that stage to issue further instructions to the local offices on the matter of limiting the amount of reference to Headquarters.

119. For the rest the headquarters staff will have to deal with a certain amount of correspondence reaching the head office direct and not appropriate for reference to the local office for action, e.g. letters asking for information or advice on general matters, particularly where a policy decision may be required, and will also be concerned with the consideration of special questions such as the extension or amendment of the Social Insurance scheme.

120. The size of the headquarters staff will depend mainly on the flow of work from these various sources and it will be practically impossible to reach any decision in advance as to the numbers of staff needed. Clearly, a certain proportion of this staff will have to be of a higher grade than those in the local offices, but in general the first grade of supervisor at Headquarters would probably be equivalent in grade to the manager of the smaller local offices.

121. Two items of the work which may be undertaken according to circumstances either at the head office or in the local offices are the maintenance of contribution records and auditing.

122. For the purposes of general control and co-ordination it would be more satisfactory if the contribution records, with the basic benefit records, of insured persons were maintained centrally, and, provided that information regarding the record of an insured person can be transmitted promptly to the local office when he claims benefit, it is preferable that these records should be kept at Headquarters by the Contributions Division. The procedures in Part IV of the plan have accordingly been drafted on that basis.

123. If, however, this would create serious difficulties, the possibility of maintaining separate records in each local office may have to be considered. The advantages of such decentralisation of records arise from the ease of reference when information as to the record of an individual person is needed urgently, e.g. in determining his entitlement to receive medical care, and the possibility of obtaining readily statistics relating to the operation of the scheme in the area covered by the local office.

124. There are, however, considerable disadvantages, such as the difficulties arising when a person removes from the area of one local office to that of another, either on changing his employment or on returning to his family home when he becomes incapable of work or unemployed, or when an employer has several places of business situated in the area of more than one local office and maintains his staff records at one central point and deals with his insurance business through the local office in the area of which that point is situated. In addition there is always the risk that in a local office which is particularly concerned with the more immediate matter of the payment of benefit, the maintenance of contribution records may be allowed to fall into arrears, while the standard of statistical records may differ seriously from one local office to another. Clearly, if it were decided to maintain records locally, the responsibilities of the

managers would be considerably increased and special arrangements would have to be made to ensure that no unauthorised persons should have access to the records.

125. So far as auditing is concerned it would be preferable that the person responsible for auditing the finance work of the local office under the direction of Finance Division should be housed in that office so that he can maintain a continuous audit of the work, and in particular the audit of awards before payment is made. It may be, however, that the amount of work involved in an individual local office is insufficient to keep one person fully occupied and in that event, one auditor may have to cover more than one local office or there may have to be a team of auditors operating from the head office.

126. So far as the grading of the staff is concerned the following table, which is based broadly on the organisation of the scheme operating in Great Britain, may give a rough indication of the possible needs of the organisation below the Director-General, but this too, must depend on the size and the organisation of the scheme:.

Headquarters	Equivalent grade in Regional Office (if any) and Local Office
A. Head of Department	-----
B. Head of Division, Chief Medical Officer, Chief Accounts Officer, Director of Staff Services Legal Adviser	Regional Controller
C. Section Head Assistant Accounts Officer	Deputy Regional Controller
D. Supervisor	Assistant Regional Controller Senior Manager, large Local Office
E. Senior Clerk	Manager, small Local Office Deputy Manager, large Local Office Inspector, Sick Visitor
F. Clerk Shorthand Typist	Clerk Shorthand Typist
G. Assistant Clerk Copy Typist Messenger	Assistant Clerk Copy Typist Messenger

127. The organisation of the dispensary, at which medical care is to be provided, will be on a rather different basis from that of a local office, as the staff will include medical officers, one of whom will be in charge of the office, certain ancillary staff such as nurses and dispensers, and a number of clerks and other junior grades of general staff.

128. As far as possible the organisation of the general staff should be kept simple and it is thought that the various grades should be grouped together at no more than seven levels, each group of officers being paid at the same rate and subject to the

same conditions of service. This will make for ease of movement of officers within any one group in order to broaden their experience and increase their general usefulness and in due course, their qualification for promotion. It will also facilitate their assignment on promotion, from one group to another.

Section 2. Recruitment and Staff Training

129. At a very early date, even before the law governing the scheme has reached its final form, and before the governing body has been formally appointed and the Social Insurance Board become a reality, there will almost certainly have been formed a group of persons whose job it was to consider and advise on the general basis of the administration which would be suitable for the new scheme, to prepare, with legal guidance, drafts of the rules and regulations which will be needed to give authority for the administrative method adopted and to indicate broadly the general procedures to be followed.

130. It would obviously be desirable to choose these persons, or at any rate some of them, with a view to their eventual appointment on the staff of the Board and, if this can be arranged they will form a very sound nucleus on which to build up the administration. When choosing such persons it would clearly be advantageous to give preference to those who had had actual experience in one or other of the fields of work with which the new staff will be concerned, such as social insurance itself, legal drafting, accountancy, actuarial work, medical administration or even, maybe, staff training, but, failing any of these, an early opportunity might be taken to secure for one or more of these persons a fellowship to enable him (or them) to acquire some experience in one or more of these subjects. Such fellowships should, as far as possible, be arranged so as to afford opportunities for study both in a country where the particular subject has been well developed and in one where a scheme comparable to that proposed is in fact in operation.

131. The knowledge and experience acquired by these persons during the early stages of the preparation of the schemes should fit them to initiate the staff training programme which will have to be started well before the date on which the scheme is to be brought into operation. The importance of making proper provision for staff training cannot be over-emphasised, and this is particularly so in regard to the training of the initial staff.

132. The actual recruitment of the general staff should be timed so that in general those persons who are likely to fill the more senior posts at the head office or become managers of the local offices are appointed first. They should be given careful

instruction by the initial group of "planners" on the whole basis of the scheme and of the rules and methods of administration which are to be adopted, so that when their course is finished they may in turn become the trainers of the remainder of the staff. It is essential therefore, that when these first appointments are being considered regard should be had not only to the capacity of the persons to absorb what they are being told about the work, but also to their ability to pass the information on to their juniors.

133. As far as possible the first appointees should be chosen with a view to employment, at any rate in the early stages, in the district in which each is living, or if any one has indicated a preference, where he would wish to live. The rest of the staff who should be appointed as soon as the first appointees have received their initial instruction will normally be recruited for each office from the district where the office is to be situated.

134. In this way it should be possible to secure a certain degree of stability of the staff of each office in the early years of the operation of the scheme. Later on promotions, etc., may upset this state of affairs somewhat but by that time the offices should have settled down to a smooth working which will not be disturbed unduly by occasional staff changes.

135. In addition to recruiting general staff, action must be taken to recruit technical staff such as doctors and the dispensers and other ancillary medical personnel, who will be required in connection with the provision of medical care in the dispensaries, and probably also at least one legal adviser as well as someone skilled in accountancy work.

136. The bringing into operation of any scheme requires the intensive training of numbers of newly recruited staff of all grades, who shortly after their training ends, will be required to operate the scheme at the local offices.

137. The plan for this initial stage should work more or less as follows:

(i) Well before the scheme is due to come into force someone will have to be appointed to be responsible for the preparation and implementation of the general training programme.

(ii) A number of separate courses for various grades and for different jobs will have to be prepared, including instructors' notes, students' notes and other material. In the main these notes, etc., will have to be based on theory, because at this

stage there may well be no one in the country with sufficient practical experience to know what will be the exact reactions of the insured persons, etc., to the scheme. Similar notes prepared in connection with the operation of schemes in other countries will, however, be of considerable help in this respect.

(iii) A sufficient number of instructors will first have to be trained so that in their turn they may hold training courses in suitable places for all grades of newly recruited staff.

(iv) The training of the instructors will have been completed well before the date when the scheme is due to come into operation, but the recruitment of the rest of the staff in the local offices should be so phased that their training is completed shortly before that date and they will then be ready to put into practice what they have learned before they have had time to forget it.

(v) If the scheme is to be introduced in a number of different areas, consideration should be given to the advisability of staggering its introduction so that some experience may be gained in one, or at most two, areas initially before proceeding to other areas. The advantages of such staggering would be as follows:

- (a) it would be possible to increase the staff in the one or two "pilot" areas above their proper quota in order that they should receive "on-the-spot" training with a view to the transfer of the surplus staff in due course to the new areas when they are opened up;
- (b) it would also be possible to use some of the regular staff from the "pilot" areas to undertake the training of new staff recruited for the new areas;
- (c) during this initial stage the practical experience gained in the "pilot" areas would bring to light any weaknesses in the procedures, instructions and training arrangements as originally drafted and would thus make it possible to improve them before the scheme was extended to other areas.

138. As a result of the operation of these various factors the extension of the scheme will gather momentum, and its full completion attained earlier than might otherwise be the case.

139. The material for use in connection with the training will consist primarily of the statutory law and regulations, the codes of procedural instructions prepared for the use of officers in administering schemes, and copies of the various registration,

claim and other forms which are in day-to-day use. In addition separate courses and instructors' and students' notes will have to be prepared for various grades of officers and the different jobs which in due course they will have to tackle.

140. The field to be covered by these various instructions and notes will be:

- (a) the principles underlying the provision of social insurance;
- (b) scope of the scheme - insurability, etc.;
- (c) contributions - collection and recording, including inspection of employers' records;
- (d) benefits - the law and procedure in connection with each of the benefits provided under the scheme, including medical care, and also sick visiting and other methods of control;
- (e) finance - accounting and auditing, overpayments;
- (f) adjudication;
- (g) general organisation and administration - central and local;
- (h) dealing with enquiries at the local office counter.

Separate courses may be needed in connection with the work to be performed at Headquarters and that to be performed locally.

141. As far as possible the training should be given on the spot and with actual cases, especially for local office training, so that the trainee may get the "feel" of the work and of the conditions under which it is to be performed, but it may not be possible to arrange this in the early stages of the scheme.

142. In addition to the organised training courses much can be done by the supervisors and other senior officers at Headquarters and managers in the local offices to help with the training of their subordinate staff whether by explaining the operation of the scheme in relation to an individual case under consideration or by means of regular general discussions with them on special aspects of the law and procedure, and so to pass on to their staffs what they have themselves learnt at supervisors' and managers' courses.

143. Special courses will also have to be arranged for persons who are employed on specialised duties for which more detailed training may be needed, e.g. on sick visiting, accounting

auditing, collection of statistics, and, where medical personnel are involved, they may need general advice as to their position in relation to the scheme as a whole, to the staff and to such matters as the principles of economy in prescription and the standards of incapacity in relation to sickness benefit.

Section 3. Publicity

A. Advance Publicity

144. It is probable that where an entirely new Social Insurance scheme is about to be introduced there will have to be a considerable amount of publicity with regard to the scheme in advance of its introduction in order to develop the interest of the persons who will be concerned with its operations either as beneficiaries or as payers of contributions or as providers of special forms of benefit such as medical care.

145. There will, no doubt, have been preliminary discussions with the organisations representing certain of these persons, e.g. trade unions, employers' associations and medical associations, in connection with the preparation of the statute, and statements as to the objects of the scheme and its financial basis will have appeared in the Press at the time when the statute was before the Legislative Assembly.

146. But all this may not have made a great impression on the individual worker, employer, doctor, etc., who will have to play his part properly and at the correct time if the scheme is to be brought successfully into operation. Something more definite and detailed will be needed to bring to the notice of these people exactly what they will have to do.

147. The various ways available for this are:

(i) Press notices giving a general explanation of the scheme with particular emphasis at the right moment of the preliminary steps to be taken, such as how, when, and where to register as insured persons or employers. Ample notice should be given in due course of the latest dates on which such registrations, etc., should be effected.

It is generally desirable to discuss these notices beforehand with representatives of the Press in order to secure adequate publicity in the newspapers. Similarly there should be discussions with the organisations representing the persons affected to secure that notices should appear in the specialised papers, such as trade union and works magazines, trade journals and the medical press. Particular attention should be paid to any features of the scheme, which may be likely to be strange and cause difficulty, e.g. the scope of medical care as provided under the scheme, or the arrangements for securing medical treatment and medicines.

There should be a steady flow of such notices during the period before the scheme is due to start in order to reach as many as possible of the persons concerned, and this may have to be continued for some time thereafter if there is evidence of misunderstanding or neglect to take proper action.

(ii) Posters giving in brief a summary of the salient features of the scheme and of the action to be taken particularly by workers and employers. These should be displayed in suitable places such as post offices, factories, civic centres or public libraries.

(iii) Leaflets dealing with general and special aspects of the scheme; for the worker - who will be insured, how he should register, how the contributions are to be paid, what benefits are to be provided, and where to seek advice; for the employer - liability for contributions in respect of his employees, and duties with regard to registration; for the general public - a summary of the provisions and objects of the scheme.

Arrangements would have to be made with regard to the distribution of these leaflets, but these will largely depend on the limitations of the field to be covered by the initial scheme.

- | | | |
|------------------------------|---|--------------------------------|
| (iv) <u>Radio statements</u> | } | by qualified persons, trained, |
| (v) <u>Lectures</u> | | if necessary, for the purpose. |

These would cover the whole field in much the same way as the Press notice referred to above.

148. The spoken word, of course, makes a direct appeal to most persons, but is particularly useful in bringing the arrangements to the notice of illiterate persons for whom the printed word is of little use. In places where a considerable number of persons are illiterate, the position might be helped if the Press notices, posters and leaflets included a general request to persons who could read to explain the position to those of their friends or fellow workers who were not able to read.

B. Current Publicity

149. Once the scheme has been brought into operation similar publicity will probably still be needed to ensure the continuous

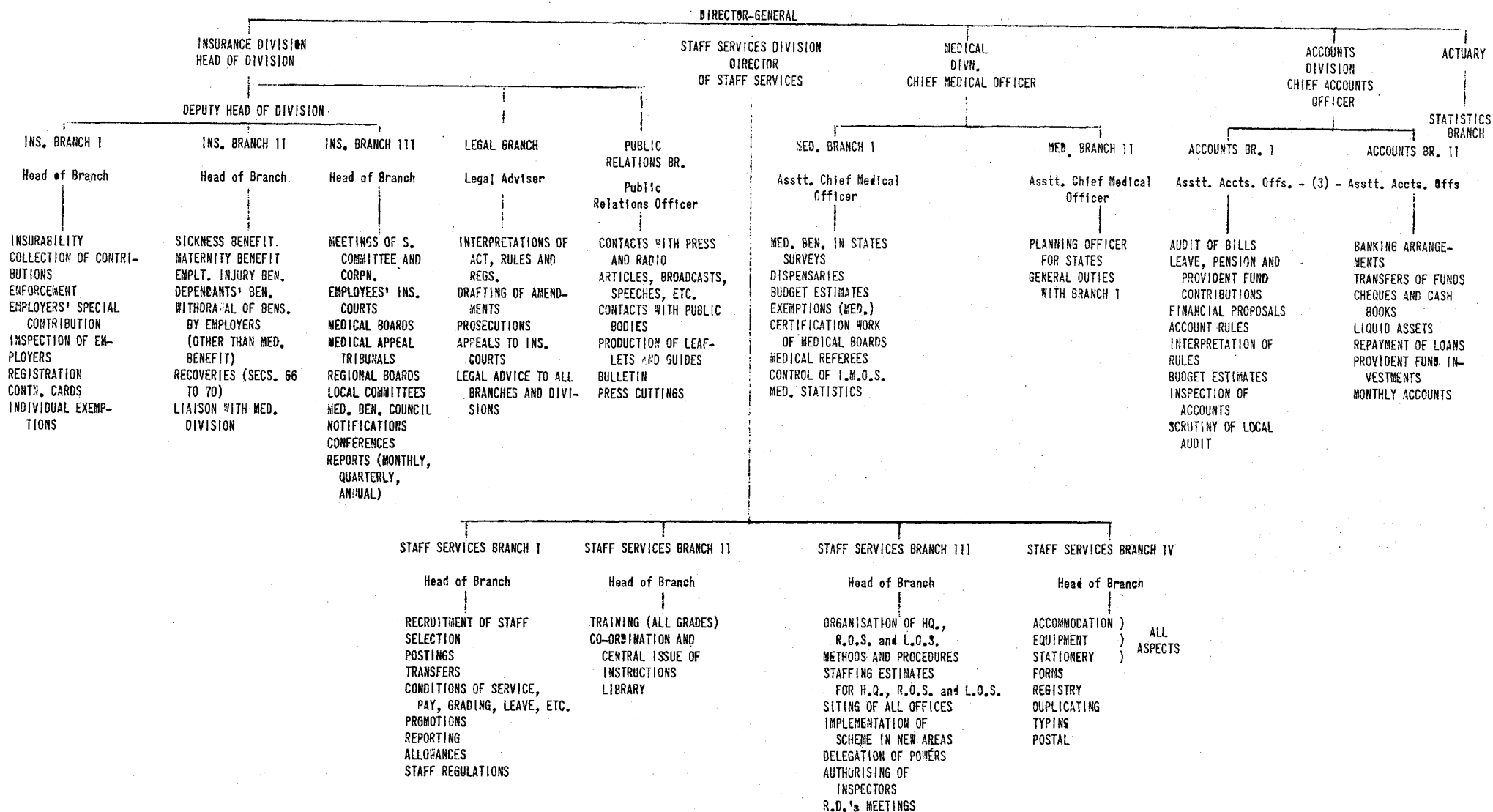
payment of contributions and the registration of persons who are newly brought into insurance when they enter insurable employment for the first time. The extent of it will, however, depend to a great degree on the arrangements made for the collection of contributions from the employers and for the registration by them of workers who enter their employment.

150. But new publicity will also be required to explain the provisions with regard to benefits as and when title to them is due to arise. In general such publicity may take any or all of the forms referred to at (i) to (v) in paragraph 47; but it will probably be found most satisfactory to deal with one benefit at a time and to explain in connection with that benefit who will be entitled, how and where the benefit should be claimed, and how, in the case of a cash benefit, payment will be made. This is particularly necessary in the case of publicity by leaflets, each of which should deal with one benefit only.

Section 4. Other Preliminary Work

151. Concurrently with the recruitment and training of the initial staff and the provision of preliminary publicity, action will have to be taken to secure, equip and furnish adequate office premises both central and local, as necessary, and including dispensaries, the printing of forms, leaflets and other documents, the provision of appropriate office stationery and other supplies, including typewriters, and of technical supplies such as drugs, and generally to do many of the things proper to the Staff Services Division (see Part IV Section 6).

PART II APPENDIX ORGANISATION OF THE HEADQUARTERS OFFICE



Part III.

Regulations

Section 1

General Notes

Section 2

Social Insurance Board Regulations

Section 3

Benefit Regulations

Section 4

Contributions and Registration
Regulations

Section 5

Regulations for the Decision of
Questions and Appeals

Index to Regulations

Part III. Regulations

Section I. General Notes

201. The draft regulations included in this part of the plan are based on the regulation-making provisions assumed to have been included in the legislation which gives effect to the basic assumptions - see Part I, Section 2, paragraph 15. It may be found in dealing with an actual scheme that certain of the provisions, which have been included in the draft regulations in order to form a proper basis for the procedures set out in Part IV of the plan, are in fact already fully covered in the enabling act, and, in so far as that is the case, such provisions should, of course, be omitted from the regulations when they are made.

202. In this connection, however, it should be borne in mind that if, as sometimes happens, especially with new schemes, the provisions which have been made are found to be inadequate and to need amendment, it is generally easier to amend the regulations than the Act itself. Accordingly, it is desirable that, in regard to those details of the scheme which can reasonably be left to be dealt with in regulations, the regulation-making powers in the Act should be worded in sufficiently general terms to allow any necessary adjustments to be made without amendment of the Act.

203. The draft regulations have, in general, been worded in the legal form and phraseology generally adopted in Great Britain. It may be, however, that the legislative system of the individual country in which an actual social insurance scheme is to be introduced requires the regulations to be in another form or that they should be phrased in some other way, and account should be taken of this when the regulations for such a scheme are being prepared.

204. The draft regulations are limited to indicating the wording of the regulations themselves, but in most countries such regulations will be prefaced by some standard form of preamble and provision will also have to be made for a suitable formula at the end of the regulations for their signature by the appropriate authority.

205. Throughout the draft regulations certain necessary requirements and obligations are laid on various persons, and failure to comply with these must incur some specified penalty. Unless, therefore, such penalties are laid down in the Act itself, it will be necessary to set them out in the regulations either individually, such as in the rule concerning forging insurance stamps, etc., of the Contributions Regulations (see paragraph 387(f)) or generally in the form of a provision on the lines of -

"If any person contravenes or fails to comply with any requirement of these regulations, in respect of which no special penalty is provided, he shall, for each offence, be liable on summary conviction to a penalty not exceeding, or where the offence consists of continuing any such contravention or failure after conviction thereof together with a further for each day on which it is so continued."

The form of such a provision and the amounts of the penalties must necessarily depend on the laws and juridical powers of each individual country and in these circumstances these details have been omitted from the draft regulations.

206. The masculine gender has in general been used throughout the regulations on the assumption that there is a general rule of law in the country which provides that, for interpretation purposes, the masculine includes the feminine unless the context implies otherwise. Similarly the singular should, where necessary, be taken to include the plural. If, however, there are no general provisions dealing with these matters in the law, specific provisions to that effect will have to be included in the Social Insurance Act or in each of the regulations where the need for them arises.

Section 2. Social Insurance Board Regulations

Foreword (not to form part of the regulations)

207. As stated in paragraph 15(e), these regulations are drafted on the assumption that provision will have to be made in the Social Insurance Act for a Social Insurance Board to be set up to be responsible for the general administration and control of the Social Insurance scheme (see also in this connection, paragraphs 101 to 105).

208. It has been further assumed, for the purposes of the draft, that the Board would be answerable to the legislature through the Minister of Labour, and that the detailed control of the work should be in the hands of a Director-General of Social Insurance, who would be an ex-officio member of the Board although this is not absolutely necessary provided that some arrangement could be made to secure that the views of the administration could be adequately represented to the Board.

209. It is considered that, in any event, the appointment of the Director-General should not be made by the Social Insurance Board, and the draft regulation suggests that he should be appointed by the Head of the State (however designated), although clearly this will depend on how appointments to high positions of this nature are normally made in the individual country concerned in the matter.

210. In some instances it may be that the Social Insurance Act will provide that the administration of the scheme will be under the direct control of a special Minister, e.g. a Minister of Social Insurance, with a Ministry of Social Insurance to carry out the work of administering the scheme. In that event, the Social Insurance Board, if mentioned in the Act, would not be an administering body but might be more in the nature of an advisory committee to give advice and assistance to the Minister generally in connection with the carrying out of his functions under the Act, and in relation to such questions affecting the operation of the scheme as he might refer to them for consideration. In such circumstances, the form of the regulations would have to be quite different from that of this draft.

211. Chapter I of the Regulations contains provisions regarding the constitution and general functions of the Board, and Chapter II contains similar provisions in relation to the Standing Committee of the Board, which as indicated in paragraph 103, will deal with matters of less importance and of a more routine character than those which will call for consideration by the whole Board.

212. Reference was also made in paragraph 103 to the possible need for setting up other committees which might undertake certain specialist functions on behalf of and under the general direction of the Board. It may be considered necessary that the constitution and functions of any of these committees, which is not to be of a purely temporary nature, should also be laid down in other chapters of the regulations, especially if it is intended that the Committee should include among its members persons who are not members of the Board, and had been co-opted for their especial knowledge of the subject to be considered by the Committee.

213. Such a committee might be required to advise the Board on matters relating to questions arising in connection with the provision of medical care.

214. In addition, it might be considered desirable to set up a Finance Committee to take over the consideration of the financial functions which it has been suggested in the draft regulations might be assigned to the Standing Committee.

Social Insurance Board Regulations
made under section of the
Social Insurance Act

CHAPTER I. Constitution of the Social Insurance Board

215. The Social Insurance Board (hereinafter referred to as the Board) shall consist of the following members:

- (a) the Minister of Labour (hereinafter referred to as the Minister), ex officio member, who shall be Chairman;
- (b) the Director-General of Social Insurance appointed by the President (i.e. the Head of the State, however designated), ex officio member, who shall be Vice-Chairman (hereinafter referred to as the Director-General);

✓see in this connection paragraphs 208 and 209

- (c) six workers' representatives appointed by the President on the recommendation of organisations representative of workers;
- (d) six employers' representatives appointed by the President on the recommendation of organisations representative of employers;
- (e) four other persons appointed by the Minister.

✓Note: It may be considered necessary specifically to include representation of other Ministries, such as the Minister of Health, or his nominated deputy, as ex officio members, and to appoint under (e) other officials, such as "the Director of Health Services" or the "Chief Inspector of Factories", whose interests are connected to some extent with social insurance, or outside persons who are connected with insurance, medical or financial matters. It may also be considered advisable to specify that at least one member should be a woman. The numbers under (c), (d) and (e) are purely tentative and can be altered as desired provided that those under (c) and (d) are the same.✓

216. (a) The terms of office of members of the Board, as initially appointed, other than ex officio members, shall be as follows:

- (i) for two of those appointed under paragraph 215(c), two of those appointed under paragraph 215(d), and one of those appointed under paragraph 215(e), the term of office shall be two years;

- (ii) for two of those appointed under paragraph 215 (c), two of those appointed under paragraph 215(d) and and one of those appointed under paragraph 215(e), the term of office shall be three years; and
- (iii) for the remainder the term of office shall be four years.

[Note: This is to secure that, after the first two years, there shall always be about two-thirds of the members who have had experience of the work of the Board.]

(b) Subject to the provisions of paragraph 217(d), the term of office of members, other than ex-officio members, appointed in accordance with paragraph 215 subsequent to the initial appointments shall be three years.

(c) Any member shall be eligible for reappointment from time to time on or after the expiration of his term of office.

217. (a) A member of the Board shall be disqualified from continuing to act as a member and his office shall be declared vacant if, in the opinion of the Minister, he is unfit to continue in office or incapable of performing his duties. [If preferred, a list of typical grounds for disqualification, such as suffering from mental disease, convicted of an offence punishable by imprisonment for at least six months, declared bankrupt, can be quoted, but it is suggested that provision should also be included giving the Minister a general power of disqualification, if he considers it justifiable to take such a course.]

(b) A member of the Board may resign his office by giving notice to the Minister through the Chairman.

(c) The appointment of a member under paragraphs 215(c) or 215(d) may be cancelled during his term of office if requested by an organisation by which his appointment was recommended.

(d) In the event of a casual vacancy arising under (a), (b) or (c) of this paragraph or on the death of a member, the appointment of a new member to fill the vacancy shall be made in the same way as the terminated appointment was made and shall be for a period up to the date on which that appointment would otherwise have ended.

218. The Board may act notwithstanding any vacancy among its members.

CHAPTER II. Powers and Proceedings of the Board

219. (a) Subject to the general control of the(+) the Board may appoint such officers, other than the Director-General, and other employees as may be necessary to enable the Board to carry out efficiently its duties, powers and functions. Provided that before the Board is duly constituted under the Social Insurance Act the Minister may appoint such officers and other employees as he may deem fit.

(b) The salaries and allowances and other conditions of service of the officers and other employees of the Board shall be such as the Board may with the approval of the(+) decide.

(c) The Board shall appoint a Secretary to the Board from among its officers.

/Note. + The reference here should be to the authority responsible for the general control of appointments to the Government Service/

220. (a) The Chairman shall preside at meetings of the Board.

(b) In the absence of the Chairman from any meeting, the Vice-Chairman shall act as Chairman at that meeting; in the event of the absence of both the Chairman and the Vice-Chairman, the Board shall appoint one of the members present to be Chairman and he shall perform the duties and may exercise the powers of the Chairman at that meeting.

(c) The Chairman at any meeting shall not take part in voting, except that he shall have the casting vote in the event of there being an equality of votes.

(d) The Chairman shall be entitled to refer to the Minister decisions of the Board which he considers illegal or contrary to the Social Insurance Act. or detrimental to the interest of the Board.

(e) The Chairman shall represent the Board in its relations with other authorities and shall supervise all the operations of the Board, and, in particular, the execution of resolutions of the Board.

221. (a) The Board shall hold meetings at least twice a year.

(b) The Chairman shall decide the date and place of each meeting and establish its agenda.

(c) A notice of the meeting of not less than one week shall be given in advance to each member together with its agenda.

(d) Questions not included in the agenda shall be considered only with the approval of the Chairman.

(e) The Chairman shall call a meeting of the Board if requested in writing to do so by at least six members stating the purpose for which the meeting is to be called.

222. (a) No business shall be transacted at any meeting of the Board unless a quorum of nine members is present.

(b) Decisions shall be taken by a simple majority of votes indicated by a show of hands.

223. On the invitation of the Chairman there may be present at any meeting of the Board officers of the Board and other persons concerned with matters relating to the operations of the Social Insurance Act likely to arise in connection with the agenda of the meeting.

224. (a) The minutes of each meeting shall be drafted by the Secretary and forwarded to all members of the Board not later than one week after the date of the meeting.

(b) They shall be approved, with such alterations as may be considered necessary, at the next meeting and shall be signed by the Chairman.

(c) The minutes shall be kept, under the Secretary's responsibility, in a Minutes Book.

225. (a) The Secretary shall be responsible for the preparation of the agenda of each meeting and for seeing that the decisions of the Board are communicated to the Director-General for execution.

(b) The Secretary shall also provide members of the Board on request with all data and information connected with the activities of the Board.

226. All contracts made by the Board shall be signed by the Chairman on behalf of the Board, provided that, where the Board has authorised any other of its members to make any contract on its behalf, that person shall sign such contract on behalf of the Board.

227. Non-official members of the Board shall be entitled to a sitting fee, determined in accordance with the orders issued by the Government from time to time, for each day on which they attend a meeting or meetings of the Board.

228. A Standing Committee of the Board shall be established, as hereinafter provided, but the following powers shall be exercised by the Board and shall not be transferred to that Committee for decision:

- (a) framing of draft Regulations;
- (b) elaboration of proposals for
 - (i) fixing the date of the coming into force of the Social Insurance Act;
 - (ii) extending the scope of the Act to establishments not yet covered by it;
 - (iii) introducing new benefits or new rates of benefits and contributions;
 - (iv) exempting establishments or classes of persons from any of the provisions of the Act;
 - (v) altering the list of occupational diseases.

[Note: These items are given merely as examples of the kind of statutory power that must be reserved to the Board as a whole. The items actually to be included can, of course, only be determined on the basis of the Act in its final form.]

- (c) creation of posts and appointments, discharge or removal of certain officers [to be defined] for which the previous approval of the President is required;

[see in this connection paragraph 106]

- (d) approval of the annual accounts for the past financial year to be presented to the Minister;
- (e) raising, with the approval of the Minister, of loans;
- (f) approval of budget estimates;
- (g) adoption of rules governing the terms and conditions of service for the officers and other employees of the Board;

[these rules should conform as necessary to any general rules laid down in connection with the Government Service]

- (h) representation of the Board on international organs in the field of social insurance and participation in international agreements concluded in that field;
- (i) election of members of the Standing Committee.

229. The Board may appoint other committees consisting of its members for the performance of its duties either generally or for a special purpose.

CHAPTER III. Standing Committee

230. (a) The Standing Committee shall consist of seven members nominated by the Board from among its members, and shall include at least one from each of the groups appointed under paragraphs 215(c) and 215(d).

(b) The Standing Committee shall elect one of its members as its Chairman for a period of three years, or such shorter period as he may remain in office.

(c) The Standing Committee shall hold meetings at least once a month.

(d) In the absence of the Chairman from any meeting, the Standing Committee shall elect one of the members present to be chairman and he shall perform the duties and may exercise the powers of the Chairman at that meeting.

231. The Chairman of the Standing Committee shall call a meeting of the Standing Committee if requested in writing to do so by at least three members stating the purpose for which the meeting is to be called.

232. No business shall be transacted at any meeting of the Standing Committee unless a quorum of four members is present.

233. (a) The provisions of paragraphs 220(a) and (c), 221(b),(c) and (d), 222(b), 223, 224, 225, 227, 229 and 231 shall apply, as far as appropriate, to the Standing Committee.

(b) The Chairman shall be entitled to refer to the Board for consideration, decisions of the Standing Committee which are in his opinion illegal or contrary to the Social Insurance Act, or detrimental to the interest of the Board.

234. The Standing Committee shall have powers to:

- (a) interpret the Act, Regulations and any other legal provisions governing social insurance;
- (b) approve generally the basis of the administration of the Social Insurance Acts;
- (c) sanction expenditure involving amounts exceeding [figure to be inserted as thought reasonable] for the purchase, acquisition or disposal of movable or immovable property of the Board or for taking any property on lease for a term exceeding 12 months;

- (d) decide questions raised
 - (i) by employers relative to liability to social insurance and to the amount of contributions; or
 - (ii) by employees in such matters;
- (e) appoint, discharge or remove, on recommendation of the Director-General, officers or other employees of the Board, excepting those referred to in paragraph 228(c);
- (f) give advice on any matters reserved to the Board under paragraph 228;
- (g) control expenditure according to budget allotments;
- (h) take action on complaints presented against officers and other employees of the Board;
- (i) formulate guiding principles for the investment of social insurance funds;
- (j) decide all questions referred to them by the Board.

Notes. (i) This list of powers of the Standing Committee has been drafted on the assumption that the Board and the Committee are in general to have control only of the administration of the scheme, and that subject to this, the Director-General is to be fully responsible for the details of its administration.

(ii) See paragraphs 212 to 214 as to the possible need to add further chapters in relation to other committees set up by the Board.

Section 3. Benefit Regulations

Foreword (not to form part of the regulations)

235. The provisions contained in those draft regulations cover a wide field as follows:

- (a) the content of Medical Care;
- (b) the conditions of entitlement to benefit;
- (c) the period for which benefit entitlement is to continue;
- (d) the procedure for application for benefit;
- (e) the procedure for provision of benefit; and
- (f) the calculation of the rates of cash benefits.

236. For convenience and ease of understanding the regulations have been divided into chapters, one chapter being devoted to the provisions relating to each of the individual benefits, and a final chapter covering provisions common to more than one of the benefits. By this means it would be possible to add additional chapters, when new benefits are to be provided under the scheme.

237. The content of medical care (paragraph 235(a)) has been drafted on the assumption that it should at least reach the standard envisaged in Articles 10, 34 and 49 of I.L.O. Convention No. 102. (See also paragraphs 1134 and 1135).

238. In view of the possible need to limit the extent of the provision of medical care the regulations have been drafted on the assumption that it may be decided not to grant medical care for dependants of insured persons initially. The registration and identification of these dependants present obvious difficulties and it may be preferred to leave this over until after some experience has been obtained of the provision and cost of medical care in the case of insured persons themselves.

239. The conditions of entitlement to benefit generally include the completion of a qualifying insurance period (see in this connection paragraphs 1116, 1117, 1137, 1158, 1159 and 1161).

240. As the actual conditions as set out in the Regulations are necessarily tentative, they have been placed in square brackets to indicate that they must be the subject of careful consideration before the regulations in relation to an actual scheme are drafted in their final form.

241. A particular point in this connection is that of the intervals at which benefits are to be paid. To some extent this will depend on whether the employees are normally conditioned to weekly or monthly payments of wages. But in addition account must be taken of the fact that, in the case of sickness and injury benefits, title to benefit depends on the continuance of incapacity for work, and normally this has to be confirmed at weekly intervals - at the same time as the person attends for medical treatment. Furthermore, in some schemes the rates of benefit are quoted on a daily basis, and adjustments, e.g. in respect of earnings will probably have to be made on that basis, but it is not thought that this should affect the general question of the frequency of payment of benefit.

242. In the circumstances, therefore, the regulations have been drafted to provide for sickness, maternity and injury benefits to be paid weekly in arrear, with power to pay for odd days as necessary (see paragraph 326(a)) and for pensions to be paid monthly, either in advance or in arrear (see paragraph 326(b)), although, if it were preferred, there is no reason why these, too, should not be paid weekly.

243. The schedule in which the rates of benefit are to be shown, has necessarily had to be drafted in a very tentative form, in view of the provisional nature of the basis of the determination of benefit rates.

Social Insurance Benefit Regulations made under Section ...
of the Social Insurance Act ...

(See paragraphs 1113 - 1137 and 1138 - 1171)

Chapter 1. Definitions

244. In these regulations, unless the contrary is indicated, the expression:

- (a) "Act" means the Social Insurance Act ...;
- (b) "the Board" means the Social Insurance Board constituted in accordance with the Act;
- (c) "medical care" means medical care provided in accordance with the Act;
- (d) "sickness benefit" means sickness benefit provided in accordance with the Act;
- (e) "employment injury benefit" means employment injury benefit provided in accordance with the Act;
- (f) "maternity benefit" means maternity benefit provided in accordance with the Act;
- (g) "funeral grant" means funeral grant provided in accordance with the Act;
- (h) "medical practitioner" means (insert definition appropriate to the country concerned);
- (i) "qualified midwife" means (insert definition appropriate to the country concerned);
- (j) "medical officer" means a medical practitioner appointed by the Board to provide medical care;
- (k) "qualified dispenser" means (insert definition appropriate to the country concerned);
- (l) "Contributions Regulations" means the Social Insurance Contributions Regulations made in accordance with the Act;
- (m) "Adjudication Regulations" means the Social Insurance Adjudication Regulations made in accordance with the Act;

- (n) "identity card" means the social insurance identity card issued by the Board in accordance with the Contributions Regulations (see paragraph 369);
- (o) "dispensary" means a dispensary established by the Board in accordance with paragraph 259, and, in relation to a particular person, shall be the dispensary to which he has been assigned;
- (p) "an employment injury" means an injury resulting from an accident arising out of and in the course of employment, including work on salvage operations or other activities carried out in connection with the employment for the purposes or for the benefit of the employer or as a result of a prescribed occupational disease contracted in the course of employment;

Note: If the employment injury provisions are extended to cover insurance against injury by occupational disease it will be necessary to determine which of such diseases workers in the country are liable to contract in the course of their employment and to prescribe them accordingly in a schedule to these regulations. It should be remembered that when claims for benefit in such circumstances are received it will be necessary to determine not only that the person has contracted the particular disease but that he also contracted it in the course of his employment. This may be very difficult in the case of a disease which may often be contracted otherwise than in the course of employment, and it is desirable accordingly not to prescribe such a disease unless it is possible also to define the circumstances under which it will be accepted that the disease was contracted in the course of employment: e.g. ulceration of the skin sometimes results from the use or handling of certain materials such as tar, pitch, bitumen, etc. and, if such ulceration were to be prescribed as an occupational disease, it would have to be limited to cases where the employed person's work involved the use or handling of such materials. See in this connection International labour Convention No. 42.

- (q) "employer" means the employer or firm responsible for an industrial establishment, factory, or other place of business to which the Act is applicable;
- (r) "employment" means employment which is insurable under the Act, and "employed" shall be construed accordingly;
- (s) "week" and "month" in relation to the qualifying conditions which have to be satisfied in connection with title to benefits provided under the Act, mean the week, or month, in respect of which contributions are to be paid in accordance with the Contributions Regulations;

- (t) "insured person" means a person employed in an industrial establishment, factory or other place of business to which the Act is applicable;

Note: This definition, which is deliberately simple, confines the period of insurance to the period of actual employment, and so avoids the difficulties of introducing a provision for a free period of insurance following the cessation of employment. It is probable that the provision of medical care, sickness and maternity benefits and funeral grant cannot be limited to insured persons in this narrow sense, and the draft regulations in relation to these benefits make provision in effect for the extension of the definition, but without giving any general free period of insurance - the effect of the extension is, of course, limited by the terms of the qualifying conditions. When, however, the scheme is extended to cover long-term benefits, it will be necessary to review this definition in order to ensure that account may be taken of all periods of employment since first entry into insurance in applying the various tests of entitlement.]

- (u) "child" means a child under school-leaving age for under the age of, say, 18 who is still receiving full-time instruction in a school].

Chapter 2. Provision of Medical Care

(See also paragraphs 1113 to 1137.)

245. Medical care shall be provided with a view to maintaining, restoring or improving the health and ability to work and to attend to their personal needs of insured persons and of wives and children of such persons.

Part I. Medical Care in the Case of Illness

246. Subject to the provisions of these regulations medical care shall be given to an insured person or to his wife or child whenever he is suffering from any morbid condition, and for so long as the need for such care continues.

247. Medical care shall be provided only if the insured person has been employed during at least 13 weeks 3 months in the 26 weeks 6 months immediately preceding (a) the day on which the medical practitioner who is giving the medical care first diagnoses that the person is suffering from a morbid condition requiring such care, or (b) where the person, having previously ceased to require such care, again requires medical care, the day on which the medical practitioner again diagnoses that the person is suffering from such a morbid condition. The day referred to in (a) or (b) of this regulation is hereinafter in this Part referred to as the "day of entitlement".]

248. (1) Medical care shall be deemed to have begun on the day of entitlement. Note. If paragraph 247 were omitted, because no condition of entitlement other than insurability was to be attached to the grant of medical care, the definition of the day of entitlement would, of course, have to be inserted here.]

(2) Subject to the provisions of paragraph 247 medical care shall be provided

- (i) for any period during which the insured person is engaged in employment; or
- (ii) where the insured person is, or becomes, incapacitated for work and entitled to sickness benefit, for any period throughout which he remains incapable of work and entitled to that benefit.

(3) Subject to the provisions of paragraph 247, where an insured person needs medical care during any period other than one to which subparagraph (2) of this paragraph applies, such care shall be provided on any day which is not more than 13 weeks after the day of entitlement, or, where on that day the insured person was engaged in employment, after the day following the date of cessation of that employment.

(4) For the purposes of this regulation medical care shall include periods of treatment as an in-patient of a medical institution provided in accordance with these regulations.

249. (a) Subject to the provisions of these regulations a person who has ceased to be insured because he has been dismissed or discharged by his employer and is certified to be unable to find new employment, shall be entitled to medical care.

(b) The wife and children of a person to whom paragraph (a) of this regulation applies shall also be entitled to medical care.]

(c) A certificate of dismissal or discharge and of inability to find new employment shall be issued by the Employment Exchange to a person to whom paragraph (a) of this regulation applies.

Note: The inclusion in (a) and (c) of this regulation of the words within square brackets depends (i) on whether it is considered desirable to include a condition of inability to find new employment and (ii) whether there is an employment exchange or placement service available to give the necessary certificate. If the answer to both (i) and (ii) is in the affirmative the square brackets can be removed. Otherwise the provision within brackets should be deleted and the certificate for the purposes of (c) will have to be merely a certificate of employment given by the last employer.]

250. In calculating the duration of the period for which medical care has been provided or may be provided in accordance with paragraph 248(3):

(a) a person shall be deemed to have received medical care for one week from the first day when he receives treatment for a morbid condition and week by week thereafter so long as the treatment continues, provided that where an insured person ceases to receive sickness benefit on becoming capable of work and is not thereafter in need of treatment, he shall be deemed to have ceased to receive medical care on the day before that on which he became capable of work;

(b) any two periods during which a person has been in need of medical care not separated by a period of more than 6 weeks shall be treated as one continuous period. See in this connection paragraphs 1124 and 1128.

251. Where after an insured person, who has exhausted his right to sickness benefit and would otherwise have exhausted his right to medical care, is still in need of such care and the medical officer is of opinion that he will recover his health and ability to work within a relatively short period, or that he is suffering from a morbid condition which is of special importance from a general health point of view (e.g. tuberculosis or leprosy) the period of entitlement to medical care may be extended up to a maximum of a further 13 weeks.

Part II. Medical Care in the Case of Employment Injury

252. (a) Medical care shall be given to an insured person whenever he is suffering from any morbid condition due to an accident or prescribed industrial disease (if provision for the prescription of such diseases is included in the scheme) resulting from employment, and for as long as the need for such care continues.

(b) There shall be no qualifying condition for the provision of medical care in accordance with this regulation.

Part III. Medical Care in the case of Pregnancy and Confinement

253. (a) Medical care shall be given to an insured woman whenever she is in need of such care as a result, of pregnancy, or of confinement, or of their consequences, and, in the case of post-natal care, shall not be suspended so long as maternity or sickness benefit is payable to her.

(b) In cases of miscarriage or abortion, however caused, medical care shall be given as long as necessary thereafter, subject to a maximum period of six weeks.

(c) In a pathological case, resulting from confinement, miscarriage or abortion, where medical treatment is still required after title to medical care under the provisions of this rule has terminated, the insured woman shall thereafter be treated as if she were suffering from a morbid condition to which paragraphs 246 to 251 apply.

(d) There shall be no qualifying condition for the provision of medical care under subparagraphs (a) and (b) of this paragraph. For the reasons explained in paragraph 1137 no provision is included to provide medical care under this regulation for the wives of insured persons.]

254. The insured woman shall give notice to the dispensary of her state of pregnancy not later than in the third month thereof.

Part IV. General

255. For the purposes of these regulations medical care shall include -

- (a) where a person is suffering from a morbid condition -
 - (i) general practitioner care, including medical examination, diagnosis and treatment, and, where necessary, domiciliary visiting;
 - (ii) specialist care at hospitals or other medical institutions for in-patients, and such specialist care as may be available at the out-patient departments of such institutions;
 - (iii) the supply of essential pharmaceutical products and dressings prescribed by medical or other qualified practitioners in accordance with the formulary laid down by the Board;

(iv) medical care in hospitals or other medical institutions, including free board, lodging and nursing in cases where, owing to the nature of the morbid condition or for other important reasons, medical care cannot be provided otherwise;

[(v) immunisation by vaccination or inoculation against common infectious diseases (such as smallpox, cholera, typhoid fever or plague);]

[Note: See also Note following paragraph 272.]

(vi) in the case of employment injury, the provision, repair and renewal, within limits laid down by the Board, of orthopaedic and prosthetic appliances necessary for the rehabilitation or the reduction of the incapacity for work of the insured person;

(b) in the case of pregnancy and confinement and their consequences -

(i) pre-natal, confinement and post-natal care either by a medical officer or or by a qualified midwife;

(ii) hospitalisation where necessary, and, in particular, care during confinement shall, if the pathological condition of the woman, the lack of minimum sanitary conditions in the home, or the absence of any member of her family who could take care of her, render it desirable and she gives her consent, be given in a maternity hospital, or other medical institution where she shall be provided with free board, lodging and nursing.

256. Medical care shall be given in such a way as to secure maximum efficiency within the scope of the benefit at the minimum reasonable cost.

257. Medical care services shall be supplied to insured persons and to the wives and children of such persons free of charge.

257. (a) Medical care, except as otherwise provided, shall be given in the form of out-patient treatment at a dispensary.

258. Domiciliary visits shall be made to a person who is unable, on medical grounds, to attend at the dispensary, on the request to the dispensary of a dependant of that person or another person designated by him.

259. (a) A dispensary shall be established in any area in which a sufficient number of insured persons reside.

(b) A dispensary shall be located in a separate building constructed for that purpose, or in a part of a building suitable for that purpose and set apart for the exclusive use of persons entitled to medical care.

(c) An insured person and the wife and children of such a person shall be allotted to the dispensary nearest to his place of residence, or, if he resides outside the area to which for the time being the Act applies, to the dispensary nearest to the place of his employment.

(d) Except in the case of emergency, an insured person or the wife or child of such a person shall not be entitled to apply for medical care to any dispensary other than the one to which he is allotted.

(e) A medical officer shall be responsible for the operation of each dispensary.

260. The medical officer shall, when examining an insured person or the wife or child of such a person -

- (a) decide what further diagnosis, e.g. by means of X-rays, laboratory examination, etc. is necessary;
- (b) determine his therapeutical treatment, giving him all instructions with regard to his behaviour, diet, etc.;
- (c) prescribe the use of pharmaceutical products within the limits laid down in paragraph 262;

- (d) direct him to the out-patient department of a hospital, if he considers that examination and treatment of the person by a specialist is necessary;
- (e) direct him to a hospital or other medical institution, if he considers that in-patient treatment in such an institution is necessary;
- (f) complete the record of medical history relative to the person in accordance with paragraph 267;
- (g) make, if necessary, an appointment for a further medical examination, advising him accordingly;
- (h) determine in the case of an insured person whether he is incapable of work, and, if he is, furnish to him a certificate to that effect in the appropriate form supplied by the Board indicating thereon either (i) the presumptive duration of the incapacity, as a rule for a week and no longer, and the date on which the person shall be re-examined in order to confirm the continuation of the incapacity, or (ii) the date of recovery of his capacity for work if within a week of the date of examination;
- (i) in the case of the pregnancy or confinement of an insured woman -
 - (i) conduct periodical pre-natal medical examinations as necessary, and such examinations shall include measurement of the pelvis and test of urine, taking of blood pressure and detection of abnormal conditions of the pregnancy;
 - (ii) furnish necessary medical care during the confinement;
 - (iii) furnish post-natal care so long as it is necessary; provided that medical care in these cases may also be given by a qualified midwife; and

- (j) in the case of the pregnancy of an insured woman shall, on the occasion of the first examination, determine the date on which the confinement may be expected to occur, issue to her at the proper time a certificate on the appropriate form supplied by the Board for the purpose of claiming maternity benefit showing the expected date of confinement, and, after her confinement has occurred, a further certificate as to the date of her confinement.

261. (a) Hours of domiciliary visits shall, except in cases of emergency, be fixed outside the normal dispensary hours.

(b) The visiting medical officer shall determine whether the person shall be attended further at his home or at the dispensary.

Note: It may be found desirable to set up a system of mobile dispensaries to provide care in areas not easily covered otherwise, and in that event a certain amount of home visiting might be done by these dispensaries.

262. (a) The Board shall lay down a formulary of pharmaceutical products which may be prescribed by a medical officer.

(b) Such products shall be supplied to persons other than in-patients of hospitals or other medical institutions, by a qualified dispenser of the dispensary or by a pharmacy authorised on this behalf by the Board, in accordance with the prescriptions made in writing in his own hand by the medical officer.

(c) Such products shall be prescribed as economically as possible and as far as they are really necessary for the proper treatment of the person for whom they are prescribed.

(d) If equally good results can be obtained by the use of either of two pharmaceutical products, preference shall be given to the less expensive of the two.

(e) The quantity of pharmaceutical products prescribed for each person shall be determined in accordance with the presumptive period during which treatment will be needed and further quantities shall only be given if considered necessary.

(f) All instructions as to the use of the pharmaceutical products prescribed shall be given by the medical officer to the person receiving treatment, or to a member of his family.

(g) The Board may, if it considers it advisable, conclude agreements with public agencies concerned with the supply of pharmaceutical products or with pharmacies in order to assure the necessary supply of such products needed for the provision of medical care.

263. (a) As regards medical care in hospitals or other medical institutions, preference shall be given to the utilisation of general public medical facilities.

(b) The use in exceptional cases of private medical institutions and the conditions under which the Board shall avail itself of their services, shall be laid down by the Board.]

[Note: A regulation on these lines will probably be needed but its terms will have to be determined in the light of local conditions.]

264. (a) Medical care in hospitals or other medical institutions shall be provided with the consent of the person requiring medical treatment and such consent may only be dispensed with if -

- (i) he is suffering from an infectious disease;
- (ii) the nature of the illness calls for treatment and nursing which would not be possible under any other form of medical care; or
- (iii) the condition of the person renders it necessary that he should have continuous nursing and medical supervision.

(b) Any question as to the treatment as an in-patient of the medical institution shall be determined by the medical officers of the institution.

265. (a) The Board shall have power to conclude agreements with public agencies, and, exceptionally, private organisations, under which medical care of an agreed standard would be provided to insured persons [and to their wives and children] through the medical institutions of those agencies or organisations.

(b) Under such agreements, an agreed number of beds may be reserved in the institutions for those persons, if necessary, in return for payment by the Board of a contribution towards the operation of the institutions or for extension of the available facilities for the exclusive use of those persons.

266. (a) Medical officers, who shall be medical graduates or licentiates, shall be employed by the Board on a full-time or part-time basis, and, when providing medical care, shall be assisted by a qualified or semi-qualified auxiliary staff (nurses, dispensers, etc.) under the control of the medical officer responsible for the operation of the dispensary.

(b) The terms and conditions of service of the medical and auxiliary staff of the dispensaries shall be laid down by the Board and shall conform as far as possible to the general rules laid down for public medical services.

267. (a) It shall be part of the duties of the medical officer to maintain such records as the Board may direct, and, in particular, a medical case history in respect of each person to whom he gives medical care.

(b) The medical case history for each person treated shall contain in addition to his identification details the following data:

- (i) the dates of his attendances;
- (ii) particulars of certificates of incapacity, or of expected or actual confinement issued;
- (iii) diagnosis of the morbid condition;
- (iv) short clinical data; and
- (v) reference to medical instructions given and pharmaceutical products prescribed.

(c) The diagnosis of the morbid condition shall include a reference to the appropriate item of a list of diseases whose use is recommended by the Board.

A copy of the standard list is given in Appendix A to these regulations while in Appendix B there is reproduced a copy of this list slightly extended for application by an Asian country, together with a very useful alphabetical list of morbid conditions showing the appropriate reference in the code list. These appendices will not, of course, form part of the regulations.

(d) Separate forms of medical case history in two different colours shall be supplied for use in maintaining the records of male and female persons.

268. No specific form of application in writing shall be required for persons desiring medical care.

269. (a) In order to obtain medical care the person shall, unless prevented from doing so by ill-health, apply personally to the dispensary to which he has been allotted bringing with him either his identity card or, if no such card has yet been issued to him, a certificate from his employer identifying the person as his employee and giving particulars of his current or latest employment, showing the date on which the employment started and, if it has ceased, the date of its termination.

(b) If the person is himself unable, by reason of ill-health, to apply for medical care, such application, accompanied by the production of the appropriate document referred to in paragraph (a) of this regulation, may be presented by his dependant or some other person authorised by him.

(c) If the employer refuses to issue a certificate as in paragraph (a) of this regulation, the employee's statement may be accepted in lieu, subject to confirmation later.

(d) Administrative clerks allotted to the dispensary are entitled to request, if necessary, the office of the Board to check whether the employer and the insured person are duly registered by referring to the Employers' and the Insured Persons' Indexes set up in accordance respectively with paragraphs 365(a) and 368(a).

(e) Action in accordance with paragraph (d) of this regulation shall not prevent immediate attention and treatment being given to the applicant for medical care.

270. (a) There shall be no reimbursement of expenses incurred by an insured person or by or on behalf of the wife or children of such a person outside of medical services granted by the Board, except in cases of extreme emergency in which medical services given by the Board are not immediately available and delay in attending immediately to the person would cause a serious risk to his life or grave detriment to his health.

(b) In such a case of emergency the expenses of medical care incurred, duly documented and corresponding to the treatment needed, may be reimbursed within limits determined for each case on the basis of a special authorisation by the Board.

[271. The Board may undertake compulsory periodical medical examinations of insured persons to detect diseases from which they may suffer and to treat them as soon as possible.]

[272. (a) The Board may organise, with or without the co-operation of other public agencies or private organisations, preventive health measures designed to improve the health of insured persons and their dependants through vaccinations, advising on matters regarding health, hygiene and education or in other ways.

(b) Vaccination shall be provided especially against diseases of the typhoid groups, smallpox, and in cases of epidemics, against infectious diseases generally.]

[Note: Paragraphs 271 and 272 and also subparagraph (a)(v) of paragraph 255 contain very desirable provisions, but it may be considered that they are more proper to public health services and rather outside the scope of social insurance. If, however, such provisions are not made in connection with public health services, the possibility of including them here should be considered.]

273. All information regarding the health of any person to whom medical care is being or has been given shall be treated by medical officers and other staff of the dispensaries as strictly confidential and no other person, apart from officers of the Board and members of the medical tribunals appointed in accordance with paragraph 421 shall have any access to the medical case history and related records.

274. Any complaints against the treatment given by the medical officer in charge of the case may be presented to the medical officer responsible for the dispensary and shall be dealt with in accordance with the Adjudication Regulations.

275. A person who has applied for and is entitled to receive medical care -

- (a) shall, subject to the provisions of these regulations, remain under medical treatment at a dispensary or other medical institution provided by the Board as long as his title continues and it is considered necessary for his recovery;

- (b) shall comply with the instructions given by the medical officer or, where appropriate, of the qualified midwife in charge of his case;
- (c) shall not, while under medical treatment, do anything which might retard or prejudice his recovery;
- (d) shall submit himself to be medically examined by the medical officer or other qualified person authorised by the Board to undertake such an examination;
- (e) shall not refuse to be medically treated in hospital in the circumstances set out in these regulations (see paragraph 264(a)).

Chapter 3. Sickness Benefit

(See also paragraphs 1138 to 1171)

276. Subject to the provisions of these regulations sickness benefit shall be granted to insured persons who are rendered incapable of work as the result of a morbid condition.

277. (a) Subject to subparagraph (b) of this paragraph an insured person who is eligible for sickness benefit shall only be entitled to receive such benefit as from the fourth day of any continuous period of incapacity for work.

(b) Sickness benefit shall not be paid to an insured person for any day prior to the first date as from which he has been certified by the doctor to have been incapable of work; provided that the Board may pay benefit from an earlier date, subject always to subparagraph (a) of this regulation, if it has been shown to their satisfaction that there was good cause for the claim not having been made on that earlier date.

278. An insured person shall be eligible for sickness benefit only after he has been certified to be incapable of work by a medical officer on the appropriate form supplied by the Board; provided that the Board may accept any other evidence of incapacity for work, if they are satisfied as to his incapacity, and in their opinion, the special circumstances of the particular case so justify.

279. Sickness benefit shall be payable only if the insured person has been employed in insurable employment during at least [13 weeks] [3 months] in the period of [26 weeks] [6 months] immediately preceding the [week] [month] in which the first day of the continuous period of incapacity for work occurred.

280. Sickness benefit shall be paid as long as incapacity for work continues; provides that it shall not be paid for more than [13] weeks in any continuous period of incapacity for work.

281. For the purposes of paragraphs 277(a), 279 and 280 any two periods of incapacity for work not separated by more than [6] weeks shall be treated as one continuous period of incapacity for work starting on the first day of the former of these periods.

282. (a) Subject to the provisions of these regulations, a person who has ceased to be an insured person [because he has been dismissed or discharged by his employer and is certified to be unable to find new employment] shall be entitled to receive sickness benefit as if he were an insured person, in respect of incapacity for work commenced within [13] weeks of the date of his dismissal or discharge, provided that he would have satisfied the condition of paragraph 279 if his incapacity had started immediately after that date.

[(b)] A certificate of dismissal or discharge and of inability to find new employment shall be issued by the employment exchange [to a person to whom subparagraph (a) of this paragraph applies.]

[Note: The inclusion of this regulation depends on whether it is desired to extend the provision of sickness benefit to insured persons who have recently ceased to be employed. If it is, the terms of the regulation will depend on whether there is a proper employment placement service administered through Employment Exchanges. In the absence of such a service it is doubtful whether a worthwhile certificate of the type envisaged in subparagraph (b) could be obtained, and whether the provision could then be denied to persons who had left employment voluntarily, without being dismissed or discharged. In that event the words in brackets in the regulation would have to be replaced by references to cessation of employment and to a certificate to that effect issued by the former employer. The Note on paragraph 249 also refers.]

283. The rates of sickness benefit shall be determined in accordance with the provisions contained in the schedule to these regulations.

284. All claims for sickness benefit shall be made to the Board in writing on the appropriate forms as supplied by the Board and shall be accompanied by the certificates of incapacity for work issued by medical officers in accordance with paragraph 260(h) or the alternative evidence referred to in paragraph 278 and by the certificates issued in accordance with paragraph 282(b) or paragraph 332(a).

285. Payment of sickness benefit shall be suspended for such period as the Board may decide, but not exceeding 6 weeks if:

- (a) during any period for which benefit has been claimed, the claimant was engaged in any remunerative work; or
- (b) the incapacity for work has been caused by the wilful misconduct or a criminal offence of the person concerned; or
- (c) the beneficiary fails to comply with any of the rules for behaviour during sickness set out in these regulations, (see paragraph 275), or neglects unreasonably to make use of the medical or rehabilitation services placed at his disposal.

Chapter 4. Maternity Benefit

(See also paragraphs 1138 to 1171)

286. Subject to the provisions of these regulations maternity benefit shall be granted in the case of the pregnancy and confinement of a woman who is or has been an insured woman.

287. Maternity benefit shall not be paid for any day prior to the date on which the claim to that benefit is received by the Board; provided that subject to the provisions of these regulations, the Board may pay benefit from an earlier date if it has been shown to their satisfaction that there was good cause for the claim not having been made on that earlier date.

288. Maternity benefit shall be payable only if the woman has been employed in insurable employment during at least 26 weeks 6 months in the period of 52 weeks 12 months immediately preceding the week month in which occurs the day which is six weeks before the expected date of confinement.

289. Subject to the provisions of these regulations maternity benefit shall be granted to the woman for a period starting as from a date not earlier than six weeks before the expected date of her confinement, and continuing until the expiration of six weeks from the date on which her confinement occurs.

Note: These periods may have to be extended or varied to bring them into agreement with any special legal requirements as to the abstention from work in such cases.

290. The rate of maternity benefit shall be determined in accordance with the provisions contained in the schedule to these regulations.

291. All claims for maternity benefit shall be made to the Board in writing on the appropriate forms as supplied by the Board, and shall be accompanied by the certificates as to the expected dates of confinement issued by medical officers in accordance with paragraph 260(j) or such other evidence to that effect as the Board may accept if, in their opinion, the special circumstances of any particular case so justify, and by the certificates issued by employers in accordance with paragraph 332(a).

292. An insured woman who has been granted maternity benefit shall, as soon as possible after her confinement, obtain a certificate of her confinement from the medical officer or qualified midwife who assisted thereat, and forward it to the Board within three days after the date of confinement; provided that the Board may accept other evidence in lieu of such certificate if, in their opinion, the special circumstances of any particular case so justify.

293. Payment of maternity benefit shall be suspended for such period as the Board may decide but not exceeding [6] weeks; if:

- (a) during the period for which the benefit is payable the beneficiary does any work as an employed person; or
- (b) during the said period she fails without good cause to take due care of her health, or to answer any reasonable inquiries by an officer of the Board directed to ascertaining whether she is doing so.

294. The provisions of these regulations relative to sickness benefit shall apply in relation to a case where there is incapacity for work arising from pathological complications of confinement immediately following the cessation of rights to maternity benefit, provided that in such a case the condition of paragraph 279 shall be applied in relation to the period immediately preceding the first day as from which maternity benefit was payable.

Chapter 5. Funeral Grant

(See also paragraphs 1138 to 1171)

295. Subject to the provisions of these regulations a funeral grant shall be paid in the case of the death of any person who, immediately prior to his death, was qualified to receive medical care.

Note. This wording implies that (a) the condition of paragraph 247 was satisfied in the case of the insured person, although, if paragraph 247 were omitted, the condition would then have to be set out here in detail, possibly as in paragraph 279, and (b) the funeral grant would be payable in respect of the death of a widow or child of the insured person only if the provision of medical care had been extended to such dependants.]

296. Funeral grant shall be paid to the person who has met or is liable to meet the cost of the funeral of the deceased person.

Note. This provision will have to be adapted to fit in with the statutory responsibilities in regard to burial, cremation, etc. in the individual country concerned.]

297. (a) The amount of the funeral grant shall be determined in accordance with the provisions contained in the schedule to these regulations, but shall not in any case exceed the cost of the funeral of the deceased person.

(b) For the purposes of this regulation the cost of the funeral shall include [...] here insert details of any items of expenditure, e.g. in respect of mourning garments, which may normally have to be incurred in accordance with the customs of the country.]

298. All claims for funeral grant shall be made to the Board in writing on the appropriate forms as supplied by the Board and shall be accompanied by a copy of the certificate of death together with evidence of the amount of the cost of the funeral of the deceased person, and of the payment of that amount, if it has been paid, and such particulars of the relationship of the claimant to the deceased person as the Board may require.

Chapter 6. Employment Injury Benefits

(See also paragraphs 1138 to 1171)

299. Subject to the provisions of these rules the employment injury benefits referred to in this chapter shall be granted to:

- (a) insured persons who, as a result of an employment injury, are rendered for the time being incapable of work; this benefit is referred to in these regulations as injury benefit;
- (b) insured persons who, as a result of an employment injury, suffer loss of earning capacity, which is likely to be permanent, or who continue, by reason of such an injury, to be rendered incapable of work after their title to injury benefit has ceased; this benefit is referred to in these regulations as a total or partial disability pension according to the degree of loss of earning capacity;
- (c) the survivors, as defined in paragraph 300 of an insured person who has died as the result of an employment injury; this benefit is referred to in these rules as a widow's pension, orphan's pension or widower's pension, as the case may be, and collectively they are referred to as survivors' pensions.

300. The survivors of an insured person in respect of whose death survivors' pensions may be granted in accordance with paragraph 299(c) shall be:

- (a) his widow;
- (b) his children, including legally adopted children, and also any illegitimate children of his who were living with or being wholly or mainly maintained by him immediately before his death; and
- [(c) the totally disabled widower of an insured woman, provided that he is in need].

[Note: Provision for widowers in need is included in a number of employment injury schemes, but not in normal survivors' benefit schemes. This seems illogical and it is suggested that (c) should be omitted unless there is an overwhelming case for its inclusion.]

301. (a) Each employer shall keep an accident book in a form laid down by the Board, and shall enter therein particulars of each employment accident which occurs in his establishment, whether serious or not, as soon as practicable after the accident has occurred, and shall in token of the correctness of the particulars, append his signature to the entry.

(b) The accident book shall be preserved for a period of 5 years after the date of the last entry therein.

(c) Each employer shall submit to the Board on the appropriate form supplied by the Board a report in triplicate within 24 hours of each serious employment accident which occurs in his establishment, that is to say, an accident which causes either the death of an insured person or an injury to an insured person as a result of which he is likely to be rendered incapable of work for a period of at least three days.

(d) Where an employment accident, although not immediately incapacitating the injured insured person for work, subsequently renders him incapable of work, a report as in subparagraph (c) of this regulation shall be submitted to the Board by the employer within 24 hours after the person is so rendered incapable of work.

302. The insured person who suffers a serious employment accident, that is to say, an accident at work as a result of which he is rendered incapable of work, or the dependants of an insured person who dies as a result of an employment accident, shall give notice to the Board of the employment accident as soon as it is practicable, orally or in writing, by themselves or by some other person acting on their behalf.

303. (a) Rights to employment injury benefits shall lapse if the employment injury has not been reported to the Board by the injured insured person or by his dependants in accordance with paragraph 302, or by his employer in accordance with paragraph 301 within 52 weeks after the employment injury occurred.

(b) Rights to disability pension or to a lump sum in lieu thereof or to survivors' pension shall also lapse if the pension is not claimed within 52 weeks after the date as from which it would otherwise have become payable.

304. (a) Subject to subparagraphs (b) and (c) of this regulation the rates of injury benefit, of total disability pension, and of widows', orphans' and widowers' pensions shall be determined in accordance with the provisions contained in the Schedule to these regulations.

(b) Where, by reason of the application of the provisions of the schedule relative to the survivors' pensions payable in a particular case, it is necessary to reduce the total of the pensions which would otherwise be payable to make it equal to the maximum laid down in the schedule, each of those pensions shall be reduced in the ratio which their total bears to the amount of that maximum.

(c) If a survivor who is receiving a reduced pension as a result of the provisions of subparagraph (b) of this regulation, ceases to be entitled thereto, the pensions of the other survivors shall thereupon be increased, subject to the limits prescribed by this regulation.

Note: If a provision is introduced permitting the payment of lump sums in lieu of survivors' pensions where the Board consider that course justifiable, or to a widow pensioner who remarries, the provisions of subparagraph (c) will have to be modified in relation to such cases in order to defer the increase of the other pensions until the period covered by the amount of the lump sum has ended. Also if there is a possibility of the insured person leaving more than one widow, it should be provided that the amount of the widow's pension should be equally shared among them.]

305. The question as to whether the incapacity for work or loss of earning capacity, or death of an insured person, was the result of an employment injury shall be determined in accordance with the provisions of the Adjudication Regulations.

306. (a) Subject to subparagraph (b) of this regulation an insured person who is eligible for injury benefit shall only be entitled to receive such benefit as from the fourth day of incapacity for work resulting from the injury.

(b) Injury benefit shall not be paid to an insured person for any day prior to the first date as from which he has been certified by the doctor to have been incapable of work; provided that the Board may pay benefit from an earlier date, subject always to subparagraph (a) of this regulation, if it has been shown to their satisfaction that there was good cause for the claim not having been made on that earlier date.

307. An insured person shall be eligible for injury benefit only after he has been certified to be incapable of work by a medical officer on the appropriate form supplied by the Board; provided that the Board may accept any other evidence of incapacity for work if they are satisfied as to his incapacity and, in their opinion, the special circumstances of the case so justify.

308. Injury benefit shall be paid so long as the incapacity for work as a result of the employment injury continues; provided that it shall not be paid for any period more than 52 weeks after the date on which the employment injury occurred.

309. All claims for injury benefit shall be made to the Board in writing on the appropriate forms as supplied by the Board and shall be accompanied by the certificates of incapacity for work issued by the medical officers in accordance with paragraph 260 or the alternative evidence referred to in paragraph 307 and by the certificates issued by the employers in accordance with paragraph 332(a).

310. Payment of injury benefit shall be suspended for such period as the Board may decide, but not exceeding [6] weeks, if:

- (a) during any period for which benefit has been claimed the claimant was engaged in remunerative work; or
- (b) the beneficiary fails to comply with any of the rules for behaviour during sickness set out in paragraph 275, or neglects unreasonably to make use of the medical or rehabilitation services placed at his disposal.

311. All claims for disability pensions shall be made to the Board in writing on the appropriate forms as supplied by the Board; provided that no such claims shall be required in any cases where a disability pension is granted in substitution for injury benefit, that is to say, where the incapacity for work due to the employment injury terminates within [52] weeks from the date of the injury, but the insured person is suffering some loss of earning capacity, or where such incapacity for work continues beyond the end of the period of [52] weeks from the date of the injury.

312. The degree of the insured person's loss of earning capacity shall be determined in accordance with the provisions of the Adjudication Regulations; provided that it shall be assessed at a percentage of total loss of earning capacity, and where the percentage is between 20 and 100 but is not a multiple of ten, it shall be treated.

313. (a) Where the percentage of loss of earning capacity is assessed at 20 per cent. or above but not more than 90 per cent., the monthly rate of disability pension shall be that proportion of the total disability pension which the percentage as assessed bears to 100 per cent.

(b) Where the percentage loss of earning capacity is assessed at less than 20 per cent. the grant shall take the form of a capital sum equal to 36 times the amount which bears to the monthly amount of the total disability pension the same ratio as the percentage loss of earning capacity as assessed bears to 100 per cent.

314. (a) The payment of disability pension shall start as from the date following that up to which injury benefit has been paid, or such later date as the circumstances of the case may warrant, and shall continue so long as the degree of loss of earning capacity on the basis of which the pension was determined continues.

(b) The amount of the disability pension may be subject at any time to alteration on the ground of a substantial increase or decrease in the degree of loss of earning capacity, following a review made at the request of the insured person or of the Board, except in any case where it has already been determined in accordance with the provisions of the Adjudication Regulations that there is no prospect of further change in the degree of such loss.

(c) When granting a disability pension the Board may fix a date as at which the review of the pension as in paragraph (b) of this regulation shall take place.

(d) For the purposes of the assessment of the degree of loss of earning capacity or of its review, the insured person shall submit himself to medical examination without being liable for any expenses in connection therewith.

(e) The Board may suspend the payment of a disability pension for a period of not exceeding 6 weeks at a time, if the insured person fails without sufficient reason either (i) to submit himself to medical examination in accordance with subparagraph (d) of this regulation, or (ii) to make use of the medical or rehabilitation service placed at his disposal.

315. Where an insured person is in receipt of total disability pension a supplement equal to one-quarter of that pension shall be added thereto, if the condition of the person as determined in accordance with the Adjudication Regulations, is such that he requires the constant attendance of another person.

316. If an insured person who is in receipt of a partial disability pension suffers another employment injury, there shall be substituted for that pension a new pension determined in relation to the combined degree of loss of earning capacity suffered as a result of both accidents.

317. (a) All claims for survivors' pensions shall be made to the Board in writing on the appropriate forms as supplied by the Board.

(b) Survivors' pensions shall not be paid unless and until a notice of the employment accident has been received by the Board in accordance with paragraph 301.

(c) Survivors' pensions, if granted, shall be paid as from the date on which the claim to pension is received by the Board, or from such earlier date as the Board may decide, if it has been shown to their satisfaction that there was good cause for the claim not having been made on that earlier date; provided that no payment shall be made for any period earlier than the date up to which disability pension was paid to the insured person on the basis of whose insurance the pension is payable, or if no such pension was paid to that person for any period earlier than the day following the date of his death.

318. The Board may accept in support of claims for survivors' pensions:

- (a) as proof of marriage and kinship to the deceased insured person any documents issued by public authorities, or, if they are not available, evidence on oath of a trustworthy third person; and
- (b) as proof of the ages of children, birth certificates, extracts from baptismal records or from school records certifying the date of birth, or such other evidence as the Board may consider satisfactory.

Note: The terms of this regulation must depend on the type of evidence likely to be available in the country in which the scheme is to apply.

319. A survivor's pension shall continue to be paid until:

- (a) in the case of a widow's pension, she remarries or dies;
- (b) in the case of an orphan's pension, he ceases to be a child as defined in paragraph 244(u), or dies; and
- (c) in the case of a widower's pension, he ceases to be in need.

320. Persons in receipt of survivors' pensions shall inform the Board of any change in their circumstances affecting their continued right to receive such pensions, or the rate at which the pension is payable, within one week of the occurrence of the change.

321. The Board may require persons entitled to survivors' pensions to furnish from time to time documented evidence that they are alive and that the conditions governing the grant of

such pensions continue to be fulfilled. If such evidence is not given to the Board within the time required, the Board may suspend payment of the pension until the date on which the evidence is given.

Note: Further Chapters will have to be included here, if and when it is decided to make provision for other benefits. So far as benefits in the form of lump sum grants (such as Marriage Grants), are concerned all that is needed is to lay down the conditions governing the award of the grant, its amount, the method of claiming, including the production of supporting evidence, the determination of title and the method of payment.

In the case of the "long-term benefits" the same provisions will have to be included together with additional provisions as to the dates from which benefit is to be paid, the period of payment, the various disqualifications which may arise in the course of such periods and the periodical production of proof of continued title. These additional provisions might be generally on the lines of those contained in Chapter 6 in relation to disability and survivors' pensions. As indicated in Note 3C of Part V, the qualifying condition for entitlement to these benefits will normally be insurance against the particular contingency over a considerable period. In the early years of the scheme, however, the periods of qualification might be fixed at three years for invalidity and survivors' pensions and five years for old-age pensions, with pension rates below those to which they will in due course be raised when the normal conditions of entitlement are applied.

If and when provision is made for the grant of unemployment benefit, the regulations will in general be on the same lines as for sickness benefit (Chapters 3 and 7) but with special provisions as to methods of claiming and the various disqualifications appropriate to the benefit.7

Chapter 7. Rules Common to More Than One Benefit

322. (a) The following benefits shall not both be payable to any person for the same period:

- (i) sickness benefit and maternity benefit;
- (ii) sickness benefit and injury benefit;
- (iii) maternity benefit and injury benefit;

but any one of these benefits may be paid to a person who is in receipt of a widow's or widower's pension, and either sickness or maternity benefit may be paid to a person who is in receipt of a disability pension.

(b) Where a person would, but for paragraph (a) of this regulation, be entitled to receive two of the benefits referred to in that paragraph, he shall receive that benefit which is payable at the higher rate.

323. (a) If an insured person entitled to sickness, maternity or injury benefit is in a medical institution where he receives board and lodging free of charge, his rate of benefit in respect of the period he is there shall be reduced by a week if he has in his family any person who is dependent on him for his subsistence, and by a week if he has no such person so dependent on him.

Note: This reduction is to take account of savings in cost of maintenance while in hospital. It will be necessary to decide whether the rate of deduction in these cases should be uniform as indicated in the draft regulation, or proportionate to the rate of benefit. In the latter case, the rate of reduction might be more suitably shown in the Schedule.7

(b) An insured person to whom subparagraph (a) applies shall furnish on the appropriate form supplied by the Board all necessary information as to his dependants.

324. Sickness benefit, maternity benefit and injury benefit shall only be granted if as a result of incapacity for, or abstention from, work - as the case may be - there is suspension of the earnings of the insured person; provided that, if a wage or salary is paid to the insured person in respect of a period of incapacity for or abstention from work at less than the rate of the benefit to which he would have been entitled for that period if no such payment had been made, benefit may be paid to him for that

period, but only at a rate which does not exceed the difference between the rate of benefit to which he would have been entitled apart from this regulation and the rate of wage or salary so paid to him.

325. The right to receive payment of (a) sickness benefit, maternity benefit or injury benefit in respect of each individual week or lesser period, shall lapse if it is not claimed within eight weeks after the end of that period, or (b) disability or survivor's pension in respect of each individual month or lesser period, shall lapse if it is not claimed within six months after the end of that period.

326. (a) Sickness benefit, maternity benefit and injury benefit shall be paid as soon as is reasonably practicable after the claim for benefit has been allowed. Such payments shall be made at weekly intervals in arrear, or where payment is due for a period covering less than a week, there shall be paid, after the end of that period, an amount equal to the proportion of the rate of benefit which the number of days in that period, Sunday (or such other day of the week as may be substituted therefor) being disregarded, bears to six.

(b) Disability pensions and survivors' pensions shall be paid at monthly intervals in advance.

Note: If it should be preferred to pay these pensions in arrear, an addition similar to that in subparagraph (a) will have to be made to cover any period for which pension is due for less than a month, and paragraph 317(c) will need adjustment to omit the reference to the payment of disability pension.

327. (a) The Board shall determine the place and method of payment of cash benefits.

(b) Any survivors' pension payable in respect of a child shall be paid to the mother or other person having custody of the child; provided that where the circumstances justify it, the Board may make payment in such other manner as they consider suitable.

328. If a beneficiary dies during a period in which he is entitled to a cash benefit, the amount of any such benefit which is due but unpaid up to the date of his death shall be paid to his heirs.

329. Cash benefits shall be inalienable and shall not be liable to attachment or transfer and no taxes or duties shall be levied on such benefits⁷.

330. An insured person or his survivors shall be entitled to receive benefit under the Act, provided that the qualifying conditions for entitlement to such benefit have been satisfied, notwithstanding that contributions which are due in respect of his employment have not been paid by his employer, and even though the insured person's share of contributions may not have been deducted from his wages or salary.

331. An insured person who applies for cash benefit shall produce to the Board on request the identity card issued to him in accordance with the Contributions Regulations (paragraph 369).

332. (a) An employer shall furnish to an employee, who wishes to claim sickness benefit, maternity benefit or injury benefit, and to any other person who wishes to claim benefit on the basis of an employee's insurance record, a certificate on a form supplied by the Board showing as may be considered necessary:

- (i) the first date on which the employee was absent from work on account of incapacity, or in the case of a claim for maternity benefit, on account of pregnancy;
- (ii) the period of continuous employment by the employer;
- (iii) the rate of wage or salary paid to the employee during that period;
- (iv) the rate of wage or salary, if any, which has been or will be paid to the employee during his absence from work;
- (v) the period for which this wage or salary has been or will be paid to him; and
- (vi) the rate of contribution payable in respect of the employee in any monthly period for which no monthly contribution roll has yet been forwarded by the employer⁷.

Note: Subparagraph (vi) should, of course, be omitted if contributions are paid otherwise than by means of monthly contribution rolls - see also paragraphs 392 and 393.⁷

(b) An employer shall notify the Board within 24 hours of the return to work of an employee to whom a certificate has been furnished in accordance with subparagraph (a) of this paragraph.

(c) An employer who furnishes incorrect information on a certificate or notification issued in accordance with paragraph (a) or (b) of this regulation shall be liable to pay to the Board the amount of any overpayment of benefit which has been made as a result of the incorrect information.

333. Any person who wilfully makes a false statement or false representation with a view to obtaining for himself or for some other person benefit to which he or that other person is not entitled shall be liable on summary conviction to a fine not exceeding or to imprisonment for a term not exceeding or to both such fine and such imprisonment.

Note: The penalties to be inserted should be such as are appropriate in relation to the general laws of the country.

334. The Board shall be entitled to recover by deduction from further payments of cash benefit the amount of any benefit previously overpaid and not otherwise repaid to them.

335. (a) All state, municipal and other public authorities shall supply free of charge copies of certificates necessary to be furnished in support of claims for benefit (such as birth certificates, death certificates, etc.).

(b) Such certificates and other documents for obtaining benefits shall be exempt from all taxes, fees and stamp duties.

336. Any person who is dissatisfied with a decision with regard to his application for benefit may appeal against that decision in accordance with the provisions of the Adjudication Regulations.

337. The Board shall maintain in such form as they consider suitable a separate record (a) of data such as the amounts paid and the periods for which payment is made, relating to each type of benefit, and (b) of the cash benefits provided in the case of each insured person.

338. Subject to conditions and within the financial resources available, the Board may organise occupational re-education and retraining programmes in order to facilitate the rehabilitation and re-employment of insured persons who are in receipt of sickness benefit or injury benefit or of disability pensions.

339. Note: The rates of benefit will depend, of course, on the nature of the scheme which has been adopted. (See also paragraphs 1138 to 1149).

A. If contributions are to be paid weekly at a uniform rate dependent only on the sex or age of the insured person and the fact of employment at some time during the week and not related to the amount of work done in the week, the rate of benefit will presumably also be uniform, subject in certain cases to the payment of the required number of contributions during the prescribed qualifying period.

On that basis all that will be necessary will be a simple table showing the weekly (or monthly) rates of each benefit, i.e. sickness, maternity and injury benefits and total disability and survivors' pensions, and the amount of the funeral grant. In the case of sickness and maternity benefits and funeral grant no payment will be due if the qualifying contribution condition is not satisfied.

The position where contributions are paid at a uniform rate for all persons who come within a defined wage class will in general be as set out above and a separate table could be framed for each of the wage classes.

B. If, however, the contributions are not paid on a general uniform basis, the rates of benefit will probably not be uniform either and may have to be determined in relation to the average of the wages of the insured person taken over a period which may be different for different benefits.

In that event, there would need to be a table showing in respect of each benefit the percentage of the average wage which is to be paid weekly (or monthly), and in addition there would need to be rules as to the method of determination of the average wage for the purpose of each benefit.

Such rules would have to be related to the basis on which the rates of wages are to be determined for the purposes of assessing the rates of contributions which are payable.

The form of the Schedule in the case of alternative B might be:

Benefit	Percentage of weekly/monthly wage
Sickness benefit	50 per cent.
Maternity benefit	50 per cent.
Injury benefit	50 per cent.
100 per cent. disability pension	50 per cent.
Survivors' pension	40 per cent.

(see paragraph 1138)

and the rules might be drafted somewhat as follows:

340. For the purpose of sickness benefit the average weekly wage shall be determined by dividing by 13 the total of the wages received in respect of (or of the notional wages applicable to) the period of 13 weeks / 3 months immediately preceding the week / month in which occurred the first day of the continuous period of incapacity for work; provided that if, during the whole of any weeks in that period the claimant was absent from work and in receipt of sickness, maternity or injury benefit or 100 per cent. disability pension, the number of such weeks shall be deducted from the divisor.

(Note. This paragraph is based on the general assumption that an employee will be employed and in receipt of wages throughout the averaging period except when in receipt of benefit or pension under the scheme, so that the average wage will work out at approximately his normal wage for the job he is doing, unless there has been a material change in his wage rate during the averaging period - paragraph 342 takes care of this eventuality in the case of employment injury. The position is not so straightforward where there are periods of non-employment without wages or benefit, e.g. unpaid holidays or actual unemployment, in the averaging period, but it would seem that this difficulty could only be overcome by reducing everything to days, dividing

the total of the wages by the number of days in the period when the insured person was at work plus the number of other days when he was not at work and not in receipt of wages or benefit, or on authorised unpaid holiday. This would give a daily average which could be multiplied by 6 or 25 to give the weekly or monthly average. It would, however, involve the keeping of very detailed records both by employers and by the Board and the making of elaborate calculations on the part of the officers of the Board before payment of benefit could be authorised, with all the attendant dissatisfaction of the insured persons who would not understand the basis of the calculations. It is suggested, therefore, that the basis put forward in Rule 1 should be adopted until such time as it is shown in practice to be unsatisfactory.

The position would become almost impossible to maintain if the alternative course were to be applied in respect of title to long-term benefits based on the average taken over a number of years, and it is thought that for those benefits a direct averaging without regard to blank periods would be sufficiently satisfactory, especially if some small allowance were made for the normal expectation of weeks of incapacity for work.)

341. For the purpose of maternity benefit the average wage shall be determined as in paragraph 340, with the substitution of the words "the first day for which maternity benefit is to be paid" for the words "the first day of the continuous period of incapacity for work".

342. For the purpose of injury benefit the average wage shall be taken as the greater of the following: (a) the average wage as determined in paragraph 340, with the substitution of the words "the first day of incapacity for work resulting from the injury" for the words "the first day of the continuous period of incapacity for work"; or (b) the actual rate of wages payable (or the notional wage applicable to that rate of wages) in respect of the employment in which the person was engaged at the time when he received the injury as a result of which he became incapable of work.

343. For the purpose of disability pension, the average wage shall be the same as that determined for the purpose of the injury benefit previously in payment, or the average wage which would have been arrived at for the purpose of injury benefit if the insured person had been rendered incapable of work as a result of the injury.

344. For the purpose of survivors' pension, the average wage shall be the same as that determined for purpose of injury benefit previously in payment, or, where injury benefit had not previously been granted to him, the average wage which would have been arrived at for the purpose of injury benefit, if the insured person had been alive but rendered incapable of work as a result of the injury.

345. For each of the aforementioned purposes, where the average wage as so determined is less than 10 per cent. but not less than 5 per cent. of the normal weekly monthly wage of a person employed full time in the occupation in which the insured person was engaged, it shall be treated as if it amounted to 10 per cent. of that wage. If, however, in any case the average wage is less than 5 per cent. of such normal wage, the insured person shall be treated for those purposes as if he had received no wages during the averaging period.

Note: This provision is included to secure that no payment of benefit should be made below a limiting figure - see in this connection A of Note 3 in Part V. The percentages would have to be fixed in relation to local conditions having regard to the level below which payments might be regarded by the beneficiaries as negligible or worthless. A simpler course, however, would be to fix the minimum on an actual money basis rather than on the basis of a percentage of a normal wage, which might be very difficult to determine in individual cases.]

346. The amount of the funeral grant would have to be commensurate with the normal expenditure on funeral ceremonies in the country concerned, and it might be considered desirable that the amount of the grant should be related to the average wage of the insured person, although possibly varying according to whether the deceased person was a child or an adult. (See in this connection Note 3D in Part V.)]

When the question of extension to other benefits is in contemplation consideration will no doubt be given to the comments contained in Part V, Note 3.

Broadly the position under alternative B might be covered somewhat as follows:

1. For unemployment benefit the percentage rate and determination of the average wage should be on the same basis as for sickness benefit with the addition of a reference to periods of unemployment benefit in calculating the divisor (see paragraph 340).

2. Invalidity pension is, in effect, an indefinite extension of sickness benefit, and in the permanent scheme the rate might be fixed at the same rate (or slightly below) that of sickness benefit. In the years following the introduction of the pension, the rate might be fixed at half the rate of sickness benefit until some experience of its operation had been gained. So far as the average wage is concerned the initial averaging period might be the three years before the commencement of the period of incapacity current when title to the pension arises. (See also in this connection the note following Chapter 6.)

3. As in the case of invalidity pension, the initial rates of old-age and survivors' pensions might be lower and the conditions easier than those which it is intended to provide under the permanent scheme. The permanent rates of these pensions might be fixed at 40 per cent., as in Convention No. 102, of the average wage over the whole period of the insured person's insurance record.

Initially, however, such pensions might be paid at half this rate, with average wages being calculated over the three years prior to the death of the insured person, or the five years prior to his attainment of pension age as the case may be. (See also the note following Chapter 6.)

So far as alternative A is concerned, the position in relation to unemployment benefit would be the same as for the benefits, other than employment injury benefits, referred to in the opening paragraphs of this Note; but it would be quite different in relation to the long-term benefits if, as suggested in paragraphs 1162 and 1171, the only qualifying condition were the satisfaction of a minimum period of insurance test.

Where contributions are paid at uniform rates irrespective of the amount of work done, or wages paid, it would not be a practicable proposition to maintain or attempt to obtain a record of the wages received during the whole of the "averaging" period suggested for adoption under alternative B; but it would not be unreasonable to accept the number of contributions actually paid during that period as a measure of the work done and to fix the rate of pension on the basis of the average number of contributions paid per year. The normal rate of benefit would then be payable for a nearly full contribution average (see paragraph 1163) and proportionately lower rates would be payable for lower contribution averages.]

APPENDIX A

(See Note to paragraph 267(c))

Special List of 50 Causes for Tabulation of
Morbidity for Social Security Purposes

1. Tuberculosis of respiratory system
2. Tuberculosis, other forms
3. Syphilis and its sequelae
4. Gonococcal infection
5. Dysentery, all forms
6. Other infective diseases commonly arising in
intestinal tract
7. Certain diseases common among children
 - 7a Scarlet fever
 - 7b Diphtheria
 - 7c Whooping cough
 - 7d Measles
 - 7e Mumps
8. Typhus and other rickettsial diseases
9. Malaria
10. Diseases due to helminths
11. All other diseases classified as infective and parasitic
12. Malignant neoplasms, including neoplasms of lymphatic
and haematopoietic tissues
13. Benign neoplasms and neoplasms of unspecified nature
14. Allergic disorders
15. Diseases of thyroid gland
16. Diabetes mellitus
17. Avitaminosis and other deficiency states
18. Anaemias
19. Psychoneuroses and psychoses
20. Vascular lesions affecting central nervous system
21. Diseases of eye
22. Diseases of ear and mastoid process
23. Rheumatic fever
24. Chronic rheumatic heart disease
25. Arteriosclerotic and degenerative heart disease
26. Hypersensitive disease
27. Diseases of veins
28. Acute nasopharyngitis (common cold)
29. Acute pharyngitis and tonsillitis and hypertrophy
of tonsils and adenoids
30. Influenza
31. Pneumonia
32. Bronchitis
33. Silicosis and occupational pulmonary fibrosis
34. All other respiratory diseases
35. Diseases of stomach and duodenum, except cancer

- 36. Appendicitis
- 37. Hernia of abdominal cavity
- 38. Diarrhoea and enteritis
- 39. Diseases of gall bladder and bile ducts
- 40. Other diseases of digestive system
- 41. Nephritis and nephrosis
- 42. Diseases of genital organs
 - 42a Diseases of male genital organs
 - 42b Diseases of female genital organs
- 43. Deliveries, complications of pregnancy, childbirth and the puerperium
 - 43a Normal deliveries
 - 43b Complications of pregnancy, childbirth and the puerperium
- 44. Boil, abscess, cellulitis and other skin affections
- 45. Other diseases of skin
- 46. Arthritis and rheumatism, except rheumatic fever
- 47. Diseases of bones and other organs of movement
- 48. Congenital malformations and diseases peculiar to early infancy
- 49. Other specified and ill-defined diseases
- 50. Accidents, poisonings, and violence (external cause)
 - 50a Occupational accidents and occupational poisonings
 - 50b Accidents and poisonings not specified as occupational
 - 50c Other violence

APPENDIX B

(See Note to paragraph 267(c),

Special List of 50 Causes of Morbidity for Social
Security Purposes

(as extended for use in an Asiatic country, together with
a list of diseases showing the appropriate code reference)

1. Cause Groups

- 1 Tuberculosis of respiratory system
- 2 Tuberculosis, other forms
- 3 Syphilis and its sequelae
- 4 Gonococcal infection
- 5 Dysentery, all forms
- 6 Other infective diseases commonly arising in intestinal tract
 - 6a Cholera
 - 6b Enteric fever
 - 6c Other infective diseases
- 7 Certain diseases common among children
 - 7a Scarlet fever
 - 7b Diphtheria
 - 7c Whooping cough
 - 7d Measles
 - 7e Mumps
 - 7f Chicken-pox
- 8 Typhus and other rickettsial diseases
- 9 Malaria
- 10 Diseases due to helminths
 - 10a Filariasis
 - 10b Ankylostomiasis
 - 10c Other helminths
- 11 All other diseases classified as infective and parasitic
 - 11a Meningococcal infection
(CEREBROSPINAL FEVER)
 - 11b Plague
 - 11c Small-pox
 - 11d Leprosy
 - 11e Kala-azar
 - 11f Parasitic skin infections
 - 11g Tetanus
 - 11h Yaws (Framboesia)
 - 11i Infectious hepatitis (Catarrhal Jaundice)
 - 11j Other infectious and parasitic diseases
- 12 Malignant neoplasms, including neoplasms of lymphatic and
haematopoietic tissues

- 13 Benign neoplasms and neoplasms of unspecified nature
- 14 Allergic disorders
- 15 Diseases of thyroid gland
- 16 Diabetes mellitus
- 17 Avitaminosis and other deficiency states
- 18 Anaemias
- 19 Psychoneurosis and psychosis
- 20 Vascular lesions affecting central nervous system
- 21 Diseases of eye
 - 21a Trachoma
 - 21b Cataract
 - 21c Other diseases
 - 21d Injury eye
- 22 Diseases of ear and mastoid process
- 23 Rheumatic fever
- 24 Chronic rheumatic heart disease
- 25 Arteriosclerotic and degenerative heart disease
- 26 Hypertensive disease
- 27 Diseases of veins
- 28 Acute nasopharyngitis (common cold)
- 29 Acute pharyngitis and tonsillitis and hypertrophy of tonsils and adenoids
- 30 Influenza
- 31 Pneumonia
- 32 Bronchitis
- 33 Silicosis and occupational pulmonary fibrosis
- 34 All other respiratory diseases
- 35 Diseases of stomach and duodenum, except cancer
- 36 Appendicitis
- 37 Hernia of abdominal cavity
- 38 Diarrhoea and enteritis
- 39 Diseases of gallbladder and bile ducts
- 40 Other diseases of digestive system
 - 40a Diseases of the teeth
 - 40b Other diseases
- 41 Nephritis and nephrosis
- 42 Diseases of genital organs
 - 42a Diseases of male genital organs
 - 42b Diseases of female genital organs.
- 43 Deliveries, complications of pregnancy, child-birth and the puerperium
 - 43a Normal deliveries
 - 43b Complications of pregnancy, child-birth and the puerperium
- 44 Boil, abscess, cellulitis and other skin infections
- 45 Other diseases of skin
- 46 Arthritis and rheumatism, except rheumatic fever
- 47 Diseases of bones and other organs of movement
- 48 Congenital malformations and diseases peculiar to early infancy

- 49 Other specified and ill-defined diseases
 - 49a Epilepsy
 - 49b Diseases of nerves and peripheral ganglia
 - 49c Urinary calculus
 - 49d Other diseases of urinary system
 - 49e Other specified and ill-defined diseases
- 50 Accidents, poisonings, and violence
 - 50a Open fractures (all sites)
 - 50b Closed fractures (all sites)
 - 50c Complicated fractures (all sites and complications)
 - 50d Dislocations (all sites)
 - 50e Head injury excluding fracture
 - 50f Internal injury, chest, abdomen, and pelvis
 - 50g Lacerated, open, and contused wounds
 - 50h Burns and scalds
 - 50i Occupational poisoning
 - 50j Other poisoning
 - 50k Other violence

2. Alphabetical List of Diseases with Code Reference

A

	Classified Sickness Group		Classified Sickness Group
Abdominal colic	49e	Anal fistula or	
Abortion	43b	fissure	40b
Abortive fever	6c	Anaphylactic shock	50k
Abscess	According	Aneurysm of aorta	3
	to cause	Angina pectoris	25
Achlorhydria	35	Angioneurotic oedema	14
Acholuric anaemia	18	Ankylosis	47
Accidents (not	50 sub-	Ankylostomiasis	10b
occupational)	group	Anorexia	49e
	according	Anteflexion cervix	
	to nature	or uterus	42b
	of injury	Antepartum haemorrhage	43b
Accidents (occu-	50 sub-	Anthracosis	33
pational)	group	Anthrax	11j
	according	Anxiety	19
	to nature	Aortic disease	24
	of injury	Aplastic anaemia	18
Acne	45	Apoplexy	20
Acromegaly	49e	Appendicitis	36
Actinomycosis	11f	Arteriosclerosis	25
Acute gonorrhoea	4	Arteriosclerosis of	
Acute oedema of lung	49e	kidney	26
Addison's anaemia	18	Arrhythmia	49e
Adenitis (non-		Arthritis	46
tuberculous)	44	Arthritis gonococcal	4
Agranulocytosis	49e	Ascariasis	10c
Albuminuria	41	Ascites	49e
Allergic conjuncti-		Asthma	14
vitis	14	Astigmatism	21c
Allergic eczema	14	Athlete's foot	11f
Alveolar abscess	40a	Atrophy acute yellow	39
Alopecia (aerata)	45	Atypical pneumonia	31
Amenorrhoea	42b	Auricular fibrilla-	
Amnesia	49e	tion	49e
Anaemia	18	Auricular flutter	49e
Anal and rectal		Avitaminosis	17
abscess	40b		

B

Banti's disease	49e	Bilharziasis	10c
Bed sore	45	Biliousness	49e
Beriberi	17	Blackwater fever	9

Classified Sickness Group		Classified Sickness Group	
B (cont.)			
Blepharitis	21c	Brodie's abscess	47
Blindness	21c	Bronchiectasis	34
Boils	44	Bronchitis	32
Brachial neuritis	49b	Bronchopneumonia	31
Bradycardia	49e	Brucellosis	6c
Breast abscess	42b	Bunion	47
Bright's disease	41	Burns	50h
Brill's disease	8	Bursitis	47
C			
Calculus, renal, ureteric, bladder	49c	Cirrhosis of liver	40b
Cancrum oris	40b	Cleft palate	48
Carbuncle	44	Climacteric	42b
Carcinoma	12	Climacteric symptoms	42b
Cardiac asthma	49e	Clubfoot	47
Cardiac conditions	49e	Coeliac disease	17
Cataract	21b	Colitis	38
Catarrh (Nose and naso-pharynx)	28	Collapse	49e
Cellulitis	44	Colour blindness	21c
Cerebral abscess	49e	Common cold	28
Cerebral embolism	20	Congenital heart disease	48
Cerebral Haemorrhage	20	Congenital syphilis	3
Cerebral Thrombosis	20	Congestive heart failure	49e
Cerebral Tumours	12or13	Conjunctivitis	21c
Cerebrospinal fever	11a	Conjunctivitis gono- coccal	4
Cerebrospinal meningitis	11a	Constipation	40b
Cervical rib	48	Convulsion	49e
Cervicitis	42b	Cooley's anaemia	18
Chancroid	11j	Corneal opacity	21c
Chicken pox	7f	Corneal ulcer	21c
Chilblains	49e	Corns	45
Cholangitis	39	Coronary disease	25
Cholecystitis	39	Coronary occlusion	25
Cholelithiasis	39	Coronary thrombosis	25
Cholera	6a	Cor pulmonale	49e
Chondritis	47	Coryza	28
Chorea	23	Cough	49e
Choroiditis	21c	Coxa valga	47
Chronic bronchitis	32	Cretinism	15
Chronic gonorrhoea	4	Cystitis	49d

Classified
Sickness
Group

Classified
Sickness
Group

D

Dacryocystitis	21c
Deafmutism	22
Deafness	22
Debility	49e
Decubitus ulcer	45
Deflected septum	34
Delivery normal	43a
Dementia	19
Dengue	11j
Dental abscess	40a
Dental caries	40a
Dermatitis	45
Dermatophytosis	11f
Detachment of retina	21c
Dhobie itch	11f
Diabetes	16
Diabetes insipidus	49e
Diabetes mellitus	16
Diabetic coma	16
Diarrhoea	38

Dilatation of stomach	35
Diphtheria	7b
Disseminated sclerosis	49e
Distention of stomach	35
Diverticulitis	40b
Dropsy -	
cardiac	49e
renal	41
Dumdum fever	11e
Duodenal ulcer	35
Dwarfism	49e
Dysentery -	
amoebic	5
bacillary	5
non-specific	5
Dysmenorrhoea	42b
Dyspepsia	35
Dysphagia	According to cause

E

Eclampsia	43b
Ectopia vesicae	48
Ectopic pregnancy	43b
Eczema	45
Eczema allergic	14
Effort syndrome	19
Empyema gallbladder	39
Empyema (non- tuberculous)	34
Encephalitis	11j
Endocarditis	23
Endometritis	42b
Enlarged prostate	42a
Enlarged tonsils	29
Enteritis	38
Enteritis chronic	40b

Eosinophilia	14
Epidemic dropsy	17
Epidemic meningitis	11a
Epidedymitis	According to cause
Epilepsy	49a
Epiphysitis	47
Epispadias	48
Epistaxis	According to cause
Epithelioma	12
Erysipelas	11j
Erythroblastosis	48
Essential hypertension	26
Exophthalmic goitre	15
Extrasystole	49e

	Classified Sickness Group		Classified Sickness Group
F			
Facial paralysis	49b	Fibrositis	46
Faecal fistula	40b	Filariasis	10a
Favus	11f	Flat foot	47
Femoral hernia	37	Floating kidney	49d
Fever (undiagnosed)	11j	Flu	30
Fibrocystic disease of bone	47	Food poisoning	6c
Fibroids (uterus)	13	Frohlich's syndrome	49e
Fibroma	13	Frontal Sinusitis	34
		Forunculosis	44

G			
Gangrene	According to cause	Glandular fever	11j
Gas gangrene	11j	Glaucoma	21c
Gastric neurosis	19	Glioma	12
Gastric ulcer	35	Glossitis	40a
Gastritis	35	Glycosuria	49a
Gastro-enteritis	38	Goitre	15
General paralysis of insane	3	Gonorrhoea	4
Genu valgum	47	Gout	49e
Giddiness	49e	Guinea worm	10c
Gingivitis	40a	Gumma	3
		Gynaecomastia	42b

H			
Haematemesis	According to cause	Herpes zoster	49e
Haematuria	49e	Hiccough	49e
Haemolytic anaemia	18	Hodgkin's disease	12
Haemophilia	49e	Hookworm	10b
Haemoptysis	According to cause	Hydatid disease	10c
Haemorrhoids	27	Hydatidiform mole	43b
Hammer toe	47	Hydrocele	42a
Harelip	48	Hydrocephalus congenital	48
Hayfever	14	Hydronephrosis	49d
Headache	49e	Hyperchlorhydria	35
Heart block	49e	Hypermetropia	21c
Heat exhaustion	50k	Hyperpiesis	26
Hemiplegia	49e	Hyperpyrexia	According to cause
Hepatitis Amoebic	5	Hypertension (Malignant)	26
Hepatitis infectious	11i	Hypertensive encephalopathy	26
Hernia	37		

Classified
Sickness
Group

Classified
Sickness
Group

H (cont.)

Hypertensive heart disease	26	Hypostatic pneumonia	34
Hyperthyroidism	15	Hypotension	49e
		Hysteria	19

I

Icterus	According to cause	Influenza	30
Impacted teeth	40a	Ingrowing nail	45
Imperforate anus	48	Inguinal granuloma	11j
Impetigo	44	Inguinal hernia	37
Industrial dermatitis	45	Insomnia	49e
Infantile diarrhoea	38	Intestinal obstruction	40b
Infectious hepatitis	11i	Intracranial injury	48
Infectious warts	44	Iritis	21c
		Iron deficiency anaemia	18

J

Jaundice	
Haemolytic	18
Infective	11i
obstructive (neoplasm)	12
toxic (non-occupational)	40b
toxic (occupational)	50i
unspecified	49e

K

Kala-azar	11e	Kidney disease	41
Keratitis	21c	Kyphosis	47

L

Laryngitis	34	Leptospirosis	11j
Leishmaniasis		Liver abscess	5
cutaneous	11j	Local sore	11j
visceral	11e	Lumbago	46
Leprosy	11d	Lung abscess	34
Leucorrhoea	42b	Lymphadenitis	44
Leukemia	12	Lymphoid Leukemia	12
Leukoderma	45	Lymphosarcoma	12

Classified Sickness Group		Classified Sickness Group	
M			
Malaria	9	Mediastinitis	49e
Malaria Benign tertian	9	Megalocytic anaemia	18
Malaria Cerebral	9	Melancholia	19
Malaria (malarial fever)	9	Menieres disease	22
Malaria malignant (Falciparum)	9	Menopausal symptoms	42b
Malaria quartan	9	Menorrhagia	42b
Malignant endocarditis	49e	Mental disease	19
Malignant hypertension	26	Migraine	49e
Malignant jaundice of pregnancy	43b	Miscarriage	43b
Mallet finger	47	Mitral regurgitation	24
Malnutrition	49e	Molluscum contagiosum	44
Malta fever	6c	Mumps	7e
Mania	19	Muscular dystrophy	47
Marasmus	48	Nyalgia	46
Mastitis	43b	Myasthenia gravis	47
Mastoiditis	22	Myeloid leukaemia	12
Maxillary sinusitis	34	Myocardial degenera- tion	25
Measles	7d	Myocarditis rheumatic	24
		Myopia	21c
		Myositis	46
		Myxoedema	15
N			
Narcolepsy	49e	Neurasthenia	19
Nasal catarrh	28	Neuritis (except rheumatic)	49b
Nasal polyp	34	Neuro-leprosy	11d
Nasopharyngitis	28	Neurosis	19
Neoplasm benign	13	Neurosis obsessional	19
Neoplasm malignant	12	Neurosis occupational	19
Nephritis	41	Nodular goitre	15
Nephrosclerosis	26	Nodular leprosy	11d
Nephrosis	41	Normal delivery	43a
Nervous debility	19	Nystagmus -	49e
Nervousness	49e	" miner's	19
Neuralgia	49b		
O			
Obesity	49e	Oophoritis	42b
Occupational neurosis	19	Optic neuritis	21c
Oedema	According to cause	Oral sepsis	40a
Onychitis	45	Orchitis	According to cause

Classified
Sickness
Group

Classified
Sickness
Group

O (cont.)

Oriental sore	11j	Otitis	22
Osteitis	47	Otitis externa	22
Osteitis deformans	46	Otitis media	22
Osteo-arthritis	47	Otorrhoea	22
Osteochondrosis	47	Ovarian dysfunction	49e
Osteomallicia	47	Ovaritis	42b
Osteomyelitis	47	Oxaluria	42b
Osteo-porosis	47	Oxyuriasis	10c

P

Palpitation	49e	Plague	11b
Pancreatitis	40b	Plague bubonic	11b
Paralytic ileus	40b	Plague pneumonic	11b
Paralytic stroke	20	Pleurisy	34
Paralysis agitans	49e	Pleurisy effusion	1
Parametritis	42b	Pleurodynia	49e
Paranoia	19	Pneumoconiosis	33
Paraplegia	49e	Pneumonia	31
Paratyphoid fever	6b	Pneumothorax	34
Paresis	49e	Poisoning	
Parkinson's disease	49e	alcoholic	50j
Parotitis	40b	food	6c
Paroxysmal tachycardia	49e	lead	50j
Passive pneumonia	34	opium	50j
Pediculosis	11f	Poliomyelitis	11j
Pellagra	17	Polycystic kidney	48
Pelvic cellulitis	42b	Polycythemia	49e
Pelvic peritonitis	42b	Polyneuritis	49b
Pemphigus	45	Polyuria	49c
Perinephric abscess	49d	Postpartum haemorrhage	43b
Peptic ulcer	35	Post-natal asphyxia	48
Pericarditis	23	Precordial pain	49e
Periostitis	47	Pre-eclampsia	43b
Peripheral neuritis	49b	Pregnancy anaemia	18
Peritonitis	40b	Presbyopia	21c
Peritonsillar abscess	34	Prickly heat	45
Pernicious anaemia	18	Progressive muscular	
Pes planus	47	dystrophy	47
Pharyngitis	29	Prolapse rectum	40b
Phlebitis	27	Prolapsus uteri	42b
Phthisis	1	Prolonged labour	43b
Piles	27	Prostatitis	42a
Placenta praevia	43b	Pruritus	45

Classified Sickness Group		Classified Sickness Group	
P (cont.)			
Psoriasis	45	Pulmonary fibrosis	33
Psychoneurosis	19	Pulmonary infarction	27
Psychosis	19	Pulmonary tuberculosis	1
Puerperal eclampsia	43b	Pulsus alternans	49e
Pterygium	21c	Purpura	49e
Ptomaine poisoning	6b	Pyaemia	11j
Puerperal fever	43b	Pyelitis	49d
Puerperal infection	43b	Pyelitis pregnancy	43b
Puerperal phlebitis	43b	Pyelocystitis	49d
Puerperal pulmonary embolism	43b	Pyelonephritis	49d
Puerperal psychosis	43b	Pyonephrosis	49d
Puerperal septicaemia	43b	Pyorrhoea	40a
Pulmonary collapse	34	Pyosalpinx	42b
Pulmonary embolism	27	Pyrexia	11j
Q			
Quinsy	34	Q-fever	8
R			
Rabies	11	Rheumatism	46
Ranula	40b	Rheumatoid arthritis	46
Rat-bite fever	11j	Rhinitis	28
Raynaud's disease	49e	Rickets	17
Refractive errors	21c	Ringworm	11f
Relapsing fever	11j	Rodent ulcer	12
Renal calculus	49c	Round worms	10c
Renal dropsy	41	Rubeola	7d
Retained placenta	43b	Rupture bladder	49d
Retinitis	21c	Rupture urethra	49d
Retroflexion uterus	42b	Rupture urethra traumatic	50f
Retroversion uterus	42b		
Rheumatic fever	23		
S			
Salpingitis	42b	Schizophrenia	19
Salpingo-oophoritis	42b	Sciatica	49b
Salivary calculus	40b	Scleroderma	45
Scabies	11f	Scoliosis	47
Scar	45	Scrub typhus	8
Scarlet fever	7a	Scurvy	17
Schistosomiasis	10c	Seborrhoea	45

Classified
Sickness
Group

Classified
Sickness
Group

S (cont.)

Seborrhoeic dermatitis	45	Splenic anaemia	18
Senile Psychosis	19	Splenomegaly	49e
Secondary anaemia	18	Spondylitis deformans	47
Secondary syphilis	3	Sprue	17
Septicaemia	11j	Sterility	42
Serum sickness	50k	Still's disease	46
Silicosis	33	Stomatitis	40b
Simmonds' disease	49e	Strabismus	21c
Sinusitis	34	Strangulated hernia	37
Small pox	11c	Stricture urethra	49d
Sore throat	29	Stye	21c
Spastic infantile		Subacute gonorrhoea	4
paralysis	49e	Subarachnoid	
Spina bifida	48	haemorrhage	20
Spirochaetosis		Suppurative hepatitis	40b
icterohaemorrhagica	11j	Syphilis	3
		Syphilitic sore	3

T

Tabes dorsalis	3	Tracheitis	34
Tachycardia	49e	Tracheobronchitis	32
Taenia	10c	Trachoma	21a
Tenosynovitis	47	Trematode infestation	10c
Testicular dysfunction	49c	Trench fever	8
Tetanus	11g	Trichiasis	45
Thread worm	10c	Trichiniasis	10c
Threatened abortion	43b	Trigeminal neuralgia	49b
Thrombo angiitis		Tropical ulcer	45
obliterans	49e	Trypanosomiasis	11j
Thrombophlebitis	27	Tuberculosis of	
Thrombosis	27	meninges	2
Thyroid enlargement	15	intestines	2
Thyrotoxicosis	15	bones and	
Tick-borne typhus	8	joints	2
Tinea	11f	Tuberculosis of respi-	
Tonsillitis	29	ratory system	1
Toothache	40a	Tuberculosis of genito	
Torticollis, rheumatic	46	urinary system	2
Toxaemia	According	lymphatic system	2
	to cause	Tumour	12or13
Toxaemia of pregnancy	43b	Typhoid fever	6b
Toxic goitre	15	Typhus fever	8

	Classified Sickness Group		Classified Sickness Group
U			
Ulcer	According to cause	Undulant fever	6c
Ulcerative colitis	40b	Uraemia	49e
Umbilical hernia	37	Urethritis	49d
Umbilical sepsis	48	Uric acid diathesis	49e
Undescended testis	48	Urticaria	14
		Uterovaginal prolapse	42b
V			
Vaginitis	42b	Vincent's infection	11j
Varicella	7f	Visceroptosis	40b
Varicocele	27	Vitiligo	45
Varicose veins	27	Volvulus	40b
Variola	11c	Vomiting	49e
Ventral hernia	37	Vulvitis	42b
Vertigo	49e	Vulvovaginitis	42b
W			
Wax ear	22	Whooping cough	7c
Weill's disease	11j	Wry neck	46
Whitlow	44		
Y			
Yaws	11h	Yellow fever	11j

Section 4. Contributions and Registration Regulations

Foreword (not to form part of the regulations)

350. In these draft regulations it is presumed that the social insurance scheme is initially to apply with defined exceptions to all persons employed under a contract of service or apprenticeship in an establishment operating within certain areas (to be defined by regulations and capable of being extended) and employing a minimum number of persons (also to be defined by regulations and capable of being reduced). Chapter 2 of the draft regulations accordingly contains skeleton regulations on this basis.

351. The remaining chapters deal with the registration and the contribution records of employers and insured persons, and the payment of contributions.

352. The bases of the registration of employers and insured persons and the maintenance of contribution records (Chapter 3) are discussed at length in Notes 5 and 8 of Part V, while the various methods for the payment of contributions (Chapters 4 to 7) are dealt with in Notes 6 and 7 of Part V.

353. Reference is made in paragraphs 1202 to 1205 to the use of thumb prints as a means of identification, and in these regulations and the procedures based on them it has been assumed that thumb prints will be obtained from insured persons for this purpose. It may be, however, that in the particular country concerned the workers are well acquainted with the use of photographs for this purpose (see in this connection paragraph 1189) and it may be felt in such circumstances that photographs rather than thumb prints should be used in connection with the social insurance scheme. In that event the provisions of the regulations and the procedures should be suitably adapted.

354. The regulations include a provision (see paragraph 376) dealing with the rates of contributions which are to be defined in the schedule to the regulations, but only the form which the schedule might take is indicated in the absence of details as to method by which the rates of contributions are to be determined.

355. Chapter 5 of the regulations deals with the payment of contributions by means of insurance stamps affixed to insurance cards. As will be readily appreciated this method of payment is only suitable where the rates of contributions are fixed and, since the method is normally used only for the payment of weekly contributions, it is necessary to provide that a full weekly contribution shall be paid for any week during the whole or part of which the insured person was employed (subject of course to

any exclusion from the scheme of workers who work for less than a minimum period during a week). Moreover, once a contribution has been paid for a worker by his employer in respect of a particular week, no further contribution is payable if he subsequently works in that week for another employer.

356. The regulations have been based on the assumption that the insurance stamps will only be sold at the Social Insurance Board's offices; but, if arrangements are made for their sale elsewhere (see paragraph 1254(d)) the necessary enabling provisions will have to be added to the regulations.

357. Chapter 6 of the Regulations deals with the payment of contributions by other means and in particular is based on a pay roll system of payment. In view of the need to provide in the plan for a possible future extension of the scheme to cover the provision of "long-term" benefits and consequently for the maintenance of a detailed contribution record over a number of years, consideration has been given to the possibility of simplifying this process as much as possible both for employers and for the administrators. As indicated in a note following paragraph 393, the provisions contained in paragraphs 392 and 393 have been drafted with this in mind, but it is appreciated that the method suggested there may not prove to be suitable for adoption in the country concerned and in that event Chapter 6 may have to be considerably altered to fit whatever procedure it is decided should be followed.

358. The regulations contain provision (see paragraph 369) for the issue of an identity card to each insured person, but it is possible that it may be decided to use some other means of identification of insured persons (see Note 5F of Part V), and in that event the regulations will have to be adapted to deal with the special arrangements. When a decision has been reached on this point it will be possible also to decide what details with regard to the insured person should be given on the card or disc, etc. which is to be given to him, and whether covering authority for the inclusion by the Social Insurance Board of these details should be provided in the regulations.

Clearly the name and insurance number should be shown and particulars of the issuing authority, but probably not much else could be shown on an identity disc. In the case of a card, however, other details, such as date and place of birth, could also be given, while under the regulations as drafted provision is to be made for particulars of employment to be entered.

Social Insurance Contributions Regulations
made under Section of the Social Insurance Act

Chapter 1. Definitions and Introductory

359. In these regulations, unless the contrary is indicated, the expression:

- (a) "the Act" means the Social Insurance Act;
- (b) "regulations" means regulations made under the Act;
- (c) "the Board" means the Social Insurance Board constituted in accordance with the Act;
- (d) "establishment" means an industrial establishment, factory or other place of business to which the Act is applicable;
- (e) "employer" means the employer or firm responsible for an establishment;
- (f) "employed" means employed in an establishment;
- (g) "insured person" means any insurable employee of an establishment;
- (h) "registration number" means the registration number of an establishment allotted by the Board for identification for the purposes of the Act and the regulations;
- (i) "insurance number" means the insurance number of an insured person allotted by the Board for identification for the purposes of the Act and the regulations;
- (j) "identity card" means a card issued by the Board to an insured person for the purposes of the Act and the regulations;
- (k) "wage group" means the group of employees whose remuneration, during the period for which an insurance contribution is payable, is between certain limits defined in the Schedule to these regulations;
- (l) "insurance card" means a card issued in accordance with these regulations for the purpose of the payment of contributions;
- (m) "inspector" means a person appointed by the Board to deal primarily with the enforcement of the provisions of the Act relating to the payment of contributions by establishments;

- (n) "insurance contribution" means the total of an employer's contribution and an employee's contribution paid in accordance with the provisions of the Act;
- (o) "insurance stamp" means an adhesive stamp provided by the Board for the payment of an insurance contribution;
- (p) "contribution week" means a period of seven days starting at midnight between Sunday and Monday (or at such other point in the week as may be convenient for the purposes of the scheme under consideration);
- (q) "the Social Insurance Fund" means the fund set up under the Act to which sums received in payment of insurance contributions are to be credited, and out of which social insurance benefits and other payments authorised by the Act are to be paid.

360. For the purpose of providing the funds required for defraying the cost of benefits in cash or in kind for insured persons and their dependants and survivors and to meet all other expenditure, including administrative expenses, incurred for purposes authorised by the Act, the Board shall collect insurance contributions in accordance with these regulations. Note. This provision should be omitted if direct authority for the Board to collect the contributions is included in the Act.

Chapter 2. Scope of Application

361. The Act shall apply with effect from insert date to all establishments situated in the areas of limits of districts to be clearly described in which at least state number persons liable to be insured under the Act are employed. Note. When it is decided to extend the areas or to reduce the number of employees a new regulation should be substituted with a new date from which the change of scope will operate.

362. This regulation should contain provision for any inclusions in or exclusions from the scope of the scheme authorised by the Act to be made, and considered to be necessary. The principles underlying such departures from the general basis of the scope of the scheme should be indicated in the Act itself.

Chapter 3. Registration of Employers and Insured Persons
(See paragraphs 1180 to 1236 and 1280 to 1291)

363. (a) Each employer shall submit to the Board not later than insert the date for establishments already in existence or, in the case of an establishment which has not been legally constituted before that date, or since that date the number of its employees has been increased to at least insert the minimum number as fixed for the application of the Act, within 15 days after the date on which it is so constituted, or the number of its employees was increased, an application for registration made in writing on the appropriate form signed by him or his legal representative.

(b) The employer shall be responsible for the full correctness of all the information given on the form of application for registration.

(c) The Board may direct an employer who did not comply with the requirements of subparagraph (a) of this regulation within the time stated therein, to present to them immediately an application for registration on the appropriate form.

(d) The Board shall supervise the compliance of employers with this regulation either by the use of its own inspectors or by the use of relevant information kept by public authorities.

364. Upon receipt of the employer's application for registration the Board, if satisfied that the establishment is one to which the Act is applicable, shall allot to him a registration number, and shall immediately inform him of that number, requesting him to quote it on all documents completed by him in connection with the Act, and in all correspondence with the Board.

365. The Board shall maintain in such form as they consider suitable two records of employers; namely:

- (a) the employers' index, containing the data necessary for identifying each employer; and
- (b) the employers' contribution register, containing all information with regard to payment of contributions by each employer necessary for the supervision and accounting of those payments.

366. (a) Within 15 days after the receipt from the Board of the notification of his registration number in accordance with paragraph 364 the employer shall present to the Board an application for registration as an insured person on the appropriate form completed in respect of each of his employees, who has not previously been registered as an insured person, together with a list in the appropriate form prepared in duplicate of such employees.

(b) Each employee shall supply to his employer all personal particulars necessary for the completion of the application for registration referred to in subparagraph (a) of this regulation, assuming full responsibility for their correctness, and giving his signature or thumb impression in the part of the form covering such particulars or shall provide two copies of a photograph of himself/.

(c) If after presentation to the Board of the forms of application for registration completed in respect of his employees in accordance with subparagraph (a) of this regulation, the employer takes into his employment an employee who has not previously been registered as an insured person, the employer shall, within seven days of the commencement of the employment, present to the Board a form of application for registration of the employee as an insured person completed as required by subparagraph (a) of this regulation.

(d) The Board may direct an employer who did not comply with the requirements of subparagraph (a) or (c) of this regulation within the time stated therein, to present to them immediately applications for registration as insured persons on the appropriate forms.

367. (a) Upon receipt of an employee's application for registration as an insured person the Board, if satisfied that he is entitled to be an insured person and has not previously been registered as such, shall allot to him an insurance number, and shall immediately inform the employer of this number, requesting him to advise the employee of the insurance number allotted to him.

(b) The insurance number shall be quoted (i) by the employer on all documents completed by him in connection with the employee's insurance under the Act, and in all correspondence in relation to him with the Board, and (ii) by the insured person and his dependants in all their applications for benefit submitted to or correspondence with the Board.

368. The Board shall maintain in such form as they consider suitable two records of insured persons, namely:

- (a) the insured persons' index, containing the data necessary for identifying each insured person; and
- (b) the insured persons' record, containing all necessary information, including information with regard to the contributions paid in respect of the insured persons and the benefits received by him or his dependants.

369. The Board shall send to the employer, together with the information with regard to the insurance number of his employee furnished in accordance with paragraph 367(a), an identity card in the appropriate form. On receipt of this card the employer shall enter therein in the appropriate space the date on which the insured person entered his employment and it shall then be handed to the employee against his receipt, to be authenticated by him by his signature or thumb impression.

370. The identity card shall serve for all purposes connected with the identification of the insured person, in particular when he applies for benefit under the Act, and also as a record of his employment.

371. If an insured person loses his identity card, he shall report the loss to the Board, and a duplicate copy shall be issued to him upon the payment of

372. When an insured person leaves employment in an establishment, he shall produce his identity card to the employer, who shall enter therein the date of termination of the employment and return it to the insured person.

373. When a registered insured person becomes employed in another establishment, he shall produce his identity card to the employer, who shall enter therein the name and registration number of that establishment and date of commencement of the employment, and return it to the insured person.

374. When a person claiming to be an insured person is not in possession of an identity card, or, exceptionally where he has such a card but there is justifiable doubt as to his identity, the Board may require him to produce other identity documents issued by public authorities or his employer.

Note. If the provision of medical care is extended to the dependants of insured persons and separate identity cards are issued for the use of these persons when applying for such care, suitable regulations will have to be added with regard to the application for, issue and production of these cards.]

Chapter 4. Payment of Contributions
(See paragraphs 1237 to 1257)

375. Insurance contributions consisting of -

- (a) contributions payable by the employer (hereinafter referred to as "employers' contributions"); and
- (b) contributions payable by the employee (hereinafter referred to as "employees' contributions");

and State insurance contributions shall be paid to the Board in respect of each insured person for all periods during which he is employed in an establishment for wages or other remuneration, including periods in respect of which wages or other remuneration are paid to him notwithstanding that he has rendered no services by reason of being incapable of work or on holiday.

376. (a) The rates of insurance contributions shall be the amounts specified in the Schedule to these regulations.

(b) Where the rate of insurance contributions due is to be determined according to the wage group of the individual employee:

- (i) if the employee's wages or other remuneration are not fixed on a time basis [e.g. he is paid by piece rates, commission or tips], the total amount of his remuneration earned in the specific period for which an insurance contribution is to be paid shall be taken into consideration;
- (ii) if the employee's remuneration is paid on a time basis other than weekly or monthly, the Board may decide as to the wage group to which he is to be assigned; and
- (iii) in the case of certain categories of employees [e.g. dock-workers] the Board may decide to assign them to wage groups on the basis of their estimated average remuneration during the period for which an insurance contribution is to be paid.

Note. Where the contributions are to be related to wages a provision may have to be added with regard to items, such as the cash value of remuneration in kind, i.e. free lodging, meals, etc. which it may be considered desirable to include or exclude in determining the amount of the wages for this purpose.]

Chapter 5. Use of Insurance Contribution Cards
with Insurance Stamps

(See paragraphs 1252 to 1254 and 1258 to 1279)

377. Where insurance contributions are to be paid by means of insurance stamps affixed to contribution cards, paragraphs 378 to 390 shall apply.

378. The Board shall send to the employer, at the same time as they issue identity cards to him in accordance with Regulation 11, an insurance card in respect of each employee for whom an identity card is issued, and he shall thereupon record on the card the date on which the insured person entered his employment.

379. The insurance card shall be in such form as the Board may decide, and shall be current for a period of a year or for such other period as the Board may determine.

380. The employer on receiving the insurance card shall become responsible for the custody thereof so long as the employment continues, or until the period of currency of the card ends. During that period he shall produce it for inspection at any reasonable time when required to do so by an inspector, and, if so required, shall deliver up the insurance card to the inspector, who may, if he thinks fit, retain it. The inspector shall give a receipt for any stamped insurance card retained by him.

381. If an insurance card is destroyed or lost or is defaced in any material particularly while in the custody of the employer, he shall report the matter to the Board and apply for the issue of a new insurance card.

382. If the employment of the insured person ends during the period of currency of the insurance card, the employer shall enter the date on which the employment ended in the appropriate space on the insurance card and send the card to the Board within 48 hours of the termination of the employment; provided that where the employment is ended by the insured person without any notice or intimation to the employer, the time thereafter within which action as aforesaid shall be taken, shall be increased to 14 days.

383. When a registered insured person becomes employed in another establishment, the employer shall within 48 hours apply to the Board on the appropriate form for the issue of an insurance card in respect of him.

384. Within six days, or such longer time as the Board may in any special case allow, after the date on which an insurance card ceases to be current, the employer shall return the card to the Board, and the Board shall thereupon issue to him a fresh insurance card for the ensuing period.

385. (a) An insurance contribution shall be paid if, in at least one day of the contribution week, the insured person was employed in an establishment.

(b) Not more than one insurance contribution shall be payable for any contribution week, and, where an insured person is employed by two or more employers in any contribution week, the first employer for whom he works in that week shall be liable to pay the contribution for that week.

(c) Where remuneration is paid for a month at a time, four or five insurance contributions shall be paid for each such month, according to the number of Mondays in that month.

386. (a) Every insurance contribution which is payable shall, except as herein otherwise provided, be paid by affixing an insurance stamp of the proper value, obtained by him in accordance with the provisions of paragraph 387(a), to the insurance card of the insured person in the space indicated for that purpose on the card.

(b) The employer who is liable to pay an insurance contribution in respect of an employee shall pay that contribution on the first day of employment in the contribution week for which it is due and before the wages or other remuneration for that week are paid to the insured person.

(c) Where an insured person's remuneration for any period is paid in advance by an employer the employer shall also pay the insurance contributions due for that period in advance before the payment of the remuneration.

(d) In addition to his obligation to comply with this regulation, it shall be the duty of the employer to pay all insurance contributions due from him but still outstanding in respect of any insured person -

(i) within 14 days of the termination of the employment, where the employment is terminated by the insured person without any notice or intimation to the insured person, or forthwith on the termination of employment in any other manner; and

(ii) within six days after the expiration of the period of currency of the insurance card.

(e) The employer shall, immediately after affixing an insurance stamp to any insurance card, cancel the stamp by writing in ink, or stamping with a metallic die with black indelible ink across the face of the stamp, the date upon which it is affixed, and not otherwise.

387. (a) An employer may, on applying on a form supplied for the purpose, purchase insurance stamps from a person in the service of the Board, and from no other person whomsoever.

(b) The employer shall be given a receipt in proper form for the payment made by him and the Board shall maintain a record of the number of stamps sold to the employer and of their value in money.

(c) The amount received from employers in payment for insurance stamps shall be credited by the Board to the Social Insurance Fund.

(d) An allowance may be made to an employer, if the Board think fit, for any insurance stamp produced to them by him -

- (i) which has been inadvertently and undesignedly spoiled or rendered unfit for use and has not in the opinion of the Board been affixed to an insurance card; or
- (ii) which has not been spoiled or rendered unfit or useless for the purpose intended, but for which he has no immediate use; or
- (iii) which has been affixed by him to an insurance card in error for a contribution week for which an insurance contribution was not payable by him, or for which such a contribution had previously been paid;

provided that application is made by the employer for such an allowance within a reasonable period; that the Board is satisfied that the insurance stamp was purchased by him from a person in their service; that such deduction as the Board may consider proper may be made from the value of the stamp in money in determining the amount of the allowance; that the amount of any allowance made shall be debited against the Social Insurance Fund; and that the insurance stamps returned as at (i) or (ii) above shall be suitably cancelled by the Board, and no credit shall be given to any insured person in respect of any stamps for which an allowance has thus been made to an employer.

(e) Every person other than an officer in the service of the Board, who sells or exchanges or attempts to sell or exchange insurance stamps, shall, in addition to any other fine or penalty to which he may be liable, incur a fine of, or imprisonment not exceedingand all insurance stamps found in his possession shall be forfeited and delivered to the Board.

(f) Every person who does, or causes or procures to be done, or knowingly aids, abets or assists in doing any of the following acts:

- (i) forges or counterfeits an insurance stamp;
- (ii) fraudulently cuts or otherwise removes from any material any insurance stamp, with intent that any use should be made of such stamp or of any part thereof;
- (iii) fraudulently mutilates any insurance stamp with intent that any use should be made of any part of such stamp;
- (iv) fraudulently fixes upon an insurance card an insurance stamp or part thereof which has been removed from any other material;
- (v) fraudulently erases or otherwise removes from any insurance stamp anything written thereon with intent that any use should be made of such stamp;
- (vi) knowingly sells or exposes for sale or utters or uses any forged or counterfeited insurance stamp;
or
- (vii) knowingly, and without lawful excuse, has in his possession any forged or counterfeited insurance stamp, or any insurance stamp or part thereof which has been fraudulently removed from any material, or mutilated or from which anything written thereon has been fraudulently erased or otherwise removed;

shall be guilty of felony and subject on conviction to a period of imprisonment for a term not exceedingyears.

If, in accordance with paragraph 388, permission is given by the Board for the payment of contributions by means of "impressed stamps" which are impressed on the contribution card with the aid of a metallic die contained in a certain type of mechanical appliance, the provisions of paragraph 387 suitably adapted will have to be extended to cover such dies.

388. (a) Notwithstanding the provisions of paragraph 386 the Board may, if they think fit, and subject to such terms and conditions as they may impose, approve any arrangements whereby insurance contributions are paid in accordance with this chapter at times, or in a manner, other than those laid down in that regulation, and any such arrangements may include provision for the payment to the Board of such fees as they may determine, and

may, as a condition of authorising the payment of any contribution at a date later than that upon which the wages or other remuneration for any part of the period in respect of which the contributions are paid, require the employer to make such deposit of money by way of security as the Board may decide.

(b) The provision of these regulations shall, subject to the provisions of such arrangements, apply to any persons affected by the arrangements, and any contravention of, or failure to comply with, any requirement of the arrangements shall be deemed to be a contravention of or failure to comply with these regulations.

389. (a) An employer shall be entitled, notwithstanding the provisions of any contract to the contrary, to recover from an employee subject to and in accordance with the provisions of this regulation the amount of the employee's contribution, by deduction from the wages or other remuneration due from the employer to that person for the contribution week or part of the contribution week in respect of which the employee's contribution was payable and not otherwise. Provided that such deduction may be made of any employee's contribution not yet paid except where it is not payable until after the date when the aforesaid wages or other remuneration are paid.

(b) Where the wages or other remuneration of an insured person are paid at calendar monthly intervals, it shall, notwithstanding the provisions of the last paragraph, be lawful for the employer, at his option, to recover from each such payment of wages or other remuneration, in lieu of the amount authorised by that paragraph, an amount equal to one-twelfth of the total of the employee's contributions paid or to be paid during a calendar year.

390. (a) No person shall assign or charge on or agree to assign or charge on any insurance card, and any sale, transfer or assignment of, or any charge on, any insurance card shall be void and of no effect.

(b) No person shall deface or destroy any insurance card or, save as authorised by the Board, alter, amend or erase any of the figures or particulars (other than to amend the address of the insured person) therein contained.

Chapter 6. Payment of Contributions otherwise than
by means of Insurance Stamps

(See paragraphs 1237 to 1251 and 1255 to 1257)

391. Where insurance contributions are to be paid otherwise than by means of insurance stamps affixed to contribution cards, paragraphs 392-396 shall apply.

(Note. The procedure described in paragraphs 392-396 below would apply to a scheme where the employers' and employees' contributions are calculated as a straight percentage of the insured wage within the limit if any of a minimum wage or a wage ceiling. Contributions would be paid with reference to a given month or an equivalent period, for instance four or five weeks, by means of a Schedule submitted by the employer to the Board.

Other arrangements may be made. For instance the insured wages may be broken down into a number of wage classes and the contribution fixed as a uniform amount in respect of each wage class. In that case the design of a schedule may be different but the procedure for collecting the contributions would be substantially the same.

It would also be possible to arrange for the Schedule to be submitted in respect of periods longer than a month e.g. for a quarter, half year or even one year. In the last mentioned case the employer would pay a monthly contribution calculated provisionally on the basis of the wages paid at the beginning of the year subject to an end of the year settlement based on wages actually paid during the year.

The provisions of paragraphs 392-396 should therefore be adjusted according to the type of arrangement actually adopted.)

392. (a) The employers' and insured persons' contributions shall be paid by means of a special form called "Social Insurance Schedule" to be obtained by the employer from the Board. The Social Insurance Schedule is hereinafter referred to as "the Schedule".

(b) The Schedule shall relate to a calendar month or a period assimilated to it in accordance with the rules laid down by the Board. The month or the period assimilated to it is hereinafter referred to as a "contribution month".

(c) The Schedule shall contain the name, social insurance number and the amount of insured wage of each employee who has been working for the employer within the contribution month. It shall also show the amounts of the employee's individual contribution and of the employer's own contribution.

(d) If an employer has establishments located in more than one place he shall submit a Schedule in respect of each place.

(e) If the employer pays contributions in respect of several "contribution months" simultaneously, he shall submit a separate Schedule for each contribution month.

(f) When completing the Schedule the employer shall comply with any instructions contained therein as well as any other instruction issued by the Board.

393. (a) Within a fortnight from the end of the contribution month the employer shall: (i) submit the Schedule in triplicate to the office specified by the Board and (ii) pay at the same time to the Board the total of the employers' and employees' contributions as shown on the Schedule.

(b) The Board is authorised to accept from an employer advances on future contributions but it shall pay no interest on the amounts so deposited.

(c) The employer shall receive in return as a receipt for the payment a copy of the Schedule submitted with the payment duly stamped by the Board.

(d) If when the Schedule is checked by the Board it is found that the employer has paid either less or more than the amount actually due, the Board shall notify the employer accordingly by means of a debit or credit note, as the case may require. The employer shall produce this note when submitting the following contribution Schedule and the accompanying payment shall be adjusted to take account of the amount shown on the debit or credit note. When checking the Schedule the Board should ignore any difference not exceeding (.....).

(e) Each employer shall on request furnish to any inspector such information as he may consider necessary for (i) determining whether the provisions of these Regulations are being properly complied with, (ii) fixing if necessary the amounts due to be paid on account of insurance contributions and (iii) checking for that purpose the correctness of the information submitted by him in accordance with this regulation.

394. (a) An employer shall be responsible for the payment of all insurance contributions due under the Act and shall bear all expenses for their assessment and payment.

(b) An employer shall not be entitled to deduct from such contributions or expenses, any other contributions which he may pay to any credit, pension, provident or other fund set up in order to maintain medical services for his employees or to provide them with benefits additional to those provided under the Act.

395. (a) An employer shall be entitled, notwithstanding the provisions of any contract to the contrary, to recover subject to and in accordance with the provisions of this regulation, the amount of the employee's contribution, by deduction from the wages or other remuneration due from the employer to that person for the period in respect of which the employee's contribution was payable, and not otherwise.

(b) All sums deducted by an employer in accordance with this regulation shall be deemed to have been entrusted to him by his employees exclusively for the purpose of paying insurance contributions to the Board and no other use may be made of such by the employer.

396. If an employer fails to comply in any respect with the requirements contained in this Chapter the Board may fix the amount of insurance contributions due from him as they consider appropriate.

Chapter 7. General Provisions

397. Claims of the Board for payment of insurance contributions due under the Act shall never lapse.

398. (a) An employer who fails to pay insurance contributions when they are due shall be charged an additional 10 per cent.

(b) Interest at an annual rate of 6 per cent. shall also accrue for each day of arrear in payment of insurance contributions.

(c) Measures referred to in (a) and (b) of this regulation are independent of other penalties which may be imposed under the regulations.

Note. Whether or not a regulation on these lines is to be included, and, if so, what rate, or rates of interest are to be charged to employers is a matter which can only be decided by the country concerned in the light of local knowledge as to the possible need of such a provision and the likelihood of its success in securing prompt payment of the insurance contributions generally. The administration of such a regulation is liable to give rise to difficulties and dissatisfaction, while failure to put it into effect may lead to greater slackness in the regularity of payment of contributions than if the regulation were omitted altogether.

399. Insurance contributions payable under the Act shall be recoverable as if they were a debt due to the State.

Note. Some provision of this type is needed to support the taking of proceedings against employers for the recovery of unpaid insurance contributions, which cannot be collected in any other way, and once the basis of such recovery has been settled, other paragraphs will have to be added laying down the legal procedures necessary in order to put the taking of proceedings in train; e.g. that the Board shall submit certified information as to the amount of the debt (including interest) to the person normally responsible for taking such proceedings.

400. Insurance contributions due to the Board shall have priority over other unsecured debts in cases of insolvency of employers to the same extent and in the same rank as sums due to their employees on behalf of their wages or other remuneration.

401. (a) Insurance contributions illegally or erroneously paid to the Board, whether on behalf of persons not liable to be insured under the Act, or at rates higher than those at which they were due, or in other cases, may be refunded by the Board, without interest, on application being made to them by such persons.

(b) From the amount of such refunds there may be deducted any expenses incurred by the Board in the provision of benefit already granted on the basis of the contributions which have been paid irregularly.

402. (a) An inspector may at any reasonable time enter the premises of any business, establishment or factory whether or not it is one to which the Act is applicable, and examine wage-records, accounts, books and other documents relating to the persons employed therein and to the payment of their wages or other remuneration.

(b) An inspector may also for the purposes of this regulation examine employers, their managers, agents or other persons acting on their behalf or their employees and require them to give evidence on all questions as to which he may consider it necessary to have information for such purposes.

403. The Treasury shall pay into the Social Insurance Fund in each financial year the total amount of the State contributions payable under the Act and determined in such a way as may be agreed between the Treasury and the Board.

404. If general provisions are not made in the Act as to penalties for failure to comply with the requirements of the regulations, and to prosecution of persons for wilfully making false statements or representations with a view to obtaining benefits for themselves or other persons to which they are not entitled or to avoiding the payment of contributions wholly or in part for such persons, such provisions should be made here.]

Rates of Insurance Contributions Payable by
Employers, Employees and the State

✓The rates should be set out in tabular form showing -

- A. where contributions are not to be related to wages, the individual rates payable weekly by each party, with separate rates for men and women, if appropriate; or
- B. where contributions are to be related to notional wages within defined wage groups, either the same particulars as at A with regard to each wage group or the percentages of the notional wages which are to be paid as contributions by each party, and giving also the limits of wages and the notional wage for each group; or
- C. where contributions are to be related to actual wages, the percentages of the wages which are to be paid as contributions by each party.

Notes should be appended to the table indicating how for the purposes of B the weekly rates of wages are to be assessed in the case of employees who are not paid on a weekly basis; e.g. that for employees paid on a daily basis, the weekly wage is to be taken as six times the daily wage, irrespective of the actual number of days worked in the week, and that for employees whose wages are not fixed on a time basis, the total amount of wages earned in the week is to be taken into consideration.

In addition the possibility should be considered of providing for minimum contributions where the earnings are very low and a minimum rate of benefit is to be provided (see in this connection Note 3A of Part V).✓

Section 5. Regulations for the Decision of Questions and Appeals

Foreword (not to form part of the regulations)

405. The basis on which the regulations dealing with appeals and disputes are founded is fully described in Note 4 of Part V. In general, decisions are to be given by the Social Insurance Board, but an exception is made in regard to the determination of the medical questions arising in connection with applications for pensions in respect of disability or death arising from employment injuries; in view of the special nature of such questions, the regulations provide for them to be determined by medical tribunals, whose decisions are to be final.

406. These medical tribunals are also to deal with complaints against medical treatment given under the Act as part of medical care.

407. The regulations provide for right of appeal to be allowed,

- (a) in regard to questions of law in relation to insurability or contributions, to courts of law; and
- (b) in regard to title to benefit, to local tribunals.

408. The regulations also provide for the appointment and procedure of the medical and local tribunals.

409. Under the regulations these tribunals are to be appointed by the Social Insurance Board, from among persons who are likely to be independent in their approach to the questions which come before them; but if any suggestion is made that the tribunals might be biased in favour of the Board, it may be considered desirable that the members of the tribunals should be selected in rotation from panels prepared by suitable independent bodies.

Social Insurance Adjudication Regulations made under
Section ... of the Social Insurance Act
(See also paragraphs 1172 to 1179)

Chapter 1. Definitions

410. In these regulations, unless the contrary is indicated, the expression:

- (a) "the Act" means the Social Insurance Act
- (b) "regulations" means regulations made under the Act;
- (c) "the Board" means the Social Insurance Board constituted in accordance with the Act;
- (d) "the Court" means definition to be inserted as appropriate to the particular country under consideration;
- (e) "establishment" means an industrial establishment, factory or other place of business to which the Act is applicable;
- (f) "insured person" means any insurable employee of an establishment;
- (g) "contributions" means insurance contributions payable in accordance with the Act;
- (h) "Benefit Regulations" means the Social Insurance Benefit Regulations made in accordance with the Act;
- (i) "benefit" means any benefit or grant provided under the Act;
- (j) "contributions conditions" in relation to a benefit means the conditions laid down in the Benefit Regulations with regard to the number of contributions required to be paid or weeks of insurable employment required to have occurred during a specified period in order to give a title to that benefit;
- (k) "employer" means the employer or firm responsible for an establishment to which the Act is applicable;
- (l) "employment" means employment by an employer;
- (m) "employment injury" means an injury resulting from an accident arising out of or in the course of employment, including work on salvage operations or other activities carried out in connection with the employment for the purposes of or for the benefit of the employer or as a result of a prescribed occupational disease contracted in the course of the employment;

- (n) "medical officer" means a medical practitioner appointed by the Board to provide medical care;
- (o) "claimant" means a person who has claimed benefit under the Act;
- (p) "beneficiary" in relation to any benefit, means the person entitled to that benefit; and
- (q) "question" includes a claim for benefit.

Chapter 2. Persons to Decide Appeals and Disputes

411. Any question as to -

- (a) whether the Act is or was applicable to an establishment;
- (b) whether a person is or was employed under a contract of service as an employee or apprentice, or is to be treated, in accordance with regulations, as so employed;
- (c) who is or was liable for the payment of contributions as the employer of an insured person;
- (d) the rate at which contributions are or were payable by or in respect of an insured person; or
- (e) whether the contribution conditions for any benefit are or were satisfied;

shall be decided by the Board, whose decision shall be final subject to the provisions of these regulations.

Provided that

- (i) the Board may, if they think fit, refer for decision to the Court, any question of law arising in connection with the determination of any of the questions (a), (b), (c) or (d) referred to in this regulation;
- (ii) any person who is dissatisfied with the decision of the Board on such a question of law, which is not referred as at (i), may appeal from that decision to the Court within 30 days of the date of the Board's decision;
- (iii) the decision of the Court on a reference or appeal under this regulation shall be final.

412. Any question as to (a) whether an insured person has suffered a loss of earning capacity as a result of an employment injury, and (b) if he has, whether that loss is likely to be permanent and (c) at what degree the loss is to be assessed and what period is to be taken into account by the assessment, and any question as to whether the death of an insured person was the result of an employment injury, shall be submitted by the Board for determination to a medical tribunal appointed by the Board in accordance with these regulations, and the decision of that tribunal shall be final.

413. Any question, other than a question to which paragraph 412 applies, as to a person's title to receive benefit under the Act whether in right of his own or of some other person's insurance shall be decided by the Board. Provided that any person who is dissatisfied with the decision of the Board, other than with such a decision as is referred to in paragraph 411(c) may appeal from that decision to a local tribunal appointed by the Board in accordance with these regulations, whose decision shall be final.

414. Any complaint against the medical treatment given by a medical officer in accordance with Chapter 2 of the Benefit Regulations shall be considered by a medical tribunal who shall report on their findings to the Board.

Chapter 3. Procedure for the Decision of Questions by the Board or the Court

415. (1) Any person desiring to obtain the decision of the Board on any question mentioned in paragraph 411(a), (b), (c) or (d) shall deliver or send to the Board an application for the purpose in writing on a form supplied by the Board, and shall furnish such particulars as the Board may require for the purpose of the consideration and determination of any such question.

(2) The Board shall take steps to bring any such application and particulars to the notice of any person appearing to them to be interested therein and to obtain from such person any particulars as they consider necessary for the proper determination of the question.

(3) The Board may, if they think fit, before determining the question, appoint a person to hold an inquiry into the matter and to report to them thereon, and any person so appointed may by summons require persons to attend at any such inquiry to give evidence or to produce documents reasonably required for the purpose of the inquiry [and may take evidence on oath and for that purpose administer oaths].

(4) Reasonable notice of the date and place of the holding of such an inquiry shall be given to the applicant and to any persons notified of the application in accordance with subparagraph (2) of this regulation.

(5) The applicant and any person appearing to the Board or to the person holding the inquiry to be interested in the application shall be entitled to attend and be heard at the inquiry, and to be represented by any other person, and the procedure thereat shall, subject to this regulation, be such as the person holding the inquiry shall determine.

(6) The Board shall give notice in writing of their decision to the applicant and to any persons appearing to them to be interested therein and may publish their decision in such manner as they think fit.

416. (1) In the event of the Board determining in accordance with proviso (i) to paragraph 411 to refer any question of law to the Court, they shall send notice in writing of their intention so to do to the applicant and to any other person appearing to them to be interested therein.

(2) If the applicant, or any other person appearing to the Board to be interested, is dissatisfied with a decision given under paragraph 415(6) and so requests, he shall be furnished with such a statement of the grounds of the decision as will enable him to determine whether any question of law has arisen on which he may wish to appeal to the Court in accordance with proviso (ii) to paragraph 411.

(3) The Board shall be entitled to be represented and to be heard on any reference or appeal to which this regulation applies.

(4) The procedure for dealing with such references or appeals in Court shall be laid down in rules of Court made under insert the appropriate statutory authority7.

417. The Board or the Court may, on new facts being brought to their notice, or, if they are satisfied that the decision on a question to which paragraph 411 applies was given in ignorance of, or was based on a mistake as to, some material fact, review a decision given by them in accordance with paragraph 415 or 416, as the case may be.

Provided that (a) a decision of the Board shall not be so reviewed by the Board, except with the concurrence of the Court, if an appeal against the decision on a question of law is under consideration by the Court; (b) the Court may, in lieu of themselves reviewing the decision, direct that the Board should review it.

418. If, in connection with an application for any benefit, an insured person raises a question as to whether the

contribution conditions for that benefit have been satisfied in his case, he shall be furnished with a statement in writing of the Board's decision on the question.

419. Where any proceedings -

- (a) for an offence under the Act; or
- (b) involving any question as to the payment of contribution under the Act; or
- (c) for the recovery of any sums due to the Social Insurance Fund;

any question such as is mentioned in paragraph 411 arises, that question shall, if necessary for the determination of the proceedings, be referred to the Board for consideration, and the decision of the Board, or, in the event of an appeal on a question of law, of the Court, shall be conclusive for the purposes of those proceedings.

Chapter 4. Constitution and Procedure of Medical Tribunals

420. (1) A medical tribunal (hereafter in this chapter referred to as "a tribunal") shall be appointed by the Board for each [Social Insurance Local Office or group of such offices] and shall consist of a chairman who shall be a person of established legal standing [e.g., a present or past judge of a district court or magistrate, etc.] [or failing that a person with good experience of adjudication in the field of labour relations], and two medical practitioners, who shall not be medical officers.

(2) The members of a tribunal shall hold office for such period as the Board may direct, provided that at any time the Board may terminate the appointment of any member of a tribunal.

(3) A tribunal constituted as aforesaid shall not proceed to determine any question in any case submitted to them if any member thereof is unable to be present at the consideration of the case.

421. (1) For the purpose of determining any question submitted to them in accordance with paragraph 412 a tribunal shall hold a hearing, reasonable notice of the time and place of which shall be given to the claimant or beneficiary and to the Board, and, except with the consent of the claimant or beneficiary, the tribunal shall not proceed with the hearing unless such notice has been given.

(2) If a claimant or beneficiary to whom notice of the hearing has been duly given should fail to appear at the sitting of the tribunal, the tribunal shall not proceed to determine the question submitted to them without his consent.

(3) No person shall be entitled to be present during the consideration of a question by a tribunal other than the claimant or beneficiary and any other person whom the tribunal may, with the consent of the claimant or beneficiary, allow to be present as being a person who, in their opinion, is likely to assist them in the determination of the question.

(4) Where the tribunal are unable to reach a unanimous decision on any question submitted to them, the decision of the majority of the members thereof shall be the decision of the tribunal.

422. (1) A tribunal shall in each case record their decision in writing in such form as may from time to time be approved by the Board, and shall include in such record, which shall be signed by all the members of the tribunal, a statement of the reasons for their decision including their findings on all questions of fact material to the decision.

(2) As soon as may be practicable the claimant of beneficiary and the Board shall be sent written notice of the decision of the tribunal, and such notice shall be in such form as may from time to time be approved by the Board and shall contain a summary of the record of that decision made in accordance with the foregoing paragraph.

423. (1) For the purpose of considering any complaint submitted to them in accordance with paragraph 414 a tribunal shall hold a hearing, reasonable notice of the time and place of which shall be given to the complainant and to the medical officer concerned, and except with the consent of the complainant, the tribunal shall not proceed with the hearing unless such notice has been given.

(2) If a complainant to whom notice of the hearing has been duly given should fail to appear at the sitting of the tribunal and has not given a reasonable explanation for his absence, the tribunal may proceed to consider the complaint notwithstanding his absence.

(3) No person shall be entitled to be present during the consideration by the tribunal of the complaint, except the complainant, the medical officer concerned, and any other person whom the tribunal may, with the consent of the complainant and the medical officer, allow to be present as being a person who, in their opinion, is likely to assist them in their consideration of the complaint.

424. (1) A tribunal shall in each case record their findings with regard to the complaint submitted to them in such form as may from time to time be approved by the Board, and shall submit them to the Board.

(2) As soon as may be practicable the Board shall send a copy of record of the findings to the complainant together with a statement of the action, if any, which has been taken in the matter.

Chapter 5. Constitution and Procedure of Local
Tribunals

425. (1) A local tribunal (hereafter in this chapter referred to as "a tribunal") shall consist of -

- (a) one member drawn from a panel of persons representing employers;
- (b) one member drawn from a panel of persons representing insured persons; and
- (c) a person appointed by the Board to act as chairman, who shall be a person of established legal standing [e.g., a present or past judge of a district court or magistrate, etc.] preferably a person with good experience of adjudication in the field of labour relations.

(2) Two panels, as referred to at (a) and (b) of this regulation, shall be constituted by the Board for each [Social Insurance Local Office] after consultation, where possible, with organisations concerned with the interests of employers and of insured persons respectively within the area covered by that Office.

(3) The chairman and also the members of the panels shall hold office for such period as the Board may direct provided that at any time may terminate the appointment of a chairman or of any member of a panel.

(4) So far as practicable, each member of a panel shall be summoned in turn to serve on a tribunal: provided that

- (a) no member of a panel shall sit as a member of a tribunal during the consideration of a case -
 - (i) in which he appears as the representative of the claimant; or
 - (ii) by which he is or may be directly affected; or
 - (iii) in which he has taken any part as an official of an association, as an employer, or as a witness;

- (b) in any case in which the claimant is a woman, at least one of the members of the tribunal shall, if practicable, be a woman.

(5) Where several persons are appointed to act as chairman for a particular area they shall as far as practicable be invited to preside over a tribunal in turn; provided that this paragraph shall not apply in the case of a person expressly appointed to serve as a substitute whenever some other person may be unwilling or unable to act.

(6) Any case may, with the consent of the claimant, but not otherwise, be proceeded with in the absence of one member of the tribunal, not being the chairman, and in any such case the tribunal shall be deemed to be properly constituted.

426. (1) When a decision with regard to a question relative to a claim for benefit has been given by the Board adversely to the claimant, he shall be notified in writing of the decision and the reasons therefore and, unless the question was one to which paragraph 411(e) was applicable, of his right of appeal to the tribunal.

(2) An appeal against a decision of the Board shall be brought by giving notice of appeal, with a statement in writing of the grounds upon which the appeal is made, to the Board within twenty-one days after the date of that decision or within such further time as the chairman of the tribunal may allow.

427. (1) Reasonable notice of the time and place of the hearing of the appeal before the tribunal shall be given to the claimant, and to any other person who may appear to the chairman of the tribunal to be interested, and, except with the consent of the claimant, the tribunal shall not proceed with the hearing of any case unless such notice has been given to him.

(2) If a claimant or other person to whom notice of the hearing has been duly given in accordance with these regulations should fail to appear at such hearing and has not given a reasonable explanation for his absence, the tribunal may proceed to determine the case notwithstanding the absence of the claimant or that other person, or may give such directions with a view to the determination of the case as they may think proper.

428. (1) During the consideration by a tribunal of any case, the claimant shall be entitled to be present and to be heard, and he may be represented by any other person not being a lawyer, and there shall also be entitled to be present and to be heard a representative of the Board, not being a lawyer.

Provided that for the purpose of arriving at their decision or discussing any question as to their procedure, the tribunal

shall order all persons, not being members of the tribunal, other than the person acting as clerk to the tribunal, to withdraw from the sitting of the tribunal.

(2) A tribunal may allow any other person appearing to them to be interested to be present but not heard during the consideration of a case.

429. (1) The decision of the question before the tribunal shall be given by the chairman after consultation with the rest of the tribunal, and shall be recorded in writing, and shall include a statement of the grounds of such decision and of the findings on questions of fact material to the decision.

(2) As soon as practicable after a case has been decided by the tribunal, a copy of the record of the decision made in accordance with the foregoing paragraph shall be sent to the claimant, to the Board and to any other person who appears to the tribunal to be interested.

Chapter 6. General Provisions

430. Subject to the provisions of Chapters 4 and 5, the procedure in connection with the consideration and determination of questions by a medical tribunal or local tribunal shall be such as the chairman of the particular tribunal shall determine.

431. (1) Any decision of a medical tribunal may be reviewed by that tribunal, and any decision of the Board or of a local tribunal on a question to which, paragraph 413 applies may be reviewed by the Board, if

- (a) they are satisfied that the decision was given in ignorance of or was based on a mistake as to some material fact; or
- (b) there has been any relevant change of circumstances since the decision was given.

(2) A question may be raised with a view to such a review by means of an application in writing to the Board, stating the grounds of the application.

(3) On receipt of any such application the question shall be dealt with in accordance with these regulations.

432. Where on review a decision is revised and as a result -

(1) benefit becomes payable, or the rate of benefit is increased, the decision given on the review shall have effect as from the date from which benefit would have been payable, or

payable at the increased rate, if that decision has been given in the first instance, or from the date which was three months before the date of application for review whichever date is the later; provided that benefit shall not in any event be payable for any period before the date of any relevant change of circumstances as a result of which the decision was reviewed;

(2) a person previously entitled to one benefit is awarded some other benefit in lieu thereof, the decision given on the review shall direct that any payments already made on account of the benefit originally awarded shall be treated as having been made on account of the benefit awarded by that decision;

(3) benefit previously awarded is held to be not payable or the rate of such benefit is reduced, the decision given on the review shall require repayment to the Social Insurance Fund of the benefit paid in excess, unless the case is one to which paragraph (2) of this regulation applies, or the Board is satisfied that the person concerned acted in good faith in all respects as to the obtaining and receipt of the benefit⁷.

Note. This last part of the regulation depends on what attitude is adopted generally with regard to the recovery of benefit overpayments. If it is considered that all such overpayments must be held to be recoverable, even though the person who received the money is shown to have acted in good faith in all respects, in obtaining and receiving it, the part of the regulation enclosed in brackets should be deleted.⁷

433. If on consideration of any question in accordance with Chapter 5 of these regulations it appears to the local tribunal that there arises any such question as is mentioned in paragraph 411(e), they shall

- (a) refer the latter question to the Board for determination in accordance with that regulation; and
- (b) deal with any other question as if the question so referred had not arisen.

Note. At this stage it has not been considered desirable to complicate the procedure by providing for appeals to central bodies against the decisions of the medical tribunals and local tribunals. This matter may, however, have to be considered later if there is any considerable dissatisfaction with the decisions of these tribunals, particularly if there are wide divergencies between the decisions given by different tribunals in parallel cases.⁷

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PART IV

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PART IV

FOREWORD

501. The main object of the Model Plan is to furnish general guidance as to the procedures which would be suitable for adoption in connection with the administration of a new Social Insurance scheme and attention has already been drawn (in paragraph 23 of Part I of the Plan) to the fact that the purpose of any new scheme is to provide social insurance benefits for the persons who are to be covered by the scheme.

502. These persons will probably not have had any previous experience of schemes of this sort, and it is therefore essential that the procedures to be adopted should be as simple and straightforward as possible; within the framework of the scheme, so that the insured persons, and any others who may have to assist them in connection with the payment of contributions and the claiming of benefits, may readily understand what they have to do, and will not become confused by a multiplicity of instructions.

503. In so far as complication of the procedure cannot be entirely avoided, the aim of the administrator should be to adapt the procedure in such a way as to relieve these persons of as much as possible of the complication.

504. Once the general lines of the procedures have been decided upon, the next step is to prepare, for the use of the staff, instructions as to how the procedures are to be carried out and the draft instructions contained in this part of the Plan are intended to serve as models for this purpose. Obviously anyone who is to make use of these model instructions should have a full understanding of the contents of the draft regulations contained in Part III, on which the models are based, and of the considerations, as set out in Part V, of which account was taken in drafting these regulations and instructions. Failure to reach such an understanding would probably result in a lack of appreciation of the inter-relation of the work which is to be performed by the various Divisions, Sections, dispensaries and local offices of the Social Insurance Board, and would certainly render more difficult the task of adapting the draft procedures in order to meet the needs of the particular insurance scheme which is being brought into effect.

505. The aim of these draft instructions is to show how the procedures may be set out in a codified form so that the officers of the Social Insurance Board may appreciate what is to

be required of them even though they may have had little or no previous experience of the administration of social insurance, and also to secure uniformity of action.

506. In these circumstances it is clear that the instructions should be direct so that the officers concerned are in no doubt as to what to do, and it is necessary to avoid as far as possible substituting for procedure a mere restatement of the provisions of the regulations; for example, it is not enough to say that the claim for benefit should be examined to see whether the conditions for entitlement, as set out, are fulfilled - the procedure must indicate what should be looked for at each stage of the examination of the claim and also what action should be taken either (a) if the conditions are found to be satisfied or (b) if they are not satisfied or there is some doubt on the point.

507. It is possible that this form of drafting instructions may seem to be too detailed to give to experienced officers, but it has to be remembered that in many cases at the time when a new scheme is being introduced the number of experienced officers will probably be small; that anyway the instructions are primarily intended for the use of officers who had just been brought on to the work, although they should also serve as an aide-memoire for those who have been doing the work for some time and may not have been able to commit the whole of the instructions to memory; and that moreover the instructions have to be understood by every officer whatever the degree of his intelligence.

508. As it is the primary purpose of social insurance to provide benefits, and only secondarily are contributions collected in order to finance the benefits, the Benefit Regulations have been placed before the Contributions Regulations in Part III and the same order has been followed in Part IV of the Plan. In actual practice, however, registration and the collection of contributions precedes the payment of benefit and, as a result, it has occasionally been necessary in Sections 1 and 2 of this Part of the Plan to anticipate procedures which are not in fact explained until Sections 3 and onwards are reached. But, in view of the general interlocking of all the procedures, it would probably be found impossible to arrange them in an order which would entirely avoid all anticipatory references.

509. While in the case of some sections of the work the procedures are sufficiently routine in character to permit of the instructions being set out in some detail showing the action to be taken at each stage, in the case of others e.g. in the Legal and Medical Divisions and parts of the Staff Services Division, the work is in the main too varied and technical for it to be covered by anything more than purely general references to the type of question which may have to be considered.

510. In the former of these categories there is the work of registration and indexing, the collection of contributions and the consideration of and action on benefit claims. In view of the volume of this part of the work and its paramount importance to the persons to whom the Social Insurance scheme is to apply, the general procedures for dealing with these subjects have been set out in considerable detail, while attempts have been made here and there to indicate the action which might be taken in connection with certain of the "out of the normal" circumstances which may arise in practice. Obviously, it is not possible to cover all the special cases which may be met with, but it is hoped that a fairly full description of the procedures for dealing with certain of them may suggest methods for dealing with other exceptional cases when they arise.

511. For some sections there will be a mixture of technical and routine work, and general policy may also be involved. Thus, in the Appeals and Insurability Sections, where, in particular, legal questions are frequently involved, it is desirable that the lines of policy should be well defined, and that the procedure to be followed thereafter should be clearly laid down so that no confusion may arise as a result of failure to carry out the procedures correctly, e.g. in regard to the arrangements for bringing cases before the Medical and Local Tribunals.

512. With all this, however, there must be no misunderstanding of the fact that the procedures set out in this part of the Plan are essentially draft procedures, which are available to be adapted as necessary to fit in with the actual provisions of the scheme which is to be brought into operation, and to suit the general and local conditions present in the country concerned. But it must also be borne in mind that the various parts of the draft procedures necessarily interlock one with another, so that any adaptation of one part of a procedure will almost certainly require corresponding adjustments in other parts with which the first was linked, so that the final procedure which is to be adopted should function as a complete whole.

Section 1

Department A. Medical Division

(See also paragraphs 235 to 349 and 1113 to 1137)

Introduction

513. As stated in paragraphs 1131, 1133 and 1135 this procedure is based on the assumption that medical care is in general to be given free of charge at Social Insurance dispensaries, to which the insured persons will be assigned and in paragraph 127 it is indicated that these dispensaries will be staffed by Insurance Medical Officers and certain auxiliary personnel. The latter will include reception clerks whose functions will be to check the applicant's title to receive treatment under the scheme and to keep all necessary records with regard to the treatment given. The necessary medicaments, etc., for the treatment of insured persons will as far as possible be supplied at the dispensaries. In suitable cases treatment will be given at hospitals, with which the Board have entered into arrangements to provide such treatment.

514. The appointment, remuneration and general control of the staff, including the medical staff, of the dispensaries will be dealt with in much the same way as that of the other staff of the Social Insurance Board.

515. The Medical Division of the headquarters staff of the Board will be responsible for the general oversight of the arrangements for the provision of medical care, including the maintenance of medical supplies at the dispensaries, and also for the making of arrangements for the special examination of a claimant for sickness or injury benefit by an independent medical practitioner with a view to the verification of the claimant's incapacity for work. This Division will also have to deal with queries from the dispensaries and also general inquiries received direct at headquarters with regard to the provision of medical care.

516. The actual process of giving medical care will broadly be based on the attendance of the insured person at the dispensary where, after his title has been confirmed by the reception clerk, he will be examined by an insurance medical officer, possibly after certain preliminary routine checks of pulse, temperature, etc., have been made by a nurse. (NOTE. The word "nurse" is used here and throughout this Part of the Plan in the sense of a nonqualified person who is capable of making these routine checks, rather than in the sense of a fully-trained and qualified hospital nurse.)

517. The medical officer will diagnose the nature of the insured person's illness, direct the course of treatment, by means of both medicines and diet, etc., and prescribe accordingly, or alternatively will direct the person to attend for examination and treatment at a hospital either as out-patient or in-patient. If he considers as a result of his examination that the insured person is incapable of work, he will provide him with a certificate to that effect. The insured person will be supplied with the necessary medicaments, and if necessary, be assisted to make his claim for cash benefit, and, before he leaves the dispensary, be advised on what date he should return for further examination and treatment. Any initial claim will be passed as a matter of routine through Record Section to check that a second claim is not made through any other Social Insurance Office.

518. It has been assumed that, initially at any rate, medical care will not be provided for the dependants of insured persons.

519. Each dispensary will have to include provision for

- (a) a general reception office, close to the entrance, where the clerks will receive the applicants for medical care, and make any necessary preliminary enquiries as to title, and, at a later stage, advise those who are certified to be incapable of work or are otherwise entitled to cash benefit, as to how to claim such benefit. The records of attendances, etc., will be held in this office;
- (b) a room in which patients will be accommodated while waiting to see the doctors. A nurse, or perhaps more than one, will be in attendance in this room, and it would probably be helpful to the doctor if she could undertake certain duties preparatory to the medical examination, such as measuring and recording the height, weight, temperature, pulse rate, etc., of each patient, and also apply any necessary dressings, bandages, etc., on the direction of the doctor;
- (c) examination rooms for the accommodation of the doctors, with suitable equipment for the effective carrying out of the examination of the patients;
- (d) a dispensary with an adequate medical store, staffed by one or more trained dispensers.

520. In addition provision will have to be made for the examination and medical care of insured women who are pregnant, or who have recently been confined, and it may be considered desirable to have a midwife available to the dispensary to deal with such cases.

521. In some countries, particularly those where "purdah" is observed, it may be found necessary to provide separate rooms, and possibly women doctors, nurses and clerks, for the reception and examination of women.

522. Special arrangements will have to be made to deal with cases where the insured person is unfit to attend at the dispensary for examination; normally a domiciliary visit will be made, but, where it seems clear that hospital in-patient treatment will be necessary, it may be considered preferable to arrange for the person to be taken by ambulance direct to the hospital for examination. In some districts, where there is a considerable number of insured persons who live rather a long distance from the dispensary, it may be considered desirable to attach a mobile dispensary to the main dispensary to undertake the treatment of these persons. Such a mobile dispensary might be used in connection with domiciliary visits, and it might also include provision for dealing with ambulance cases.

523. In paragraph 1132 reference was made to the possibility in due course of extending the procedure so as to allow medical care to be given by individual doctors working independently in their own surgeries under agreements made with, but not under the direct control of, the Social Insurance Board. It would be necessary, however, to wait until there was a sufficiency of doctors engaged in general practice who would be prepared to enter into such agreements before such an extension could be launched as an alternative to the dispensary system outlined above.

524. Clearly it would not be practicable to change over completely from one system to the other, and it would probably be found necessary to keep both systems in operation concurrently for a very considerable period and possibly permanently, since a number of insured persons would probably prefer to receive treatment at a dispensary.

525. Among the matters which would have to be considered in connection with the introduction of the "independent doctor" system are:

- (a) the method by which insured persons would transfer, or be transferred, from the existing system to the new one;
- (b) the method of payment of doctors under the new system;
- (c) the provision of and payment for medicines, etc., prescribed by these doctors.

- (d) the means by which, in the absence of a non-medical assistant versed in such matters, the doctor can be sure that the persons applying for medical treatment satisfy the necessary conditions and continue to be entitled to it;
- (e) by what means control may be exercised over the doctor's maintenance of insured persons' case histories, certification of incapacity, standard of treatment, etc., which, in the case of dispensaries, would be undertaken as part of the routine administration of the scheme.

Authority Social Insurance Benefit Regulations,
Chapter 2. (See Part III, Section 3.)

Forms Involved

Number of Form	Purpose of Form	Final Disposal
A.8	Decision by Social Insurance Board on title to medical care	Insured Person
A.9	Decision by Social Insurance Board as to cessation of entitlement to medical care	Insured Person
E.2	Employer's Report of Serious Accident	Local Office
M.1	Certificate of Expectation of Confinement and claim for Maternity Benefit	Local Office
M.2	Certificate of Confinement	Local Office
M.3	Maternity Benefit Claim - Action Sheet	Local Office
M.C.1	Medical Care Index slip	Dispensary
M.C.3	Medical Care - employer's certificate of current employment	Dispensary
M.C.4	Record of employment	Record Section
M.C.5	Record of attendance at dispensary and period of entitlement to medical care	Dispensary
M.C.6	Medical Case History	Dispensary
M.C.6A	Medical Record	Dispensary
M.C.7	Application to another dispensary for medical papers	Dispensary
M.C.8	Transfer of medical papers to another dispensary	Dispensary
M.C.9	Request to Record Section for Form M.C.1	Dispensary
M.C.10	Action Sheet for "No Identity Card" case	Dispensary
M.C.11	Instruction to insured person as to date of next examination	Insured Person
M.C.12	First Certificate of incapacity	Local Office
M.C.12A	Intermediate Certificate of incapacity	Local Office
M.C.12B	Final Certificate of incapacity	Local Office
M.C.13	Reference of Insured Person to Hospital	Dispensary
M.C.13A	X-ray or other Laboratory Examination	Dispensary
M.C.14	Prescription Form	Medical Division

Number of Form	Purpose of Form	Final Disposal
M.C.15	Medical Stores Stock Sheet	Central Medical Store
M.C.15A	Medical Stores Stock Sheet - Dispensary	Dispensary
M.C.16	Order for Medical Stores	1 copy Suppliers 1 copy Central Medical Store 1 copy Accounts Division
M.C.17	Requisition for Medical Stores - Dispensary	1 copy Dispensary; others Central Medical Store
R.4 R.6 R.6C	Insured person's registration form Insured person's Identity Card Application for replacement of Identity Card	Record Section Insured Person Record Section
S.1	Claim for Sickness Benefit - First Certificate	Local Office
S.1A	Claim for Sickness Benefit - Intermediate or Final Certificate	Local Office
S.2	Claim for increase of benefit in respect of dependants	Local Office
S.3	Certificate by Employer in support of benefit claim by employee	Local Office
S.3A	Certificate by Employer of return to work of employee	Local Office
S.4	Reference for Independent Medical Examination	Dispensary/ Local Office
S.4A	Report on Independent Medical Examination	Dispensary/ Local Office
S.5	Sickness Benefit Claim - Action Sheet	Local Office
S.5A	Sickness Benefit - continuing claim	Local Office
S.6	Sickness Benefit - Hospital Treatment Case	Local Office
S.7	Notice to Dispensary of approaching termination of title to cash benefit	Dispensary
F.1 F.2 F.3	Claim for Funeral Grant Funeral Grant Claim - Action sheet Notification to Record Section of death of insured person	Local Office Local Office Record Section

Procedure

Note: As stated in the Foreword to this Part of the Plan it is desirable that, in any new scheme of social insurance, the procedures so far as insured persons are concerned should be simple, and it should be the aim of the administrator to assist the insured person by relieving him as much as possible of the more complicated details of the procedure.

Thus, when the person applies for medical care, all that he will normally be called upon to do is to produce his identity card and answer any relevant questions regarding his current or recent employment. Once the insured population have become used to the operation of the scheme, they will normally do their part automatically and the procedure will work smoothly in the great majority of cases.

But inevitably there will always be a minority of persons who will require special attention; for example, they may have lost their identity cards, or for some reason have never been registered as insured persons, or their insurance records are incomplete, and it will be necessary to take special action before their applications for benefit can be allowed. Generally such cases involve inquiry of the insured person himself and, since almost all the claims for cash benefit will have started with a visit of the insured person to the dispensary, that is the most suitable time at which to make such inquiries.

In the following procedure, therefore, special provision is included to secure that any queries which may affect the determination of entitlement to cash benefits, such as uncertainty as to the person's insurance number or contribution record, are cleared when he first applies for medical care and is available for questioning, and that any information then obtained is properly recorded.

I. Reception Room

526. The Forms M.C.1. which have been received in the dispensary (see paragraph 747(e)), should be sorted into insurance number order.

Note: This index will form the basic record of the insured persons who have been assigned to the dispensary, and periodical returns of the number of these persons, allowing for additions and deductions, and of the number of persons attending the dispensary would provide valuable information as to the operation of the scheme so far as it relates to the provision of medical care, and also give an indication of the staff requirements of the dispensary.

Initial Visit to Dispensary (Straightforward Case)

527. When the insured person first comes to the dispensary to receive medical care, he should be seen by the reception clerk, and will normally produce his identity card (Form R.6) to the clerk and, if he is currently employed, Form M.C.3 completed by his employer. If the identity card is not produced, action should first be taken with a view to establishing the person's insurance record (see paragraphs 541 and 542). Thereafter action should proceed on the lines indicated in paragraphs 528 to 537 or 544 to 546 as the case may be.

528. On receipt of the Form R.6 the reception clerk should draw the relative Form M.C.1. from the index and, if the person has never attended the dispensary before, note on the back of it the date of first attendance at the top of the first column. In addition, the dispensary stamp should be impressed on Page 1 of the Form R.6, if no dispensary impression has been stamped there before. (See paragraph 540 as to action where there is no Form M.C.1 for the person in the index.)

529. It will be necessary to confirm the identity of the insured person and accordingly it is suggested that a register should be kept of all applicants for medical care. The applicant should sign this register or make an impression of his right thumb, and this should be compared with the corresponding entry on his Form R.6. Alternatively, where photographs are used for identification purposes, the reception clerk should check that the photograph on the identity card relates to the applicant. If there are any discrepancies an explanation should be sought by inquiry of the applicant. This check should be made on the occasion of each visit to the dispensary. Where application is made by a representative on behalf of an insured person who is unable to attend, such a check will not be possible at that stage, but it should of course be made when the insured person becomes fit enough to attend for treatment.

530. The next action should be to confirm that the person is entitled to receive medical care under the Social Insurance Act. The conditions for this, so far as ordinary illness is concerned, are that the person (a) is an insured person (see paragraph 246) or was an insured person at some time within 13 weeks before the date on which he applied for medical care (see paragraph 247) and satisfies the requirements of paragraph 249; and (b) had been employed in insurable employment during at least 13 weeks in the 26 weeks immediately before that date (see paragraph 247).

531. If the identity card has been properly completed by the employer, the information given on it may enable the clerk to confirm that the tests referred to in paragraph 530 are satisfied. But, where the last employment mentioned on that card started

more than 13 weeks before the date of application and there is no terminating date shown, the person should be asked as to whether this employment is still continuing, or, if it is not continuing, on what date it ceased. Alternatively, an insured person, who is still employed and not incapable of work, may bring with him a certificate of employment furnished by his employer on Form M.C.3, the information on which will confirm his title to receive medical care. He may also bring Form E.2 notifying that he has suffered an employment injury.

All information as to employment obtained as in this paragraph and paragraphs 532 and 533, should be recorded on Form M.C.4.

532. Where the information so far available does not enable the clerk to confirm the title to receive medical care, he should question the insured person as to his employment in the preceding 26 weeks and, if it appears that he was employed at some time during at least 13 of those weeks, his application should be admitted.

533. Where a person needs treatment because he is suffering from an employment injury, as shown on Form E.2 furnished by the employer, or because she is pregnant, the only condition to be satisfied is that he or she was in employment and insured at the time when he suffered the accident at work, or in the case of a woman, when she became pregnant (see paragraphs 252 and 253).

534. If, after inquiry as suggested above, it seems clear that the person is not entitled to receive medical care under the Social Insurance Scheme, the reception clerk should inform him accordingly and at the same time give him advice as to any other source from which he may be able to get such care, e.g. under public health arrangements.

If the person disputes the statement that he does not satisfy the contribution conditions for entitlement to medical care, he should be given a formal decision to that effect on Form A.8. There is no right of appeal against the Board's decision in this matter, but it may be reviewed if new evidence affecting the decision is produced.

Note: Steps must be taken to secure that reception clerks are properly instructed as to the various alternative arrangements for the provision of medical care which may be available in such circumstances.7

535. Where the application for medical care is made by a representative acting on behalf of a person, who is himself unable to attend at the dispensary, so that a domiciliary visit to him may be needed, action should be taken as above, any necessary inquiries being addressed to the representative. It is possible, of course, that the representative may not be able to furnish the desired information in sufficient detail, but it may be possible to supplement the information obtained by telephonic inquiry of the Record Section or of the current or latest employer of the insured person.

536. When title to medical care is confirmed, the insured person should be assigned for treatment to the next doctor available on the dispensary list, and the doctor's name should be entered in the third column of Form M.C.1. [It may possibly be preferred to leave this assignment over until the next stage, in which event the nurse in the doctor's waiting room would have to be responsible for entering the doctor's name on the various forms and paragraph 538 should be suitably adapted. It may also be decided that women insured persons should be examined by women doctors, if available, or that pregnancy and confinement cases should be dealt with by a qualified midwife.]

537. Form M.C.5, showing the date up to which title to medical care is admitted (see paragraph 547), Form M.C.6, Medical Case History (man or woman, as the case may be) and Form M.C.6A, Medical Record, should next be completed as far as possible at this stage. Form M.C.6 will be in the form of a pouch into which Forms M.C.5, M.C.6A and other relevant documents may be slipped for convenience.

538. The Forms M.C.1, M.C.3 (if received), M.C.4, M.C.5, M.C.6 and M.C.6A should be placed in an envelope, on the cover of which the doctor's name should be written, and should be given to the insured person or his representative with instructions to present them to the nurse in the doctor's waiting room (see II below).

Difficult Cases

539. Cases will inevitably occur in which difficulty arises because, either there is no Form M.C.1 for the insured person in the dispensary index, or the insured person does not produce his identity card and in the absence of his insurance number it is not possible to confirm his title to benefit.

540. (a) Where the identity card is produced but no Form M.C.1 is in the index, the reception clerk should first look to see whether his dispensary stamp appears on the

front of the identity card, thus indicating an earlier visit to the dispensary and either that medical action is already being taken or that Form M.C.1 has been misplaced in the index; a search under variants of the insurance number may then reveal the missing slip, or it may be found to have been left in the Medical Case History, Form M.C.6. If it is still not found a new slip should be constructed from the particulars entered on Form M.C.6 and action as in paragraphs 544 to 546 should then be taken.

- (b) If the stamp of another dispensary appears on the front of Form R.6 or if no stamp appears there, but the name of another dispensary appears on page 3 of the form the person should be questioned as to why he has not gone to that dispensary for treatment. If it appears that his present address is within the area covered by the present dispensary, a dummy Form M.C.1 should be constructed. Form M.C.7 should be sent to the dispensary named on Form R.6, and action should be taken as in paragraphs 528 to 538, except that Form M.C.5 should not be completed until the documents have been received from the other dispensary.
- (c) If, however, the insured person's address is in the area covered by the other dispensary he should be instructed to go to that dispensary for treatment, unless it is clear that urgent and immediate treatment is required. In the latter case arrangements should be made for treatment to be given at the present dispensary, any necessary inquiries to confirm title being made and forms completed. If, for any reason, it is considered that treatment should continue to be given at the present dispensary, Form M.C.7 should be sent to the other dispensary; otherwise the person should be told to attend at the other dispensary for such further treatment as is necessary, and the forms which have been completed in connection with his treatment should be sent to that dispensary with Form M.C.8.
- (d) If the Form R.6 has no dispensary stamp on the front and the dispensary named on page 3 is that at which application for treatment has been made, a dummy Form M.C.1 should be prepared, a Form M.C.9 should be sent to Record Section, and action should be taken as in paragraphs 528 to 538. On receipt of Form M.C.1 from Record Section, this form should be substituted for the dummy form which should be destroyed after any entries on it have been transferred to the new Form M.C.1.

541. (a) In those cases where the person has no identity card, but his insurance number is quoted on Form M.C.3 furnished by his employer, search should be made to see if a Form M.C.1 or Form M.C.6 is held bearing that number and referring to the insured person. If Form M.C.1 but no Form M.C.6 is held, action should be taken as in paragraphs 528 to 538. If both forms are held action should be taken as in paragraphs 544 to 546. If Form M.C.6 but no Form M.C.1 is held action should be taken as in paragraph 540(a).

In all cases, including those dealt with in (b) and (c) below, action with regard to the identity card should be taken as in paragraph 542.

- (b) If neither Form M.C.1 nor Form M.C.6 corresponding to the insurance number shown on Form M.C.3 is traced, a dummy Form M.C.1 under that number should be prepared. Form M.C.10 should be sent to Index Section to confirm the number or trace the correct one and action with regard to medical care should be taken as in paragraphs 528 to 538. When Form M.C.10 is returned with the appropriate Form M.C.1, it should be connected with the relative papers and the dummy form should be withdrawn and destroyed after transfer of the entries to the new Form M.C.1. If the new Form M.C.1 shows that the insurance number as given on the Form M.C.3 was incorrect, the correct number should be entered on all forms completed by the reception clerk in connection with the case.
- (c) If no insurance number is quoted on Form M.C.3, or no Form M.C.3 is produced, which will frequently be the position,
 - (i) a temporary number should be allotted to the case, and a dummy Form M.C.1 bearing that number should be prepared;
 - (ii) Forms M.C.10 and R.4 should be prepared and marked across the top "Medical Care Case Dispensary, Temporary Number", and should be sent to Index Section for action (see paragraphs 836 to 839);

- (iii) the application for medical care should be considered as in paragraphs 529 to 538.
- (iv) on return of Form M.C.10, action should be taken according to the information furnished, but in general the Form M.C.1 supplied should be linked up with the papers and the proper insurance number should be substituted for the temporary number on all the papers for the case held in the dispensary. The dummy Form M.C.1 should be destroyed after any entries on it have been transferred to the new form. Form R.6, duly stamped as in paragraph 528, should be given to the insured person when he next visits the dispensary and he should be required to sign it and impress his right thumb in the space provided on page 3. In new registration cases, the Form M.C.10 should be passed to the inspector for visit to the employer.

542. (a) In all "no identity card" cases inquiry should be made of the applicant for medical care as to why he has not brought his identity card with him. If he indicates that he has forgotten to bring it, but it is possible to determine his title to medical care without it, e.g. from the particulars furnished on Form M.C.3, medical care should be given and he should be told that he must bring it on the occasion of his next attendance at the dispensary. If, however, it is not possible to deal with his application without the card, he should be instructed to go back and get it.
- (b) If in response to inquiry he states that he has had an identity card, but has lost it, he should be asked to complete an application on Form R.6C for a new card. This application should be sent to Records Section, in a case to which paragraph 541(a) refers, or to Index Section with Form M.C.10 in other cases.
 - (c) If the person states that he has never been registered as an insured person, Form R.4 should be completed and action taken as in paragraph 541(c).

Note: If it is decided to make a charge for the issue of a new identity card in replacement of one that has been lost - see paragraph 369 Contributions Regulations - arrangements will have to be made to collect the amount of the charge. It may be considered preferable, however, to suspend the operation of this part of the regulation until the scheme has been in force for a while, or to limit it to cases where a replacement card has been lost. In the particular cases under consideration here the persons are receiving medical care, and it might be as well to excuse such persons from paying the charge, at any rate if they are incapable of work.]

Subsequent Visits to the Dispensary

543. When the insured person, in accordance with the doctor's instructions, next attends at the dispensary he should again present his identity card to the reception clerk, any queries raised on his first visit having in all probability been cleared by then. He may also produce Form M.C.3 from his employer if he is still working while receiving treatment.

544. The reception clerk should withdraw Form M.C.1 from the index, and Form M.C.6 from the Case History file and confirm identity as in paragraph 529. If on examination of Form M.C.5 he finds that the person is still entitled to receive medical care (see paragraph 547), he should place all the forms as before in an envelope, with the doctor's name on it and give it to the insured person to present to the nurse in the doctor's waiting room (see II below).

545. Similar action should be taken on the occasion of each successive visit until either the insured person is advised by the doctor that he need no longer attend for treatment, or the last date up to which he is entitled to receive medical care is reached - for action in the latter circumstances, see paragraph 548.

546. When an insured person who has ceased to receive medical care again applies for medical treatment, then, subject to confirmation of identity and verification that he is entitled to receive such treatment - see paragraphs 550 and 551 - Forms M.C.1, M.C.5 and M.C.6 should be drawn and a fresh Form M.C.6A should be prepared for use during the new period of treatment. The date of commencement of the new period of treatment should be noted on Form M.C.1, and all the forms should be placed in an envelope, with the doctor's name on it, and given to the insured person to present to the nurse in the doctor's waiting room (see II below).

Completion of Form M.C.5

547. (a) When Form M.C.5 is first prepared, the date of the first attendance for treatment should be entered in Column (1) and in Column (3) a note should be made either "employed" or "last employed on" according to the circumstances of the case. In Column (2) there should be entered the date 13 weeks after the date in Column (1).
- (b) If at any time before the date shown in Column (2) the doctor certifies that the person is incapable of work or has ceased to be incapable of work, the date of the relative certificate should be entered in Column (3); thus "incapable from" or "capable from".
- (c) If before the date shown in Column (2) is reached, or within the period of any extension of the original period in accordance with (d) below, the insured person is told by the doctor that he need not return for treatment, the date which is six days after the date of his last attendance for treatment or the date as from which the doctor certifies that he will be able to resume work, whichever is the earlier, should be entered in Column (3) and a line should be drawn across the form below the entry.
- (d) If the insured person is still attending for treatment up to within two weeks before the date shown in Column (2) is reached and -
- (i) he is not being, or is no longer being, certified to be incapable of work, he should be questioned as to whether he is employed and, if he is, a note should be made in Column (3) "employed, treatment to continue, but review if he is certified to be incapable of work"; or
- (ii) he is being certified to be incapable of work as a result of an industrial accident or disease Column (3) should be noted "employment injury case, treatment in respect of the injury to continue"; or
- (iii) the person has been certified to be incapable of work as from a date later than that shown in Column (1) a note should be made in Column (3) "treatment not to be discontinued until the date of termination of cash benefit has been received"; when such a notification is received that date should be substituted for the date in Column (2); or

- (iv) is a person, who was recorded as employed when he started to receive medical care (see subparagraph (a) above), and has ceased to be employed, the date of cessation of employment should be noted in Column (3) and the date 13 weeks after the cessation of employment should be entered in Column (2); or
- (v) the person is certified to be incapable of work as a result of one of the diseases mentioned in paragraph 251, or the doctor in charge of the case is of opinion that the person will recover his health and ability to work within a relatively short period, the date shown in Column (2) should be extended beyond that date by the extra period of treatment, not exceeding 13 weeks, recommended by the doctor; or
- (vi) the person is an insured woman who is certified by the doctor to be pregnant, or to have been confined, Column (3) should be noted "maternity case, treatment to continue as long as needed as a result of pregnancy or, after confinement, while maternity or sickness benefit is payable" - notification of the approaching termination of cash benefit will be sent to the dispensary (see Section 2, Chapter 1).

As soon as the final date up to which he will be entitled to treatment is known, it should be entered in red ink on Form M.C.6A, for the guidance of the Medical Officer.

548. In all cases, including those coming under (iii), (iv), (v) or (vi) in paragraph 547(d) above, when the person attends for treatment within a week prior to the date on which his entitlement is due to end, the person should be advised as to the last date up to which he may receive medical care under the social insurance scheme and what steps, if any, he can take to secure medical treatment after that date (see paragraph 534). If the person disputes the advice that his title to medical care is to terminate, he should be given a formal notice of such termination on Form A.9 and told of his right of appeal to the Local Tribunal.

549. When the provision of medical treatment is discontinued because there is no longer any title to treatment - see paragraph 548(a) and 548(d) (iii), (iv), (v) or (vi) - the date of termination of title should be entered in Column (3) of Form M.C.5 ("title ended") and a line should be drawn across the form below the entry.

550. (a) When an insured person applies for treatment after an interval, during which no treatment has been given, the Form M.C.5 should be inspected and, if it is found that a line has been drawn across the form under the former period of treatment (see paragraphs 547(c) and 549), action should proceed as in paragraph 551.
- (b) Where no such line has been drawn and the date shown in Column (2) of the Form M.C.5 has not yet arrived, the person should be questioned as to what he has been doing since the date of his last attendance for treatment, as shown on Form M.C.1:
- (i) if his reply indicates that he regarded himself as under treatment during that period, e.g. he was still taking the medicine previously supplied to him and had not returned to work, the treatment should be regarded as continuous from the date shown in Column (1) and the case should continue to be dealt with as in paragraph 547;
- (ii) if, however, it is clear from his reply, that he does not regard himself as having been under treatment since his last previous attendance, e.g. he had returned to work and now requires treatment afresh, the first period should be regarded as having ended on the date six days after his last attendance as shown on Form M.C.1; Column (3) of Form M.C.5 should be noted "treatment regarded as having ended on", a line should be drawn across the form, below that entry, and action should then proceed as in paragraph 551.
- (c) Where no line has been drawn but the date of the present attendance for treatment is subsequent to the date shown in Column (2) of the Form M.C.5, action should be taken as in (b)(ii) above.
551. (a) In the cases referred to in paragraph 550, other than that to which paragraph 550(b)(i) applies, the new application for treatment should first be considered under Benefit Regulation 4 (see paragraph 530 above). If the condition of that regulation is satisfied, in relation to the 26 weeks immediately preceding the date of the new application medical treatment should be started and Form M.C.5 should be completed as in paragraph 547(a), the date of the new application being entered in Column (1) underneath the line made below the previous entries on the form.

(b) Where, however, the condition of paragraph 247 is not satisfied as at that date, there will be no title to medical treatment except where:

- (i) treatment is needed as a result of an industrial accident or disease, or as a result of pregnancy or confinement - in such a case the date of the new application should be entered in Column (1) of Form M.C.5, and the appropriate note should be made in Column (3) as indicated in paragraph 547(d)(ii) or (vi); or
- (ii) the date of termination of the previous period of treatment as shown in Column (3) of Form M.C.5 was earlier than the date shown in Column (2) of the form as originally entered (paragraph 547(a) or as amended in accordance with paragraph 547(d) (iv) or (v)) and the new application for treatment was made not more than six weeks after the date on which the earlier period of treatment ceased - in such a case the person is entitled in accordance with paragraph 250(b) to receive treatment for a further period corresponding to the unexpired portion of the period previously allowed; the date of the new application should be entered in Column (1) of Form M.C.5 underneath the line made below the previous entries on the form and in Column (2) a date determined as in the following example:

Column (1)	Column (2)	Column (3)
6.1.1958	7.4.1958	Last employed 5.1.1958. Treatment ceased on 12.2.1958.
23.4.1958 Form M.C.5	16.6.1958	Last employed 18.3.1958

In this case, if the person had not ceased to require treatment on 12.2.1958 he would have continued to be entitled to treatment for a further seven weeks five days to 7.4.1958. Accordingly the new date, 16.6.1958, to be entered in Column (2) is seven weeks five days after the new period of treatment started on 23.4.1958.

- (c) Where the condition of paragraph 247 is not satisfied, and the case does not come within either of the exceptions mentioned at (i) or (ii) of paragraph (b) above the person should be informed that he is not entitled to receive medical treatment (see paragraph 534).

552. In calculating the periods for which medical care has been provided, account should be taken of any periods of specialist or hospital treatment provided at the cost of the Social Insurance Board (see V below).

II. Doctor's Waiting Room

First Visit During any Period of Treatment

553. When the insured person arrives in the waiting room (see paragraph 538) the nurse should check that all the necessary documents have been supplied by the reception clerk. She should then make any preliminary tests, e.g. as to height, weight, pulse, etc., under the general authority of instructions issued to her by the medical officer in charge of the dispensary, and record the results on Form M.C.6A, which should be clipped on the front of Form M.C.6 ready for completion by the doctor.

554. When the doctor is ready, the insured person should be shown into his room by the nurse who should give the doctor Forms M.C.6 and M.C.6A (see Annex I to this Section) and hold the rest of the documents until the insured person returns to the waiting room.

555. In those dispensaries which have a laboratory attached the doctor may before completing his examination give the nurse instructions on Form M.C.13A to arrange for the patient or for a specimen to be specially examined in the laboratory. In that event the nurse should make the necessary arrangements and return the patient to the doctor in due course with the laboratory's report. Where the report cannot be made at once the doctor should indicate on Form M.C.11 when the patient should return to the dispensary for the completion of the examination and, if he is of opinion that the patient is incapable of work in the meantime, should issue a certificate of incapacity accordingly.

556. In most cases, however, the doctor will complete his examination on the spot and will give the nurse the Forms M.C.6 and M.C.6A in respect of him, possibly together with Forms M.C.11, M.C.12, M.C.13 and/or M.C.14 or Form M.1. These documents should be re-associated with the other papers which have been

held as in paragraph 554. If the doctor gives any instructions to the nurse as to the immediate applications of dressings, bandages, etc., she should comply with them obtaining the necessary materials from the dispenser - Form M.C.14 should be adapted for use in making application for these supplies.

557. If the doctor has completed Form M.C.13 in respect of the patient the nurse should make arrangements with a suitable hospital to undertake the examination and/or treatment of the patient, and then direct him to the hospital, or arrange for him to be conveyed there, after he has been seen again by the reception clerk (see IV below). Form M.C.6A should be noted as to the action taken.

558. In all other cases the nurse should see that Forms M.C.6 and 6A have been noted by the doctor and that the other forms have been properly completed and should then give the insured person the envelope containing the documents to take back to the reception clerk; if Form M.C.14 has been completed he should take this to the dispenser (see III below) on his way to the reception office.

Later Visits

559. The procedure on the occasion of later visits to the dispensary during the same period of treatment will be essentially similar to that outlined above, except that there will be no need for the nurse to undertake the preliminary tests referred to in paragraph 553.

Insured Person's Representative

560. When the insured person is unable to attend the dispensary and sends someone else to inquire about his treatment, there will, of course, be no question of making preliminary tests and the representative should be shown into the doctor's room and the relative Forms M.C.6 and M.C.6A should be given to the doctor as in paragraph 554.

561. If the doctor decides that a domiciliary visit should be made, he will give the necessary instructions to the nurse, who should then make arrangements accordingly.

Note: The nature of these arrangements must depend on the facilities available for making domiciliary visits, e.g. whether the doctor himself will visit at a time when the dispensary is not open, or whether one of the medical officers attached to the dispensary will be detailed to make such visits where the person has not been receiving treatment earlier at the dispensary. The latter alternative might form the basis of a mobile dispensary system such as is referred to in the introduction to this Section. In some districts where addresses are

vague considerable difficulty may be experienced and much medical time wasted in identifying the residence of the insured person, and it may be considered advisable in such circumstances to arrange for the insured person's representative personally to direct the visiting doctor to the residence.⁷

562. If the doctor advises that the insured person should receive hospital treatment, he will complete Form M.C.13 and the nurse should take action as in paragraph 557.

III. Dispenser

563. The arrangements with regard to the setting up and maintenance of medical stores are set out in Annex II to this Section and the dispenser should familiarise himself with these arrangements and with the drug list. The dispenser will be responsible to the medical officer in charge of the dispensary for the stores and for the accuracy of all records which are kept with regard to them.

564. A "losses register" should be maintained and details of all losses, breakages or items rendered unserviceable should be recorded therein, showing the date, the name of the article, the name of the person responsible and a brief note as to the circumstances of the loss, etc. The register should be produced at the end of each week to the medical officer in charge of the dispensary.

565. Application for certain supplies on Forms M.C.14 adapted will be made by the nurse in charge of the doctor's waiting room and these issues should be recorded in a "nurses' supplies book" showing the amount of each item issued, the date of issue, and the name of the nurse to whom supplied; the nurse should sign the entry as evidence of the receipt of the supplies. It may be considered desirable that the nurse in charge should hold a small stock of the items mainly used in the doctor's waiting room and in that event provision should be made for storing this stock. Account should be taken of this stock when returns are prepared (see paragraph 606) of consumption of stock and stock in hand.

566. When an insured person presents Form M.C.14 completed by the doctor, the dispenser should prepare the medicine, etc., in strict accordance with the prescription and hand it to the insured person with any necessary instructions as to its use or application and send him to the reception office.

567. The dispenser should sign both copies of Form M.C.14 and file them in two separate runs, in serial number order. One set of these forms should be retained in the dispensary for reference in the event of any question arising with regard to the prescription. The other set should be sent at agreed intervals to the Medical Division at headquarters. /Note. This second set may be needed in order to make a more complete analysis of the prescriptions.7

IV. Return to Reception Room

568. When the insured person returns to the reception room either from the doctor's waiting room direct, or after having obtained medicine, etc., from the dispenser, the reception clerk should take from him the envelope of forms and examine its contents. His action will depend on the forms which have been completed by the doctor.

Hospital Treatment Cases

569. Where the doctor has advised examination and/or treatment at a hospital (Form M.C.13), the nurse will have made the necessary arrangements for the insured person to go, or be taken to the hospital. The reception clerk should give him the Form M.C.13, in an envelope addressed to hospital, before he leaves the dispensary. Other forms should be dealt with as in paragraphs 576 and 577 below. Action on return of Form M.C.13 is dealt with at V below.

Incapacity Cases

570. In these cases Form M.C.12, 12A or 12B will have been prepared by the doctor. Where Form M.C.12 is furnished, the insured person should be requested to complete Form S.1., making his initial claim for sickness benefit. The Forms M.C.12 and S.1. should then be sent with Forms M.C.3 (if received) and M.C.4 and, a covering Form S.5, to Record Section. If the date of the next medical examination, as shown on Form M.C.11 is more than one week ahead, a note should be added to Form S.5 "Next examination". If Form E.2 has been received notifying that the insured person has suffered a serious employment accident, this also should be sent to Records Section with the other papers. In addition, Form S.3 should be sent to the insured person's last employer. This form should be returned by the employer direct to Records Section. Form M.C.6A should be noted that a claim for sickness benefit has been completed.

571. Where the Form M.C.12 also shows that the insured person will become fit for work within a week of the date of examination, he should be advised that his claim for benefit

is being passed on to the local Social Insurance Office for consideration, and that he should call at that office, taking his identity card with him, on the same day in the next week unless he is notified by post to the contrary. Similar action should be taken in the rare case where the doctor has indicated on Form M.C.12 that the insured person will remain incapable of work for some weeks during which he will not need to attend for treatment. In the normal way, however, advice to attend at the local office should not be given until the person next applies for medical care (see next paragraph).

572. If the incapacity is still continuing when the insured person is next examined the doctor will have issued Form M.C.12A or M.C.12B. In that event the insured person should be requested to complete Form S.1A and this form, together with the medical certificate, should be sent with Form S.5A to the local Social Insurance Office. If the date of the next medical examination as shown on Form M.C.11 is more than one week ahead, a note should be added to Form S.5A "Next examination". The insured person should be advised to call at the latter office with his identity card in three days' time to receive payment of benefit if it is due. This procedure will continue until incapacity or title to sickness benefit terminates.

Note: The intervals of one week and of three days referred to in paragraphs 571, 572 and 573 should, of course, be varied as necessary to allow time for the benefit claims to reach the local Social Insurance Office and to be prepared for payment, if due, before the insured person applies there to receive his benefit.

Pregnancy Cases

573. In those cases where the doctor has prepared Form M.1, the reception clerk should request the insured person to make her claim for maternity benefit by completing Part II of the form. This form should then be sent to Records Section with a covering Form M.3 and Form M.C.3 (if received). In addition, Form S.3 should be sent to the insured person's last employer. This form should be returned by the employer direct to Records Section. Form M.C.6A should be noted that a claim for maternity benefit has been completed. The insured person should be advised to call at the local Social Insurance Office with her identity card on the same day in the next week unless she is notified by post to the contrary.

Note: This paragraph may have to be modified in relation to the particular method by which payment of maternity benefit is made.

574. In due course the doctor will issue Form M.2. The date of confinement should be noted on Forms M.C.6 and M.C.6A, if this has not already been done and the Form M.2 should be forwarded to the local Social Insurance Office for action.

575. When an insured woman gives notice, in accordance with paragraph 254, of her state of pregnancy the medical officer will examine her and determine the date on which her confinement may be expected to occur. This date will be recorded on Form M.C.6A, but no further action will be necessary at that stage. The medical officer will indicate to the patient when she should next come to the dispensary for a further medical examination.

General

576. After action has been taken in the cases referred to above, and also in any other cases, e.g. where the insured person, although receiving medical treatment has not been incapable of work:

- (a) where no Form M.C.11 has been furnished by the doctor, the insured person need not be further detained; Form M.C.5 should be dealt with as in paragraph 547(c) and Forms M.C.1, M.C.6 and M.C.6A should be noted as to the completion of the treatment;
- (b) where Form M.C.11 has been furnished by the doctor, Form M.C.5 should be inspected to see for what period the insured person will remain entitled to medical treatment under the scheme:
 - (i) if this period is between one and two weeks only action should be taken as in paragraph 547(d), the insured person being questioned as necessary before being given Form M.C.11; reference to the doctor as in (v) of paragraph 547(d) should, if appropriate, be made after the insured person has left the dispensary;
 - (ii) if less than one week of the period remains, action should be taken as in paragraph 548, and Form M.C.11 should be given to the insured person after it has been confirmed that the date of the next visit is not later than the last date up to which title to medical care can be given.

577. When giving Form M.C.11 to the insured person it might be advisable also to tell him verbally on what date he should return for treatment. A pencil note of the date should be made on Form M.C.1 - this note should be erased when the person next

attends at the dispensary. In addition the reception clerk should see that the date of the current attendance has been noted on Form M.C.1. which should then be refiled in the M.C.1 index under the insurance number.

The other forms (M.C.5, M.C.6A and possibly M.C.3, M.C.4 and M.C.13) should be placed inside Form M.C.6 which should be filed in the case history file in insurance number order.

578. As soon as Form S.7 is received from the local office notifying the date as at which sickness or maternity benefit is due to terminate, that date should be noted in Column (3) of Form M.C.5 (see (iii), (v) and (vi) of paragraph 547(d)) and also on Form M.C.6A.

579. Where the insured person has sent a representative because he was unable to attend at the dispensary, the case will be dealt with at this stage generally in the same way as the hospital treatment cases (see paragraph 569), the subsequent action depending on the result of the examination of the insured person either at his home or in the hospital - see V below.

580. At monthly intervals the medical officer in charge of the dispensary should make an inspection of Forms M.C.1 and M.C.6 and their contents to see that they are being properly completed and maintained in correct order.

V. Special Cases

Hospital Treatment Cases

581. When Form M.C.13 is returned from the hospital the reception clerk should attach it to the medical case history (Form M.C.6) and medical record (Form M.C.6A) and pass the papers to the medical officer who will note the result of the hospital reference on Form M.C.6A and return the papers to the reception clerk. Where Part II(a) of the form is noted that the person has been advised to return to the dispensary for treatment the reception clerk should merely file them again pending the insured person's return to the dispensary.

582. Where Part II(b) has been completed and the hospital doctor expresses the view that the insured person is capable of work no action will be necessary unless periods of hospital treatment count towards the period for which medical care is provided (see paragraph 552). If such periods do count the hospital should be advised as to the date up to which medical treatment may be provided at the cost of the Social Insurance Board (as determined on Form M.C.5), provided the person is not

continuing at work while receiving out-patient treatment, and instructed to refer to the dispensary any dispute with regard to this date (see paragraphs 547(d) and 548). The papers will then be refiled in the medical case history file.

[Note: An addition will have to be made to this paragraph to explain what is to happen after title to medical care under the Social Insurance Scheme comes to an end; this will necessarily depend on the general provision for medical treatment in such cases.]

583. Where it is stated in Part II(b) that the hospital doctor is of opinion that the insured person is incapable of work, or in Part II(c) that he has been admitted for treatment as an in-patient of the hospital, action should be taken to secure that consideration is given to the question of the insured person's title to sickness benefit. If a claim on Form S.1 has already been completed and passed to Records Section (see paragraph 570) the Form M.C.13 should be sent with Form S.5A to the local Social Insurance Office.

If, however, such a claim has not been made, and there is no standing arrangement under which the hospital takes a claim from the person, Form S.6 should be sent to the hospital requesting them to get the insured person to complete a claim on Form S.1 and to return it to the dispensary, when action will be taken as in paragraph 570. The question of obtaining continuing certificates of incapacity while in or attending hospital will be dealt with by the local Social Insurance Office.

584. If the periods of treatment at or in hospital are to count as part of the period of entitlement to medical care under the scheme, the hospital will have to be advised, as in paragraph 582, of the terminal date of such entitlement. (See also the note to paragraph 582.)

Visit to Dispensary by Representative of Insured Person

585. Reference has been made in paragraph 579 to cases where a representative has applied for medical care on behalf of the insured person, who was unable to attend. If the doctor has advised hospital treatment (see paragraph 562) action should be taken as in paragraphs 581 to 584, when the Form M.C.13 is returned to the dispensary.

586. Where, however, a domiciliary visit is made, the doctor making the visit will complete the necessary forms when he makes his examination, and pass them to the nurse in the doctor's waiting room to carry through the normal action.

Note. Special arrangements will have to be made for the supply of medicine in these cases, either by dispensing them on the spot, if examination is made by a mobile dispensary (see note to paragraph 561) or by requiring the insured person's representative to collect it from the dispensary. Where, as will often be the case, the insured person is incapable of work it may be necessary for the doctor to collect a benefit claim from him at the time of the examination.]

Private Treatment

587. No reimbursement can be made of medical expenses incurred outside the medical services granted by the Board, except as indicated in paragraph 270 and normally any application for reimbursement should be refused. If, however, it is alleged that the expense was incurred because the Board's services were not immediately available and that delay in treating the insured person would have caused serious risk to his life or grave detriment to his health, the applicant should be advised to produce written evidence in support of his statement together with the receipts. When these documents are forthcoming they should be passed to Medical Division, with the comments of the medical officer in charge of the dispensary, e.g. as to the availability of the dispensary services at the time in question. (See VI below.)

Complaints

588. If an insured person complains against the treatment given by the medical officer in charge of his case, he should be seen by the medical officer responsible for the dispensary. If after the interview he still expresses dissatisfaction, he should be advised that, if he so desired, he may apply for his case to be considered by a Medical Tribunal (see in this connection paragraph 274).

Such an application should be made in writing and passed to Appeals Section on receipt.

Death of an Insured Person

(See also paragraphs 659 to 663)

589. When an insured person who was receiving medical care at the dispensary dies, any necessary notification of the death, signed by the doctor from whom the person was receiving treatment, should be sent to the registration authorities.

590. The date of death should be noted on Forms M.C.1, M.C.6 and M.C.6A and a notification on Form F.3 of the death should be sent to Records Section.

591. If information of the insured person's death is received by the dispensary from a person who may be entitled to claim a funeral grant (see paragraph 295) and it is clear from Form M.C.5 that the deceased person continued to be entitled to medical care up to the date of his death, the informant should be assisted to complete Form F.1, which should then be sent to Records Section together with Form F.2 (on which Part II should be deleted), a copy of the certificate of death, the deceased person's identity card, and such evidence as to the payment of the funeral expenses as the applicant has produced in support of the claim. The applicant should be told that the local office will inform him in due course when he should call there for payment. The fact that Form F.1 has been sent to Record Section, the date of despatch and the name and address of the applicant should be noted on Form M.C.1.

592. If the applicant has not produced the identity card he should be advised to get it or, if he cannot, he should be asked to explain why. If he has not produced evidence of the payment of the funeral expenses, a note as to the circumstances should be made on Form F.2 before it is sent to Record Section.

593. If in any case information is received by the dispensary of the death of an insured person who was not receiving medical care at the dispensary, the informant should be advised what action to take in order to register the death, if this has not already been done, and, if he wishes to claim funeral grant, he should be assisted to complete Form F.1 and advised to take it, with a copy of the certificate of death, the deceased person's identity card and evidence of payment of the funeral expenses to the local Social Insurance Office.

Note. This paragraph should be adapted, as necessary, to agree with the procedure for the registration and certification of death, where the person was not receiving any medical care shortly before his death.

Confidential Nature of Information

594. All officers should note that, in accordance with paragraph 273, all information regarding the health of any person to whom medical care is being or has been given must be treated by the medical officers and other staff of the dispensary as strictly confidential and no other person, apart from officers of the Board and members of Medical Tribunals shall have any access to the medical case histories and related records.

VI. Medical Division - Headquarters

595. The Medical Division at headquarters will be generally responsible for the initiation and maintenance of the arrangements for the provision of medical care and in particular for assisting the Staff Services Division in regard to setting up and staffing of the local dispensaries and the central medical stores (see Part IV, Section 4).

596. Thus it would be for Medical Division to decide whether dispensaries should be established, in accordance with paragraph 259(a), in any area in which a sufficient number of insured persons reside, and to see that, under (b) of that rule, the dispensary is located in a separate building constructed for the purpose, or in a part of a building suitable for the purpose and set apart for the exclusive use of persons entitled to medical care. They should also see that such dispensaries are properly equipped to carry out their functions.

597. Other provisions in the Benefit Regulations for compliance with which Medical Division will be specially responsible are as follows:

- (a) to check on the qualifications of applicants for the post of medical officer and auxiliary staff of dispensaries (see paragraph 266(a));
- (b) to prepare the terms and conditions of service of the staff of the dispensaries for the approval of the Social Insurance Board (see paragraph 266(b));
- (c) to prepared as may be needed the terms of agreements between the Board and public agencies or private organisations for the provision of medical care, and for the reservation of beds in the medical institutions of such agencies and organisations (see paragraphs 263 and 265);
- (d) to prepare, for the approval of the Board, a formulary of pharmaceutical products which may be prescribed by medical officers (see paragraph 262(a) - and see also Note to paragraph 608);
- (e) to prepare, as may be needed, the terms of any authority to be given by the Board to a pharmacy for the dispensing of prescriptions (see paragraph 262(b));

- (f) to prepare the terms of agreements between the Board and public agencies or pharmacies for the supply of pharmaceutical products needed for the provision of medical care (see paragraph 262(g)); and
- (g) to prepare for the approval of the Board a standard list of diseases to be recommended for use by medical officers when diagnosing morbid conditions (see paragraph 267(c)).

598. The Medical Division will be responsible for the oversight of the Central Medical Stores and in this connection they should prepare, with the help of medical authorities, a serially numbered list of all the various drugs, preparations, reagents, appliances, etc., which are likely to be required in connection with the dispensing work and possibly with laboratory examinations at the dispensaries (see in this connection paragraph 633).

599. The Medical Division will be responsible for giving advice in connection with all queries on medical care matters submitted by the dispensaries, for advising Staff Training and Instructions Section on the issue of general procedure on such matters, for advising Appeals Section with regard to the appointments to membership of Medical Tribunals set up in accordance with the Adjudication Regulations, and for assisting Statistics Section in regard to the collection of statistical data relative to the operation of medical care under the Social Insurance scheme.

600. If an application is made for reimbursement of medical expenses incurred outside the scheme (see paragraph 270 and 587 above) is submitted by a dispensary, the application should be carefully considered and, after such further inquiry as is necessary, should be referred with a recommendation to the Head of Department A for consideration. Thereafter it should be passed to the Secretary of the Social Insurance Board to place before the Standing Committee of the Board at their next meeting. If that Committee decides that no payment should be made the applicant should be informed accordingly. If, on the other hand, they decide that a payment should be made, a letter explaining the amount of the payment (if less than the total disbursement) should be prepared and passed to Accounts Section for payment. It may be that such a payment will have to be made in cash by the cashier at the local office.

Note. If provision is made for the Social Insurance Board to establish a hospital service of its own, or to provide extensions of existing hospitals or other medical institutions with a view to providing hospital treatment for insured persons at the cost of the Social Insurance Fund, the special duties which will arise in connection with this work will have to be placed under the general direction of the Medical Division in collaboration, as necessary, with the Staff Services and Finance Divisions.

Section 1. Annex 1

Advice to Medical Officers responsible for Provision
of Medical Care

601. In accordance with the Benefit Regulations (see paragraph 255) medical care under the Social Insurance Act includes:

- (a) where a person is suffering from a morbid condition:
 - (i) general practitioner care, including medical examination, diagnosis and treatment, and, where necessary, domiciliary visiting;
 - (ii) specialist care at hospitals or other medical institutions for in-patients, and such specialist care as may be available at the out-patient departments of such institutions;
 - (iii) the supply of essential pharmaceutical products and dressings prescribed by medical or other qualified practitioners in accordance with the formulary laid down by the Social Insurance Board; and
 - (iv) medical care in hospitals or other medical institutions, including free board, lodging and nursing in cases where, owing to the nature of the morbid condition or for other important reasons, medical care cannot be provided otherwise;
- (b) in the case of pregnancy and confinement and their consequences:
 - (i) pre-natal, confinement and postnatal care either by a medical officer or by a qualified midwife;
 - (ii) hospitalisation where necessary, and, in particular care during confinement shall, if the pathological condition of the woman, the lack of minimum sanitary conditions in the home, or the absence of any member of her family who could take care of her, render it desirable and she gives her consent, be given in a maternity hospital, or other medical institution where she shall be provided with free board, lodging and nursing;

- (c) in the case of employment injury, the provision, repair and renewal, within limits laid down by the Social Insurance Board, of orthopaedic and prosthetic appliances necessary for the rehabilitation or the reduction of the incapacity of work of the insured person.

602. It is further provided in those Regulations that:

- (a) medical care shall be given in such a way as to secure maximum efficiency within the scope of the benefit at the minimum reasonable cost (paragraph 256);
- (b) medical care, except as otherwise provided, shall be given in the form of out-patient treatment at a dispensary established by the Social Insurance Board (paragraph 257(a)); and
- (c) domiciliary visits shall be made to a person who is unable, on medical grounds, to attend at the dispensary, on the request to the dispensary of a dependant of that person, or any other person designated by him (paragraph 258).

603. In accordance with the Medical Section procedure an insured person who applies at the dispensary for medical care, will first be seen by a reception clerk who, after confirming that the person satisfies the conditions for the grant of medical care under the Act, will refer him to the Doctors' waiting room.

604. In the waiting room a nurse will make preliminary tests, under the general authority of instructions given by the medical officer in charge of the dispensary, e.g. as to the height, weight, pulse, etc., of the insured person, and will record the results on Form M.C. 6A (Medical Record). The Form M.C. 6A, and also Form M.C.6 (Medical Case History) relative to the insured person will be given by the nurse to the doctor when she shows the person into the examination room.

605. In accordance with paragraph 260, the medical officer shall, when examining an insured person:

- (a) decide what further diagnosis, e.g. by means of X-rays, laboratory examination, etc., is necessary;
- (b) determine his therapeutical treatment, giving him all instructions with regard to his behaviour, diet, etc.,
- (c) prescribe the use of pharmaceutical products within the limits laid down in the Regulations (see paragraph 608 below);

- (d) direct him to the out-patient department of a hospital, if he considers that examination and treatment of the person by a specialist is necessary;
- (e) direct him to a hospital or other medical institution, if he considers that in-patient treatment in such an institution is necessary;
- (f) complete the record of medical history (Form M.C.6) relative to the person (see paragraph 628 below);
- (g) make, if necessary, an appointment for a further medical examination, advising him accordingly;
- (h) determine whether he is incapable of work, and, if he is, furnish to him a certificate to that effect indicating thereon either (i) the presumptive duration of the incapacity, as a rule for a week and no longer, and the date on which the person shall be re-examined in order to confirm the continuation of the incapacity, or (ii) the date of recovery of his capacity for work if within a week of the date of examination;
- (i) in the case of the pregnancy or confinement of an insured woman;
 - (i) conduct periodical pre-natal examination as necessary, and such examination shall include measurement of the pelvis and test of urine, taking of blood pressure and detection of abnormal conditions of the pregnancy;
 - (ii) furnish necessary medical care during the confinement;
 - (iii) furnish postnatal care so long as it is necessary; and
- (j) in the case of the pregnancy of an insured woman shall, on the occasion of the first examination, determine the date on which the confinement may be expected to occur; issue to her at the proper time a certificate on the appropriate form for the purpose of claiming maternity benefit, showing the expected date of confinement; and, after her confinement has occurred, a further certificate as to the date of her confinement.

606. Where the dispensary has facilities for the making of X-ray or other laboratory examinations, such as are referred to in paragraph 605(a), the doctor should give instructions on Form M.C.13A to the nurse to make the necessary arrangements accordingly. Where, however, no such facilities are available, arrangements will have to be made for the examination to be conducted elsewhere, possibly at a hospital associated with the social insurance scheme. These arrangements and those for examination by a specialist, or for in-patient treatment at a hospital or other medical institution (see paragraph 605(d) or (e)) will normally be made by the nurse, acting under the doctor's instructions on Form M.C.13, which should be completed before the person returns to the waiting room. (See also paragraph 631.) The doctor should include in the "reason" space on Form M.C.13 a brief note as to the clinical history of the case and also his provisional diagnosis.

Note. See also in this connection the Note following paragraph 263.⁷

607. So far as subparagraph (b) of paragraph 605 is concerned, the doctor will presumably advise the insured person orally on these matters, but it may be found desirable to reinforce such advice, e.g. as to diet, by adding a note to the Form M.C.11, which the doctor should complete giving the date on which the person should return for further medical examination (see paragraph 605(g)).

608. Each medical officer has been supplied with a copy of the formulary of pharmaceutical products, which he may prescribe, as laid down by the Social Board under Benefit Regulation 20(a) (see also paragraph 647). The prescription should be made out in duplicate on Form M.C.14.

Note. A formulary, entitled the British National Formulary, has been prepared by a committee representative of all medical and pharmaceutical interests in Great Britain, and copies (price 6s/6d plus postage) may be obtained from the British Medical Association, Tavistock Square, London, W.C.1.⁷

609. The medical officer, when prescribing pharmaceutical products, should have due regard to the other provisions stated in paragraph 262, namely that:

these products shall be supplied to persons, other than in-patients of hospitals and other medical institutions, in accordance with the prescriptions in writing furnished by the medical officer;

the products shall be prescribed as economically as possible and as far as they are really necessary for the proper treatment of the person for whom they are prescribed;

if equally good results can be obtained by the use of either of two pharmaceutical products, preference shall be given to the less expensive of the two;

the quantity of pharmaceutical products prescribed for each person shall be determined in accordance with the presumptive period during which treatment will be needed and further quantities shall only be given if considered necessary; and

all instructions as to the use of the pharmaceutical products prescribed shall be given by the medical officer to the person receiving treatment, or to a member of his family.

610. With regard to paragraph 262(c), strict economy in prescribing is essential, but at the same time it will be appreciated that the treatment must be rational and to the point and that economy, though important, should not be practised against therapeutic efficiency. It will be realised that what is suitable for one patient may not be suitable for others. It is undesirable to lay down hard and fast rules for each particular complaint, so that individual judgment must be exercised.

Moreover, the work of dispensing would be considerably reduced by the use of:

- (a) stock mixtures prepared in quantity in accordance with standard formulae, which are most frequently in demand and do not easily spoil when kept in stock; Appendix to this Annex contains an example of a short formulary of such mixtures;
- (b) standard preparations of well-known substances which are sold ready-made and in their original package by individual pharmacies; and
- (c) suitable proprietary medicines sold under a trade mark or trade name, which are not too expensive - they must, of course, be prescribed if they are essential to the treatment.

The additional cost of the preparations referred to at (b) and (c) as compared with the cost of the individual ingredients, if purchased separately, would probably be fully offset by the cost of the time spent by the dispenser in compounding the ingredients, and the risk of inaccurate dispensing may well be lessened by the use of such preparations.

611. If, as a result of his examination, the medical officer considers that the insured person is suffering from a disease or injury, which requires medical attention and incapacitates him from carrying out his normal work, he should furnish him with a certificate to that effect on one of the forms provided for that purpose. (See paragraph 605(h).)

612. These forms are as follows:

Form M.C.12. First Certificate, to be issued on the first occasion when the insured person is considered to be incapable of work; if on examination it appears that the insured will become capable of work within a week thereafter, the date of the expected termination of his incapacity should be entered on the form.

Form M.C.12A. Intermediate Certificate, to be issued on the occasion of each subsequent examination so long as the insured person is incapable of work, and appears likely to remain so for at least another week.

Form M.C.12B. Final Certificate, to be issued as soon as it appears that the insured person is no longer incapable of work, or will become capable of work within a week after the date of the examination.

613. In addition to issuing certificates of incapacity the medical officer is also responsible for issuing certificates as to the pregnancy and confinement of women who are or have been insured (see paragraph 605(j)). The former of these certificates, Form M.1., should be given to the woman not more than eight or less than seven weeks before the date of her expected confinement. The latter certificate, Form M.2., should be given as soon as possible after her confinement. If the woman objects to examination by a male medical officer she should be examined by a female medical officer, if available, or a midwife.

614. Under the Benefit Regulation (see paragraph 254), the insured woman is required to give notice of her state of pregnancy not later than in the third month thereof. When she visits the dispensary for this purpose, she should be examined and the fact of pregnancy and the expected date of confinement should be noted on Form M.C.6A. The medical officer or midwife will at the same time offer advice as to pre-natal care and arrange for any further examinations which may be considered necessary.

615. The certificates referred to in paragraphs 612 and 613 must not be signed by anyone other than the doctor (or midwife in the case of Forms M.1 and M.2) who makes the examination, and it is necessary to see that the certificate forms are kept under proper control to prevent them from falling into the hands of unauthorised persons.

Note. It is in order that such a control may be maintained that it is suggested that each certificate form should be given a serial number which will make it possible to identify the doctor to whom a particular certificate form was supplied.⁷

616. The medical officer (or midwife) should complete, in ink or with indelible copying pencil, the appropriate certificate in his own handwriting after examination of the patient. It should be signed and stamped with the name of the medical officer (or midwife) and dispensary.

617. The certificate must be given at the time of the medical examination, and should on no account be antedated or postdated at the request of the patient.

618. Insured persons are required to produce the certificates on Forms M.C.12, 12A and 12B in support of their claims for sickness or injury benefit; which is only payable for periods of incapacity for work. In many cases the person may not be so ill or disabled as to be unable to perform any type of work, but, if he is unable to follow his ordinary occupation, it would not be unreasonable to regard him as being incapable of work for the purposes of sickness or injury benefit during a period depending on the nature of the illness or disablement (say up to eight weeks), on the presumption that within that time he may become fit to carry out his normal duties, and in the meantime cannot be expected to take up another occupation.

619. On the other hand, while it is essential that the insured person who is incapable of work should receive sickness benefit, if he is otherwise qualified to receive it, it is equally important that certificates should not be issued unless the person is in fact incapable of work on medical grounds, due

regard being had to the observations in the last paragraph. Medical officers will no doubt appreciate that any laxity in certification will have a serious effect on the financial basis of the social insurance scheme, and they should be on their guard against exaggerated statements of symptoms by patients, as well as against actual attempts at malingering. It should also be borne in mind that one of the most important features of the scheme is to restore the patients' fitness for work and so to get them back to work without undue delay. The medical officer should therefore not hesitate to issue a final certificate as soon as he considers that the patient is fit for work.

620. From time to time cases may arise in which the medical officer is in some doubt as to whether the patient is incapable of work or not and provision has been made to enable such cases to be referred for more complete examination by an independent medical practitioner. When the medical officer is in such doubt, he should complete Form S.4 and send it to The medical officer, and the local insurance office dealing with the benefit claim, will be advised of the result of this independent examination on Form S.4A. Similar action may be taken by the local social insurance office in any case where the circumstances appear to them to warrant an independent medical examination.

Note. This paragraph is included merely in order to draw attention to the possible need for independent medical examinations. If it is decided to provide for such examinations it will probably be felt desirable to expand the advice to medical officers considerably.7

621. It is desirable for record purposes that the cause of incapacity as entered on certificates M.C.12, M.C.12A and M.C.12B should be described clearly and should indicate as far as possible the actual disease or disablement to which the incapacity is attributable. The Board will wish to analyse the sickness experience among the insured population classified according to an international standard list of causes of morbidity and consequently it is necessary that, in addition to giving the cause of incapacity, the doctor could enter on the certificate the code number of the condition as shown on this list (see paragraph 267(c) and Appendix A to the regulations).

622. Exact diagnosis may not, of course, be possible in the early stages of an illness and in such circumstances the cause of incapacity will probably have to be described in some general terms initially, a more accurate diagnosis being given on later certificates. Where such a general diagnosis has been

given the medical officer should make a suitable note in the "observations" space on the certificate, and also consider the desirability of referring the case for specialist examination or to a hospital for observation.

623. When completing Form M.C.12 the doctor should consider whether the incapacity for work is likely to continue for as long as a week, and, if it is not, he should note on the certificate the date on which he is of the opinion that the person will be fit to resume work.

If, however, he is of the opinion that the incapacity will last for at least a week he should delete the part of the certificate dealing with resumption of work - further certificates during the period of incapacity will be furnished on Forms M.C.12A or M.C.12B.

624. If on the occasion of any examination the medical officer considers that it will be unnecessary for him to see the person again for a few weeks but that he will continue to be incapable of work during those weeks, e.g. in the case of a fractured limb which has been set and requires no other treatment for the time being, he should make a note in the remarks space on Form M.C.12 or 12A "He will remain incapable of work during the nextweeks, but will not require treatment during that period". The number of weeks to be entered will, of course, depend on the circumstances of the case, but normally should not exceed four, and regard should be had to the date, if any, shown on Form M.C.6A for termination of title to medical care.

625. When the insured person is next examined the doctor should again consider whether the incapacity for work is likely to continue for as long as a further week. If not, he should issue Form M.C.12B indicating the date on which he considers that the person will be fit to resume work. Otherwise Form M.C.12A should be issued, and the question of resumption of work should be considered again at the next examination of the insured person.

626. Sickness benefit is payable only for a limited period, but, in order to prevent any misunderstanding which might result from the issue of certificates after title to the benefit has terminated, advance warning will be given as to the date on which title to the benefit is due to cease. In the case of injury benefit, however, title continues for a longer period than sickness benefit, and it is desirable therefore that such cases should be identified at an early stage; provision has therefore

been made on Form M.C.6A (Medical Record) for noting whether the insured person's incapacity for work was due to an accident. The question as to whether the accident arose out of or in the course of the person's employment, which is a condition precedent to the grant of injury benefit, will be considered in the light of information furnished by the employer (see Section 2, Chapter 1).

Note. The question of industrial diseases, if they are to be covered, will have to be dealt with specially as these involve consideration as to whether there is a presumption that the disease was contracted in the course of employment.⁷

627. The certificates on Forms M.1 and M.2 are similarly required by the insured persons in connection with their claims for maternity benefit, and, as the period in respect of which this benefit is payable has to be determined in relation to the dates of expected and actual confinement, as shown on the certificates, it is necessary that the date of expected confinement should be given on Form M.1 as accurately as possible and that the certificate on Form M.2 should be furnished promptly after the confinement has occurred.

628. After the examination has been completed, the necessary details should be entered on Forms M.C.6 and M.C.6A. So far as Form M.C.6 is concerned all that it is needed is to enter the date of commencement of treatment, and, in due course, the date of its termination, the diagnosis, the beginning and end of any periods of incapacity, and any additional remarks, e.g. as to periods of hospital in-patient treatment, X-ray examinations, etc., relative to the period of treatment as a whole. In the case of women, the dates of any confinements should also be entered.

Form M.C.6A is designed to cover a continuous period of treatment, and a fresh form will be supplied for each new period of treatment.

629. When the patient returns to the waiting room the relevant Forms M.C.6 and M.C.6A should be given to the nurse together with Form M.C.11 and any other forms (M.C.12, 12A, 12B, 13 or 14) which the doctor has completed.

630. In a proportion of cases application for medical care will be made by the representative of an insured person who is unable to attend at the dispensary. These persons should be seen by the medical officer, who will decide, on the information given by the representative, whether a domiciliary visit should be made to the insured person or whether it would be better to arrange for an ambulance to take the insured person to a hospital

for examination and treatment, and will advise the nurse in the waiting room to make the necessary arrangements. In cases where hospital treatment is advised, Form M.C.13 should be completed.

631. When Form M.C.13 is returned from the hospital, following action as in paragraphs 606 or 630, it will be associated with the relevant Form M.C.6 and other papers and further action will depend on the hospital doctor's report. Where the person is advised as in Part II(a) of the form to return to the dispensary for treatment, the position should be noted on Form M.C.6A and the papers should be held in the reception room to await the insured person's next visit. In cases to which Part II(b) is applicable, no action beyond noting Form M.C.6A need be taken if the hospital doctor says that the person appears to be capable of work. Where, however, the hospital doctor states that the person appears to be incapable of work, or that he has been admitted for in-patient treatment (Part II(c) of Form M.C.13), Form M.C.6A should be noted to that effect and the form should be passed to the Reception Clerk for action.

Section 1. Annex 1

APPENDIX

Formulary of Stock Pharmaceutical Mixtures
(prepared for use in an Asiatic country)

(See paragraph 262(a) - Benefit Regulation)

	Imperial System	Equivalent under Metric System to
<u>A. STOCK MIXTURES</u>		
<u>1. Mist Diaphoretic</u>		
Soda Bicarb	gr 15	1.0 gm
Pot. Citras	gr 10	0.7 gm
Liqr. Ammon Acetas fortis	ms 15	1.0 ml
Spt. Aetheris Nitrosi	ms 15	1.0 ml
Water	ad fl. oz 1	30.0 ml
<u>2. Mist Alkaline Diuretic</u>		
Soda Bicarb	gr 20	1.4 gm
Soda Citras	gr 20	1.4 gm
Pot. Citras	gr 20	1.4 gm
Tr. Hyosciamus	ms 30	2.0 ml
Liqr. Ammon Acetas fortis	ms 15	1.0 ml
Water	ad fl. oz 1	30.0 ml
<u>3. Mist Stim Expect.</u>		
Sod. Bicarb	gr 20	1.4 gm
Spt. Ammon Aromaticus	ms 10	0.7 ml
Spt. Chloroform	ms 10	0.7 ml
Liqr. Amm. Acetas fortis	ms 10	0.7 ml
Tr. Belladonna	ms 10	0.7 ml
Tr. Ipaecac	ms 10	0.7 ml
Water	ad fl. oz 1	30.0 ml
<u>4. Mist Sod. Expect.</u>		
Soda Bicarb	gr 20	1.4 gm
Tr. Camphor Co.	ms 20	1.4 ml
Tr. Belladonna	ms 10	0.7 ml
Water	ad fl. oz 1	30.0 ml

	Imperial System	Equivalent under Metric System to
5. <u>Mist Soda Salicylate</u>		
Soda Salicylate	gr 20	1.4 gm
Soda Bicarb	gr 40	2.8 gm
Tr. Belladonna	ms 10	0.7 ml
Spt. Chloroform	ms 10	0.7 ml
Water	ad fl. oz 1	30.0 ml
6. <u>Mist Carminative</u>		
Soda Bicarb	gr 20	1.4 gm
Spt. Amm. Aromat.	ms 10	0.7 ml
Spt. Chloroform	ms 10	0.7 ml
Tr. Belladonna	ms 10	0.7 ml
Tr. Card Co.	ms 10	0.7 ml
Aqua Menth pip Conc	ms 10	0.7 ml
Water	ad fl. oz 1	30.0 ml
7. <u>Mist Carminative with Mag. Carb.</u>		
add Mag. Carb. levis gr 20 to 1 oz of above mist. (1.4 gm) (30.0 ml)		
8. <u>Mist Kaolin</u>		
Kaolin	dr 1	4.0 gm
Soda Bicarb	gr 20	1.4 gm
Tr. Belladonna	ms 10	0.7 ml
Spt. Chloroform	ms 10	0.7 ml
Water	ad fl. oz 1	30.0 ml
9. <u>Mist Kaolin with Chlorodynum</u>		
Add ms 5 of Chlorodyne to an oz of above mist (0.35 ml) (30.0 ml)		
10. <u>Mist Bismuth with Kaolin</u>		
Add gr 10 of Bismuth carb. to an oz of Kaolin Mist. (0.7 gm) (30.0 ml)		
11. <u>Mist Iron Tonic</u>		
Ferriet Ammon Citras	gr 30	2.0 gm
Acid Hcl Dil.	ms 10	0.7 ml
Tr. Nux Vomica	ms 10	0.7 ml
Ligr. Arsenicalis	ms 3	0.2 ml
Mag. Sulph	gr 20	1.4 gm
Water	ad fl. oz 1	30.0 ml

	Imperial System	Equivalent under Metric System to
12. <u>Mist Ammon Chloride</u>		
Ammon Chloride	gr 20	1.4 gm
Tr. Belladonna	ms 10	0.7 ml
Spt. Chloroform	ms 10	0.7 ml
Mag. Sulph.	gr 20	1.4 gm
Water	ad fl. oz 1	30.0 ml
13. <u>Mist Saline</u>		
Mag. Sulph.	gr 240	17.0 gms
Water	ad fl. oz 1	30.0 ml
B. <u>LOTION</u>		
1. <u>Calamine</u>		
Calamine	gr 175	12.0 gms
Zinc Oxide	gr 175	12.0 gms
Glycerine	ms 120	8.5 ml
Water	ad fl. oz 8	240.0 ml
C. <u>LINIMENT</u>		
1. Soft Soap	gr 66	4.5 gm
Ammon Chloride	gr 11	0.75 gm
Oil of Turpentine	ms 240	17.0 ml
Warm water	ad fl. oz 2	60.0 ml
2. Liniment camphor		
D. <u>DROPS</u>		
1. <u>Ear:</u> Boric Acid	gr 4	0.3 gm
Methylated spirit	ms 50	3.5 ml
Water	ad fl. oz 1/2	15.0 ml
2. <u>Eye:</u> Argento proteins (silver proteins)	gr 10	0.7 gm
Distilled water	ad ms 120	8.5 ml
E. <u>UNGUENTA (OINTMENTS)</u>		
1. <u>Whitfield's ointment</u>		
Acid Salicylic	gr 12	0.9 gm
Acid Benzoic	gr 20	1.4 gm
Soft paraffin to	gr 480	34.0 gm
2. Ung. Hydrargyri Ammoniatum		

	Imperial System	Equivalent under Metric System to
F. <u>PASTE: MAG. SULPH.</u>		
Mag. Sulph	1 1/2 lb	700 gms
Mixed in warm glycerin - 11 oz. in a dry mortar		320 gms
G. <u>PULV. GASTRIC POWDER</u>		
Soda Bicarb	gr 10	0.7 gm
Mag. Carb. Levis	gr 5	0.35 gm
Mag. Trisilicate	gr 10	0.7 gm

Section 1. Annex II

Medical Supplies Procedure

Central Store

632. A central medical store should be maintained from which supplies may be issued to the dispensers at the various dispensaries of the Social Insurance Board. This store should be in the direct charge of a store clerk, who will be under the control of a medical officer at the head office of the Board.

633. A "Drug List" of all the various drugs, preparations, reagents, appliances, etc., likely to be required should be prepared by Medical Division, and a serial number should be allocated to each item on the list. Stock sheets (Form M.C.15) should be prepared in respect of each item giving the proper medical nomenclature of the item, its serial number, and columns for recording all receipts and issues relating to the item and the balance of stock in hand after each issue. Any stock which has to be disposed of because it has become unserviceable should be recorded as an issue. In addition to the Forms M.C.15 for use in the Central Store a sufficient number of Forms M.C.15A should be prepared for each item to allow of one set being sent to each dispensary.

634. Initially a sufficient stock of each item should be ordered to enable adequate supplies to be issued to all the dispensaries and to provide in addition a central stock from which demands made by the dispensaries from time to time for replenishment may be met. The exact method of ordering these stocks will, of course, depend on the arrangements operative in the country for obtaining medical supplies, but the orders should be made in triplicate on a standard form (Form M.C.16), so that one copy may be retained pending the receipt of the stores ordered and the other two may be returned with the stores for checking, one of these being returned to the suppliers as a receipt for the stores. Each order should be given a serial number and the copies retained awaiting receipt of stores should be held in a "Pending" run in serial number order.

635. On receipt of the package, its contents should be checked by the medical officer in charge, who should note on both copies of Form M.C.16 received with the package any discrepancies observed between the order and the goods supplied, and then sign both receipts, returning one to the suppliers. The other form M.C.16 should be passed to the Accounts Section for action (which will depend on the arrangement made for payment to the suppliers).

The third copy of Form M.C.16 which had been retained (see paragraph 634) should be withdrawn from the "Pending" run and filed in the "Completed Order" run.

636. If the supply has not been received within 14 days of the issue of the order, the stores clerk should telephone the suppliers for information as to the position, and, if the result is not satisfactory, should report the matter to the medical officer responsible for the store.

637. The stores received should be kept in suitable racks, that for each item on the Drug List being kept in an individual pigeon hole together with its stock sheet, on which the supply received and the date of receipt should be entered. At the same time a note should be made on the stock sheet as to the level below which the stock should not be allowed to fall without further requisition.

638. As sufficient supplies of all items on the Drug List will have to be sent in the first instance to each of the dispensaries, it may be considered desirable that the initial supplies should be sent direct from the suppliers to the dispensaries. In that event, separate orders on Form M.C.16 should be prepared by the central store for each dispensary, and the medical officer in charge of the dispensary should undertake the work of checking the packages and signing the receipts on Form M.C.16, as in paragraph 635, returning one to the suppliers and sending the other to the central store for the completion of the action as in that paragraph. The central store would be responsible for action as in paragraph 636, if the signed Form M.C.16 indicating the receipt of the stores had not been received from the medical officer in charge of the dispensary within 14 days of the issue of the order.

639. Subsequent issues to the dispensaries should be dealt with in response to requisitions by dispensaries on Form M.C.17 (see paragraphs 644 and 645).

No supplies should be issued unless a written requisition is received, completed in duplicate and countersigned by the medical officer in charge of the dispensary.

On each occasion when a supply of an item is issued, the date and amount of the issue should be recorded on the stock sheet Form M.C.15, and the balance of stock remaining should be noted.

One copy of Form M.C.17 should be sent to the dispensary with the requisitioned supply, and on its return should be filed with the copy which had been retained in serial number order for the particular dispensary.

640. When the balance of stock of any item as entered in accordance with paragraph 639 falls below the minimum level recorded on the stock sheet (see paragraph 637) the Stores Clerk should prepare an order for additional stock on Form M.C.16 - the procedure described in paragraphs 634 to 637 should be applied in regard to such orders.

641. (a) Test checks should be made by the Medical Officer in charge, at periodical intervals of, say three months, of the stocks in hand and as shown on the stock sheets, and any serious discrepancies should be reported to the Chief Medical Officer.

(b) An annual stocktaking should also be carried out by an officer of Accounts Division, who should prepare a report giving particulars of the totals of receipts and issues, as well as of stocks in hand. Copies of this report should be sent to the Medical Officer in charge of the stores, the Head of Department A, the Chief Medical Officer, and the Director-General.

Dispensary Stores

642. When the initial stocks of medicaments are received at the dispensary, they should be examined in the same way as are stocks received at the Central Store (see paragraphs 635 and 638) and should then be kept in suitable racks as indicated in paragraph 637, together with the relative stock sheets, Forms M.C.15A, which will have been sent to the dispensary by the Central Store (see paragraph 633).

643. The supply of each item received and the date of receipt should be entered on the relative stock sheet, and in addition a note should be made on the sheet as to the level below which the stock should not be allowed to fall without further requisition.

As supplies will be issued at frequent intervals in accordance with the prescriptions prepared by the medical officer, it will not be possible to maintain a constant record of the issues and balance in hand for each item but instead the stocks should be examined at monthly intervals and the balance in hand of each item should be recorded on the stock sheet together with the date.

644. If, on the occasion of the monthly check, it is found that the stocks of any items have fallen below the minimum level recorded as in paragraph 643, a serially numbered requisition should be sent to the Central Store.

tion on Form M.C.17 for further supplies of those items should be completed in duplicate and signed by the Medical Officer in charge of the dispensary. One copy of Form M.C.17 should be retained in the dispensary and the other should be sent to the Central Store. On receipt of the further supplies accompanied by Form M.C.17 the package should be dealt with in the same way as the initial supplies (see paragraphs 11 and 12), and after checking and noting as to any discrepancies, etc., the Form M.C.17 should be signed by the Medical Officer in charge and returned to the Central Store. The amount of each item to be ordered will depend, of course, on the rate of consumption, and in general should be sufficient to bring the total stock up to the equivalent of about two months issue of the item.

645. If, during the interval between monthly checks, the stock of any item is obviously becoming too low and unlikely to be sufficient to meet the demands for more than two or three weeks, a special requisition for a further supply should be completed as in paragraph 644, and marked "Emergency Requisition". Such requisitions should be given special attention in the Central Store.

646. (a) At three-monthly intervals a statement should be prepared showing the consumption of stock item by item during the previous three months and should be signed by the Medical Officer in charge of the dispensary after he has made a test check of the stocks actually in hand as compared with the corresponding entries on the stock sheets. One copy of this statement should be retained by the medical officer, and one sent to the Medical Officer in charge of the Central Store.

(b) An annual stocktaking of the stocks and issues of the dispensary should also be carried out by an officer of Accounts Division, as in paragraph 641(b) and copies of his report should be sent to the Medical Officer in charge of the dispensary, the Chief Medical Officer and the Director-General.

Dispensing

647. Each dispensary, in addition to the medicines and drugs available, should stock supplies of certain preparations under the Social Insurance Board formulary (see in this connection the Appendix to Annex 1) and these will be made up at the dispensary. At no time should more than six doses of each mixture be given to a patient except when specifically ordered by the medical officer.

648. The mixtures referred to in the Appendix to Annex 1 contain the quantity of a single dose and six doses would be a

convenient quantity for dispensing in a suitable bottle. It goes without saying that the quantity of drug necessary is to be multiplied by six when six doses are given, and by twelve when twelve doses are given, etc.

649. To ensure accuracy of dosage, it is essential that mixtures be dispensed in proper medicine bottles with the appropriate dose clearly marked. It is suggested that an initial deposit of be charged for a six-dose bottle and the amount will be refunded on return of the bottle in clean condition.

650. When prescribing it the medical officer will in all cases state on the prescription the quantity of the preparation to be dispensed.

651. All medicines should be labelled:

- (a) with the number of the dispensary by which it is supplied;
- (b) the serial number in the dispenser's register;
- (c) if for external application, also with the words "Poison - for external use only"; and
- (d) dosage.

Section 2

Department A. Cash Benefits Division

Chapter 1. Cash Benefits Section

(See also paragraphs 235 to 349, 652 to 732, 113 to 1137 and 1138 to 1171)

Introduction

652. The procedures set out in this chapter are based on the assumption that there will be provision of medical care through social insurance dispensaries on the lines set out in Section 1 of this part of the plan.

653. The general purpose of the direct link between the arrangements for the provision of medical care under the social insurance scheme and those for the provision of short-term cash benefits, as discussed in paragraphs 113 to 115, is to secure that there will be a properly controlled issue of the medical certificates, which in general must form the basis of the provision of cash benefits under the scheme, and, as a by-product, the personal attendance of the insured person at the dispensary to receive his medical treatment will provide a suitable opportunity for securing the early completion of his cash benefit claim and making any inquiries needed to establish his title to benefits.

654. In this connection it may be remarked that it is difficult to imagine how a scheme for the provision of sickness or injury benefit could be made to function successfully without some control over the issue of medical certificates of incapacity, and, if there were no provision for medical care as part of the scheme, some arrangement would have to be made whereby such certificates might be issued as an integral part of any public health services which were available. But, clearly, some adequate safeguards and checks would have to be made in regard to such a procedure in an agreement on the subject between the Social Insurance Board and the public health authorities.

655. Where employers were providing medical services for their workers, particularly in connection with the treatment of employment injuries, some arrangements might be made, with similar safeguards, for the issue of the necessary medical certificates as part of those services; but it is doubtful whether these services would be adequate or suitable for the examination and certification of workers, who might be incapacitated otherwise than by employment injuries, and especially where their illnesses commenced or non-industrial

accidents occurred at a time when they were at home, or at any rate, were not working in the establishment. Clearly, too, any such arrangement could not be extended so as to be applicable to the smaller establishments which did not themselves provide medical services for their employees.

656. The actual procedures to be followed will, of course, vary with the benefit which is being claimed, but in general the suggestion is that the claim should, if possible, be completed by the claimant while he is still at the dispensary, and that it should then be sent to Records Section to supply information as to the satisfaction of the contribution condition, and from there to the local office where title to benefit will be considered and payment, if due, will be made.

657. In the case of sickness and injury benefits the procedure outlined in paragraph 656 will apply only to the initial claim for benefit, and subsequent claims will be sent direct from the dispensary to the local office, the insured person being instructed as to the date on which he should call at that office in order to receive payment (see paragraphs 570 to 572). For maternity benefit, however, only one claim has to be made, and once this has been allowed it will be for the local office to make the payments at regular intervals throughout the period for which benefit is due.

658. So far as disability pensions and gratuities and survivors' pensions in respect of employment injuries are concerned the claims for benefit will in general be made on the instigation of the local office, and the procedure will not be linked with the attendance of the claimant at the dispensary. It is considered, however, that the awards of these benefits should initially, at any rate, be directly controlled by the cash benefit section at headquarters.

659. Funeral grant is in quite a different category from the other benefits since it is a once-for-all payment and is intended, not as a provision towards the maintenance of the beneficiaries, but to enable them to meet expenses for which they have become liable as a result of the death of the insured person. Moreover, it may be necessary to take into account, for the purposes of the benefit, expenses other than the actual cost of the funeral which have necessarily to be incurred by reason of local customs which vary widely from country to country and it is not possible to suggest a detailed procedure to cover the action to be taken in connection with such items of expenditure. Accordingly the procedure is based on the assumption that only the cost of the funeral is involved, and it will have to be adapted as necessary where other costs have also to be taken into account.

660. A further difficulty in this connection is that by reason of local customs it may not be possible to obtain evidence (such as a receipt) that the funeral expenses have in fact been paid, and indeed the grant may in practice have to be paid in advance of the actual payment of the funeral expenses by the applicant.

661. A condition precedent to the payment of funeral grant is, of course, the production of a certificate of the death of the insured person and here again much may depend on the practice in the country concerned. For the purposes of the procedure it has been assumed that the certificate of death will normally be given by the doctor who attended the insured person in his last illness, and in most of the cases this doctor will be one of the doctors at the dispensary, and the claim for the grant can be initiated there when the fact of the death is reported.

662. Where, however, as in the case of an industrial accident, there may have been no doctor in attendance at the time of the death, the fact of death will probably be reported direct to the local office, and a claim will be initiated there, supported by whatsoever form of certificate of death is normally acceptable in such circumstances in the country concerned. In such cases the local office will have to make any necessary inquiries to confirm that the contribution condition for title to medical care was satisfied at the time of the death.

663. Although in general the procedure for the payment of benefit will be the same throughout the scheme, there must inevitably be slight differences from one benefit to another. For convenience the procedure for the payment of sickness (or injury) benefit, which is probably the most liable to give rise to complications, has been set out in some detail, while for other benefits only the variations from this procedure have been indicated. In practice, however, it may be preferred to set out in full a separate procedure for dealing with each individual benefit.

664. In Note 3 of Part V it has been suggested that the rates of cash benefit should not be less than those laid down in Convention 102 (Minimum Standards of Social Security) which are based normally on a family which includes two children; but for the purpose of applying the Convention account is to be taken of any family allowances which may be payable concurrently with the benefit. In order to avoid too much complication of the procedure it has been assumed that the rates as they are to be set out in the schedule to the Benefit Regulations are to be the standard rates, and no attempt has been made to break them up into parts which would be appropriate respectively to the insured person and to each of his dependants.

665. If, however, it were considered desirable possibly at some future date, if not initially, to prescribe in the schedule separate rates of benefit in respect of each of the persons covered by the benefit, it would be necessary to provide suitable forms on which claimants could make application for additions to their benefit in respect of the prescribed dependants, and a procedure for dealing with such claims, including that for checking that the conditions of entitlement, e.g. the relationship of dependants to the insured person, the ages of any child dependants, and the dependency, were satisfied and, where necessary, continued to be satisfied during the period for which benefit remained payable. This question of the separate provision for dependants may come into greater prominence in connection with the provision of long-term benefits.

666. It is necessary, of course, that all officers and particularly those in the local office, who are to be concerned with action on cash benefit claims, e.g. the benefit clerks and cashiers, must familiarise themselves with the provisions of Chapters 3 to 7 of the Benefit Regulations, and also with the procedure for the provision of medical care in so far as it deals with action in relation to cash benefit claims.

Authority. Chapters 3 to 6 of the Benefit Regulations, paragraphs 235 to 349.

Main Forms Involved

Form No.	Purpose of Form	Final Disposal
R.6	Insured person's identity card	Insured person
S.1	Claim for sickness benefit - first certificate	Local Office
S.1A	Claim for sickness benefit - intermediate or final certificate	Local Office
S.2	Claim for increase of benefit in respect of dependants	Local Office
S.3	Certificate by employer in support of benefit claim by employee	Local Office
S.3A	Certificate by employer of return to work of employee	Local Office

Form No.	Purpose of Form	Final Disposal
S.4	Reference for independent medical examination	Local Office/ Dispensary
S.4A	Report on independent medical examination	Local Office/ Dispensary
S.5	Sickness benefit claim - action sheet	Local Office
S.5A	Sickness benefit - continuing claim	Local Office
S.6	Sickness benefit - hospital treatment case	Local Office
S.7	Notification to dispensary of approaching termination of title to cash benefit	Dispensary
S.8	Cash benefit history sheet (MAN)	Local Office
S.8A	Cash benefit history sheet (WOMAN)	Local Office
S.9	Local office action sheet - sickness benefit	Local Office
S.10	Notification to Record Section of award of benefit	Record Section
S.10A	Notification to Record Section of termination of cash benefit	Record Section
S.11	Notification of reduction in rate of benefit	Insured person
S.12	Cash benefit index slip	Local Office
S.13	Cash benefit file	Local Office
S.13A	Request to another local office for benefit file	Local Office
S.14	Cash benefit payment schedule	Cashier/ Accounts Sect.
S.14A	Suspense schedule	Cashier/ Accounts Sect.

Form	Purpose of Form	Final Disposal
S.15	Authorisation to cashier to pay benefits	Cashier
S.16	Authorisation of insured person to pay a representative	Local Office
S.17	Sickness visitor's report	Local Office
S.18	Notification of decision on appeal - disallowed	Insured person
S.18A	Notification of decision on appeal - allowed	Insured person
M.C.12	First certificate of incapacity	Local Office
M.C.12A	Intermediate certificate of incapacity	Local Office
M.C.12B	Final certificate of incapacity	Local Office
M.1	Certificate of expectation of confinement and claim for maternity benefit	Local Office
M.2	Certificate of confinement	Local Office
M.3	Maternity benefit claim - action sheet	Local Office
M.4	Maternity benefit claim - local office action sheet	Local Office
E.2	Employers' report of serious accident	Local Office
E.3	Employment injury - action sheet	Local Office
E.3A	Disability pension - action sheet	Local Office
E.3B	Survivor's pension - reference to Medical Tribunal	Local Office
E.4	Notification to dispensary of employment injuries award	Dispensary

Form	Purpose of Form	Final Disposal
E.5	Application for injury benefit	Local Office
E.6	Request for medical officer's report	Local Office
E.7	Disability pension - payment schedule	Local Office
E.8	Notification of award of disability pension	Insured person
E.8A	Notification of award of disability gratuity	Insured person
E.8B	Notification of disallowance of disability pension claim	Insured person
E.8C	Notification of disallowance of survivor's pension claim	Applicant
E.9	Instruction as to subsequent payment of disability pension	Insured person
E.10	Claim for survivor's pension	Local Office
E.11	Survivor's pension - payment schedule	Local Office
E.12	Notice of award of survivor's pension	Applicant
E.12A	Instruction as to subsequent payment of survivor's pension	Applicant
F.1	Claim for funeral grant	Local Office
F.2	Funeral grant claim - action sheet	Local Office
F.4	Record of employment	Local Office
F.5	Notification to Record Section of allowance of funeral grant claim	Record Section
F.6	Notice of award of funeral grant	Applicant

Form	Purpose of Form	Final Disposal
A.8A	Decision by Social Insurance Board - contribution condition for sickness benefit not satisfied	Insured person
A.8B	Decision by Social Insurance Board - contribution condition for maternity benefit not satisfied	Insured person
A.8C	Decision by Social Insurance Board - contribution condition for funeral grant not satisfied	Applicant
A.10	Disallowance by Social Insurance Board of claim for cash benefits, when period of entitlement ends	Insured person
A.10A	Disallowance of claim by reason of receipt of wages, etc.	Insured person
A.10B	Notice of disqualification because of breach of rules	Insured person
A.16	Decision of medical tribunal on disability pension question	Insured person
A.16A	Decision of medical tribunal on survivor's pension question	Applicant
A.17	Decision of local tribunal on appeal	Insured person
A.18	Disallowance of survivor's pension application	Applicant

Procedure

A. Records Section

667. The initial claim for cash benefit will normally be received in Records Section from the dispensary at which medical treatment was given to the insured person (see Section 1), together with a covering form (Form S.5, Form M.3 or Form F.2). These forms may be accompanied by Form M.C.3 (from the claimant's current employer), Form M.C.4 (a summary of information received by the dispensary as to the claimant's employment in the last 6 or 12 months) and Form M.C.13 (hospital treatment certificate). In certain funeral grant cases Form F.2 will be received from the local office together with Form F.4, which corresponds to Form M.C.4.

668. On receipt the insured person's registration form (Form R.4) should be inspected to see that there are no discrepancies between that form and those completed by the insured person in connection with his claim. Except where the dispensary confirms in Part I of Form F.2 that the condition is satisfied, action should be taken to determine whether the contribution condition for the receipt of benefit has been satisfied so that Part II of Form S.5 or Form M.3 or Part III of Form F.2 may be completed. Information on this point may be contained on Forms M.C.3 and M.C.4 or Form F.4, but, even if such information indicates that the contribution condition is satisfied, confirmation that contributions are being or have been properly paid should be sought by inspecting the insured person's record sheet (Form R.9) and the latest contribution card received (where this method of payment of contributions is in force) or the record of employees (Form C.5 or Form C.16) - reference to Contributions Section may be necessary. Any actual discrepancies between the details on the various forms should be noted and, if these discrepancies affect qualification for benefit, inquiry should be made with a view to obtaining or confirming the correct particulars.

669. If, as a result of this investigation, any failure to pay contributions properly due is revealed, a separate reference on Form C.12 should be made through Contributions Section (for record in the employer's file, Form R.3A) to the Inspector for inquiry. Non-payment of contributions does not, however, invalidate title to benefit and, provided that the period of employment satisfies the contribution condition, the necessary certificate of qualification should be given.

670. When Form S.5, Form M.3 or Form F.2 has been completed, Form R.9 should be noted at C. Special Remarks. "Sickness/Maternity Benefit/Funeral Grant Claim to L.O.(Date)." If any earlier claim is recorded on the record sheet, this should be noted with the name of the local office involved, on Form S.5, Form M.3 or Form F.2. The Form S.5, M.3 or F.2, together with the other forms which accompanied it when it arrived from the dispensary or local office, and also Form S.3 if it has been received from the employer, should then be sent to the local Social Insurance Office in whose area the insured person or claimant, in the case of funeral grant, lives. If Form S.3 is not received until later it should be sent on to the local office as soon as it is received.

△The object in having Form S.3 sent to Records Section rather than to the local office direct is partly to secure that the form does not reach the local office before the claim arrives from Records Section and partly in case information on the form may assist in confirming title to benefit. It may be, however, that in practice the form will not reach Records Section until after the claim has been passed on, and in that event, the procedure should be altered to allow of the form being sent by the employer to the local office.⁷

B. Local Social Insurance Office

(For action on Funeral Grant claims see paragraphs 700 to 709)

671. When the claim papers are received in the local office from Records Section trace should be made in the claims index (Form S.12) to see whether a benefit file (Form S.13) has been constructed. If it has, the file should be drawn and the new claim papers attached for action. Form S.9 (or M.4) should be prepared for use in connection with the new claim.

672. If there is no record of an earlier file in the index, but Records Section have noted on Form S.5 or M.3 that an earlier claim has been received by another local office, Form S.13A should be sent to that office for the relevant benefit file, and an index slip (Form S.12) should be prepared and inserted in the claims index. On receipt of the benefit file, Form S.9 (or M.4) should be prepared for the new claim and attached with the claim papers to the benefit file.

673. If there is no record of an earlier file in the index and no indication on Form S.5 or M.3 that an earlier claim has been received, an index slip (Form S.12) should be written and filed in the index, Forms S.8 (or 8A) (cash benefit history sheet), S.9 (or M.4) (action sheet) and S.13 (benefit file) should be prepared and attached to the claim papers. At this stage only Part I of Form S.8 (or 8A) should be completed.

Note. The benefit file (Form S.13) is designed so that the relevant claim papers may be stored in it in such a way that they will not fall out of it when it is closed notwithstanding that they are not tagged into the file, but at the same time are readily available when the file is open on the clerk's table for action on the benefit claim. The file should be made of semi-stiff (but not stiff) material so that it has a reasonable durability and will not be expensive to replace when necessary. At intervals, say, of 12 months, the claim documents relating to claims which ended at least six months earlier should be removed from the benefit files and stored separately in insurance number order for a further period which will depend in the main on audit arrangements. The cash benefit history sheet (Form S.8 or S.8A) and any other papers of more general interest, such as sickness visitors' reports or reports of independent medical examinations, should always remain in the benefit file.

During the currency of a benefit claim, the benefit file should be kept, in insurance number order, in an "In Action" run readily available to the claims clerk. When the period of the claim comes to an end, and all action in connection with the claim has been completed, the file should be stored, again in insurance number order, in a P/A run.

Provision has only been made on the Form S.13 as drafted for recording the name and insurance number of the insured person, and for noting the particulars of the local office, but the rest of the space on the outside, and on the inside flaps, can be used as may be found convenient for other notes in connection with the case. In particular, it would be possible by means of different coloured slips affixed on the outside of fold at the spaces marked A,B,C, etc. to indicate the days of the week on which the next action is to be taken, e.g. in connection with a maternity benefit claim.⁷

Examination of Sickness Benefit Claim

674. The first action should be to complete Form S.9 as follows:

- (a) enter the details at the top of the form from Form S.1;
- (b) enter at 1 the first day of incapacity, as shown on Form M.C.12 - unless the insured person claims to have been incapacitated from an earlier date;
- (c) enter at 2 the cause of incapacity as shown on Form M.C.12, and answer "yes" or "no" to the question about the receipt of Form E.2;
- (d) enter at 3 the date of receipt of the claim, i.e. by the dispensary;
- (e) enter at 4(a) normal wage rate (or wage group, if appropriate) from Form S.5; (b) particulars of wage payments during sickness from Form S.3;
- (f) the answer to the question at 5 should be "yes" if Record Section have confirmed title on Form S.5. If Record Section have not been able to confirm title, Forms M.C.4 and S.3 should be examined and, if they indicate title (i.e. insurable employment in at least 13 of the 26 weeks immediately before the date on which the incapacity commenced), the answer should be "yes"; otherwise the answer should be "no", the rest of 5 should be completed and the remainder of the form should be cancelled;
- (g) if the answer to 5 is "yes", reply "yes" or "no" to question 6 where appropriate; this question will only arise rarely - see (b) above and paragraph 676;
- (h) complete 7 entering the waiting period, if appropriate - see paragraph 677 below - and sending Form S.10 to Records Section;
- (i) complete 8 - see paragraph 678;
- (j) calculate date up to which benefit could be paid and enter it at 9 - see paragraphs 679 and 680.

675. When Form S.9 has so far been completed and checked, it should be filed with the other claim papers in Form S.13 and held in the "In Action" run in insurance number order to await the receipt of Form M.C.12A or 12B with Form S.5A from the dispensary, unless on Form M.C.12 the medical officer has given the date on which the insured person will again become fit for work. In this exceptional case payment for the period for which benefit will be due should be prepared as in paragraph 682(c) below.

Delayed Claims

676. (a) In some cases the insured person may claim to have been incapable of work from a date earlier than the date of the first medical certificate of incapacity issued to him by the doctor - this will probably be more likely to occur where the person has obtained the certificate from a private doctor and not from a medical officer at the dispensary (see also paragraph 688).

(b) In such circumstances the insured person should be asked for an explanation for his failure to see the doctor and obtain a certificate from him as soon as he became incapable of work. If his explanation is satisfactory and he can be regarded as having had good cause for his failure to claim benefit earlier, e.g. he had been too ill to go to see his doctor.

(c) If the explanation is not satisfactory, benefit should be dealt with on the basis that the date of the first medical certificate was the first day of incapacity (see in this connection paragraph 277(b)) and action should proceed as follows.

Normal Claims

677. (a) At the start of each new period of incapacity sickness benefit is payable only from the fourth day of incapacity, but for this purpose two periods of incapacity, separated by a period of six weeks or less, are treated as one continuous period.

(b) Accordingly, if the Cash Benefit History Sheet (Form S.8 or 8A) shows that no previous claim for sickness benefit has been received from the insured person, or that the last period of incapacity ended more than six weeks before the commencement of the current period of incapacity, no benefit will be payable for the first three days of that incapacity. Those days should be entered at 7 on Form S.9, and the fourth day of incapacity should be entered as the date as from which the claim is allowed.

(c) If, however, the period between the end of the last period of incapacity and the commencement of the new one was six weeks or less, no deduction of waiting days is due to be made and the date to be entered at 7 on Form S.9 as the date as from which the claim is to be allowed should be the first day of incapacity in the new illness. The contribution condition does not need to be satisfied in relation to the start of this illness.

678. Note. The instructions to be included here with regard to the determination of the rate of benefit payable (see 8 of Form S.9) will depend on the statutory provisions on this subject.7

679. (a) In cases to which paragraph 677(b) applies, the date to be entered at 9 of Form S.9 should be the last day of a period of 13 weeks (see paragraph 280) starting from the date as from which the claim is allowed (see 7 of Form S.9).

(b) Where, however, there is "linked up" sickness (see paragraph 677 (c)) the total of any "linked up" periods count as part of the 13 weeks of benefit allowed (see paragraph 281) and the period for which benefit may be paid in respect of the new incapacity is therefore only the residue of the 13 weeks.

(c) Thus, if benefit has already been paid from 4.9.1958 (incapacity commenced 1.9.1958) to 26.9.1958 (three weeks two days), when benefit is claimed as from 23.10.1958, less than six weeks after 26.9.1958; benefit will only be payable for nine weeks four days from 23.10.1958, i.e. up to 29.12.1958 (Sundays being excluded).

Similarly, if the second period of incapacity ended after only four weeks, i.e. on 19.11.1958, and sickness benefit was again claimed within six weeks, e.g. from 26.12.1958, benefit would still be payable for a period of five weeks four days (13 weeks less seven weeks two days in all), i.e. until 3.2.1959.

680. Any illness starting after title to sickness benefit has been exhausted by the termination of entitlement, should be treated as a new illness, subject to fresh waiting days (see paragraph 677 (b)) and title to benefit will depend on the satisfaction of the contribution condition as at the time of commencement of the new illness.

Continuation Claims

681. When an intermediate medical certificate (Form M.C.12A) or a final medical certificate (Form M.C.12B) is received from the dispensary with Form S.5A, it should be connected with the benefit file (Form S.13) and Form S.9 should be inspected to see whether payment of benefit is due.

682. (a) If the entries at 7 and 8 on Form S.9 show that benefit is payable, the period for which payment is to be made and the weekly rate of benefit should be entered at 10 on Form S.9 and the amount due should be calculated and also entered on the form.

After these entries have been checked, and the form has been initialled, the amount due for payment should be entered on a benefit schedule, Form S.14 (see paragraph 683) and the number of the schedule should be entered in the last column of 10 of Form S.9.

(b) In entering the period for which benefit is payable the waiting days, if any, should be entered first and it should be shown that no benefit is payable for those days; thus in the example quoted at (c) of paragraph 679 the entries in regard to the first payment would probably be:-

Period of Benefit

From	To	Weeks	Days	Weekly Rate of Benefit	Amount Payable
1.9.58	3.9.58	Waiting	days	Nil	Nil
4.9.58	8.9.58	-	4	£120 units	£80 units

Where no waiting days are to be deducted (see paragraph 677(c)), payment should, of course, be made for the whole of the period.

(c) Where Form M.C.12B (final certificate) is received and the last day of incapacity is not later than the last day of entitlement as shown at 9 on Form S.9 (including any case where Form M.C.12 also shows the date of termination of the incapacity - see paragraph 675 above), the case should be prepared for payment as in (b), but in addition:

(i) a line should be drawn across the form below the entry of the payment at 10 of the form;

- (ii) Form S.10A should be sent to Records Section as at 12 of Form S.9, and the latter form should be checked before being filed in the benefit file (Form S.13); the cause of incapacity to be shown on the form should be that shown on the latest medical certificate received and the code number of the incapacity (see paragraph 267(c) and Appendix A to the Regulations) should also be given - it is possible that the medical officer may have entered this number on the certificates as suggested in paragraph 21 of Annex I to Section 1; Note. Form S.10A will be available for the extraction of Morbidity Statistics.
- (iii) the full period of incapacity and the cause of incapacity should be entered in Part II of Form S.8 (or S.8A), and the benefit file should then be P/A.

(d) Where the benefit claim under consideration extends to a date which is within three weeks of the last day of entitlement as shown at 9 on Form S.9, Form S.7 should be sent to the dispensary; e.g. in the example given at (c) of paragraph 679 Form S.7 should be issued as soon as benefit is claimed for a period which includes 13 January 1959 (three weeks before 3 February 1959).

(e) Where the period of the claim includes the last day for which there is title to benefit as shown at 9 on Form S.9, payment should only be made up to that day, a line being drawn across the form after the entry of that payment, and the claim in respect of the rest of the period should be disallowed; thus the entries in the example should be:

Period of Benefit				Weekly Rate of Benefit	Amount Payable
From	To	Weeks	Days		
1. 9.58	3. 9.58	Waiting days		Nil	Nil
4. 9.58	26. 9.58	3	2		
23.10.58	19.11.58	4	-		
26.12.58	30. 1.59	5	1		
31. 1.59	3. 2.59	0	3	120 units	60 units
4. 2.59	6. 2.59	0	3		
				Nil	Nil

An entry should be made at 11 on Form S.9 showing that benefit ceased to be payable at 3.2.59, that the claim for 4.2.59 to 6.2.59 had been disallowed and that Form A.10 had been sent accordingly.

In addition, Form S.10A should be sent to Records Section as at 12 on Form S.9 and the Form S.9 should be checked before being filed in Form S.13.

If any further continuation claims are received in the same period of illness Form A.10 should be issued to the insured person, and a notice that further benefit is not payable should be sent to the dispensary; Form S.7 could be adapted for this purpose.

(f) Where the rate of benefit has to be reduced by reason of payment of wages or because the person is in hospital, the amount of the payment should be calculated on the basis of the reduced rate as shown at 8 on Form S.9 and Form S.11 should be issued with the first payment. If the insured person complains about the reduction of the rate of benefit, and is not satisfied with the explanation which is given to him, he should be told of his right of appeal and, if he expresses a desire to appeal, Form A.12 should be completed and given to him.

Payment Schedule (Form S.14)

683. (a) As soon as the amount of benefit payable in respect of a claim has been calculated and entered at 10 on Form S.9, full details should be entered on a payment schedule (Form S.14) which should be completed in duplicate.

(b) Separate schedules should be used for sickness, maternity and injury benefits and each schedule should be given a serial number preceded by the initial letter of the benefit, i.e. for sickness benefit, the numbers of the schedule should be S1, S2, S3, etc., for maternity benefit M1, M2, M3, etc., and for injury benefit E1, E2, E3, etc.

(c) When the payment has been entered on the appropriate schedule, the serial number of the schedule and the entry number shown in the first column of Form S.14 should be entered in the last column of 10 on Form S.9. Thus for entry 10 on schedule S.7, the entry on Form S.9 should be S.7/10 - this entry will be needed when payment is actually to be made.

(d) If a form is to be issued with the payment, e.g. Form S.11 or A.10, a note to that effect should be made on Form S.14 in the Remarks column against the entry, and the form for issue should be clipped to the schedule.

(e) At this stage the benefit papers should be filed in the "In Action" run, until the insured person comes to the local office to receive payment (see paragraph 684).

(f) When a schedule is full, the two copies should be sent to the cashier, and a new schedule bearing the next serial number for the benefit should be prepared for use in connection with further benefit payments.

Payment

684. (a) When the insured person comes to the local office to draw his benefit, he should be seen by the benefit clerk to whom he should produce his identity card (Form R.6).

Note. In a big office, where more than one benefit clerk has to be employed, the work should be divided between the clerks on some formal basis, e.g. on an alphabetical split according to the initial letters of the surnames of the beneficiaries. This will ensure that each insured person will be dealt with by the same clerk, who will be able to keep his own particular run of "In Action" files, thus simplifying the search for benefit files when they are needed. The claims index could be split similarly if desired, for ease of reference.

(b) The benefit clerk should first draw the benefit file for the insured person, check, the identity card against the particulars in the file including in particular the signatures or thumbprints on Forms R.6, S.1 or S.1A for that the photograph on Form R.6 relates to the applicant and, if benefit is due to be paid, as shown at 10 on Form S.9, give the claimant Form S.15 showing the benefit schedule particulars to present to the cashier with the identity card. He should also make a tick against the schedule number at 10 on Form S.9. If there is no tick against the previous entry on Form S.9 thus indicating that payment has not yet been claimed for the previous period, the clerk should confirm that that payment has not been made and is not "time barred" (see (f) below) and should then include that payment also on Form S.15.

(c) The insured person should take Form S.15 to the cashier, who will trace the entry on the proper schedule or schedules, and, if the entry agrees with the Form S.15, pay the benefit after getting the man's receipt on the schedule. Any forms due to be issued should be given to the man with the payment.

Any query as to entitlement should be referred to the benefit clerk before payment is made. Alternatively the receipt might be obtained on Form S.15, where there would be more room for the signature (or thumbprint) but this would involve retaining all the individual receipts, either with the schedule or in insurance number order, for reference in the event of a query arising.]

(d) After all the payments due on a schedule have been made, the cashier should sign both copies and pass the under-copy to Accounts Section, filing the top copy (with the receipts on it) under schedule number order, for reference as necessary and for audit.

(e) If any payments due to be made on a schedule have been outstanding for more than 14 days, the outstanding cases should be reported to the benefit clerk to see whether anything has come to light to explain the failure to claim, and calling for special action.

Special action might be justified, for instance, if the insured person had died, in which case his next of kin might be notified of the benefit outstanding, or if he had been taken to hospital and was unable to send anyone to draw his benefit. Normally, however, the responsibility for calling to receive his benefit rests with the insured person and, if he delayed beyond the end of the period laid down in paragraph 325 (eight weeks in the case of sickness, maternity or injury benefit), his title to the benefit lapses.]

(f) In addition to taking action as at (e) the cashier should transfer each outstanding entry to a Suspense Schedule (Form S.14A) completed in duplicate, notifying the benefit clerk of the new entry to be made at 10 on Form S.9. The original entries on Form S.14 should be cancelled, the amounts being omitted from the total on the form, which should then be signed and dealt with as in (d) above. The Suspense Schedules should be dealt with generally in the same way as the normal schedules, but no payment should be made if it is claimed after the expiry date, as shown in the last column but one of the form. The Suspense Schedules should be examined regularly and, in the cases in which the expiry date has been reached without payment having been claimed, the words "Time Expired" should be entered in the Remarks column. When all payments shown on a Suspense Schedule have either been made or marked "Time Expired" action should be taken as in (d) above.

/(g) Instructions will have to be included here for the recording and balancing of the payments made each day by the cashier. These will have to be linked with the general accounting instructions to be prepared later under Part IV, Section 5, Finance Division.]

Special Circumstances

[Note. It is impossible to anticipate all the different special circumstances which may arise in connection with a claim for sickness benefit. An attempt has, however, been made in paragraphs 685 to 696 to indicate the action to be taken in the more likely of these circumstances and it is hoped that these paragraphs will give sufficient guidance to enable procedures to be worked out for use in other circumstances.]

685. Medical Certificate for Longer Period than a Week. In some cases, most probably those in which the insured person has suffered an industrial injury, the doctor may consider that it is not necessary for him to see the insured person as frequently as once a week, and may issue a certificate of incapacity covering a longer period. In such cases the date of the next examination should be given on Form S.5 or S.5A.

If the person desires to receive sickness benefit weekly, he should be told when the first payment is made to him in respect of that certificate, to return for the next payment on the same day in the following week, and this procedure should be followed week by week during the period of incapacity as shown on the doctor's certificate. After each payment has been made the necessary entries should be made on Form S.9 for the next week's payment and on the payment schedule Form S.14.

On each occasion when the insured person attends to receive payment under this procedure he should be required to complete Form S.1A and continued title to receive sickness (or injury) benefit should be checked before he is given Form S.15 to take to the cashier.

When the date of the next examination as shown on Form S.5 or S.5A is within a week of the date up to which benefit is being paid, the person should be reminded that he is due to attend at the dispensary for examination on that date and should be told not to return to the local office for payment until after he has been examined by the doctor.

686. Dependants. If at any time provision is made in the Benefit Regulations for the rates of sickness and injury benefits to be increased in respect of dependent wives and children (see paragraphs 664 and 665 of the introduction to this section), a form on the lines of Form S.2 might be suitable for making a claim for such increases. At some stage in the proceedings the relationships of these dependants to the insured person would have to be confirmed, but how this is to be done will depend on what provision is made for the registration of marriages and births and for furnishing certificates of such registrations. Provisionally, the insured person's statement on Form S.2 might be accepted, subject to any questioning which may be considered desirable when he came to claim benefit. In any case, a careful comparison should be made between the Forms S.2 submitted in connection with successive illnesses, and also when increases are claimed on the occasion of the marriage of the insured person, or the birth of a child.7

687. Representative. When payment of benefit is first claimed by a representative of an insured person care should be taken to see that the insured person's identity card which is produced is in order and appears to be proper to the case. In addition, the representative should be questioned as to what has prevented the insured person from attending to draw benefit himself, and the reason given should be compared with the cause of incapacity as given on the medical certificates. In any case of serious doubt the representative should be given Form S.16 and told to get the insured person to complete it and bring it back. The details on the completed Form S.16 should be checked against the forms completed by the insured person himself.

A new Form S.16 should also be given to the representative whenever a payment is made to him, and he should be told to give it to the insured person and that no payment will be made in future to anyone except the insured person unless this form is produced. The completed Form S.16 should be filed in the benefit file (Form S.13).

688. Private Medical Certificates. (a) Medical certificates issued by private doctors should in general be accepted in support of claims for sickness benefit provided that;

- (i) they state clearly that the person was incapable of work at the time of examination;
- (ii) they certify that the person was incapable of work during a specified period; and
- (iii) they describe the cause of incapacity clearly enough for it to be identified as an illness likely to give rise to incapacity for work.

(b) When dealing with such certificates care should be taken to consider the possibility of delay in making the claim (see paragraph 676).

(c) When the private certificate is brought direct to the local office, as will often be the case, a formal claim on Form S.1 should be obtained. As the normal procedure to confirm the satisfaction of the contribution condition will not have been taken in advance in such cases (see A of this chapter), action should be taken with a view to confirming title to sickness benefit, on the lines of the procedure set out in paragraphs 527 to 532 (Medical Division). In addition Form S.3 should be sent to the employer, and the person should be instructed to return to the local office after days. (A sufficient interval should be allowed for the checking of his title to benefit.)

(d) When title to benefit has been confirmed the claim should be dealt with in the normal way, as described above, but where no reference has been made to Records Section (see (c) above), the Form S.10 to be sent as at 7 on Form S.9 should be specially adapted to explain the circumstances.

(e) When payment of the claim is made to the insured person, he should be asked whether any continuation claim for benefit is likely to be made, and, if so, whether he is continuing to receive medical treatment from his private doctor or proposes to attend at the dispensary for treatment. If it is his intention to continue to obtain treatment privately, he should be advised that he should get certificates of incapacity weekly in future and that payment in respect of the period covered by each certificate which he produces, will be made when he produces the next one.

(f) If any private certificate does not satisfy the conditions set out at (a) above the insured person should be advised to take it back to the doctor for amplification as necessary, or if he would prefer, to go to the dispensary for examination by a medical officer there. If he chooses the latter alternative, the dispensary should be advised of the action by telephone. Action as at (c) could proceed while this action is being taken.

689. Hospital Cases

(a) In some cases especially where the insured person is taken direct to hospital when he becomes ill, the first claim will be made direct to the local office supported by a certificate from the hospital. Where the certificate indicates that the person is an in-patient, or that he is an out-patient who is incapable of work by reason of some specific disease

or injury, Form S.6 adapted, should be sent to the hospital, "dispensary" being altered to "local office" in each case where the word appears; in those cases where the insured person himself brings the certificate to the local office, he should, of course, be asked to complete Form S.1 on the spot. When Form S.1 has been received completed either from the hospital with Form S.6 or in the office, Form S.3 should be sent to the employer named on Form S.1 and further action should be taken on the lines indicated in (c) of paragraph 688. When title to benefit is confirmed, action should be taken as in the case of initial benefit claims, see paragraph 674 et seq.

- (b) In those cases where Form S.6 has been sent to the hospital by the dispensary (see the second part of paragraph 583) action will have been taken by the dispensary as in paragraph 570. When the claim reaches the local office via Record Section, as in paragraph 671 above, the normal action should be taken on the claim.
- (c) Where it is indicated on Form S.6 received as at (a) or (b) above that the insured person will be able to attend the local office to receive payment of benefit or is agreeable that benefit should be paid to some other person, he should be notified, at his home address, or at the hospital if he is an in-patient, that he or that other person should bring his next medical certificate to the local office. If a payment is due on the first certificate that payment should be made and the insured person or his nominee should be advised that payment in respect of the period covered by the certificate now produced will be made when he brings the next certificate (and so on).
- (d) If Form S.6 shows that the insured person does not want the benefit paid to another person (note B in Part II of the form) he should be advised that he should call at the local office as soon as he is well enough to do so. It will be necessary in such cases to watch the provisions of the Benefit Regulations regarding the time limits for receiving payment and warn him as necessary as to the risk of delaying application for payment too long.

690. Form S.3 Not Received from Employer. Where Form S.3 has not been received from the employer by the time the first intermediate certificate is received from the dispensary with Form S.5A (see paragraph 681 and also the note to paragraph 670) the employer should be telephoned and asked to return the form completed at once. In case of difficulty the manager of the local office should be consulted, and possibly arrangements may have to be made to send the Inspector to see the employer.

691. Possible Employment Injury

- (a) If in the course of dealing with a sickness benefit claim, it appears that the incapacity may be the result of an employment injury, e.g. Form E.2 reporting a serious accident is received and the nature of the incapacity is consistent with the employer's statement on Form E.2, a note should be made against the entry at 9 on Form S.9 "Employment Injury Case" but no other action should be taken unless the incapacity has already continued until within three weeks of the date shown at 9 on Form S.9.
- (b) In a case where the date of termination of entitlement to sickness benefit is less than three weeks ahead, when action as at (a) is taken, or when the incapacity has continued to within three weeks of that date and normally Form S.7 would be sent to the dispensary (see paragraph 682 (d)), the question of entitlement to injury benefit should be formally considered as in paragraph 710 et seq, and, if title is accepted, a line should be drawn below the entries of sickness benefit payments at 10 on Form S.9 and a note "now transferred to injury benefit" should be made under that line. No further payment of sickness benefit should be made and action should be continued on the employment injury action sheet, Form E.3 (see paragraph 715). Form E.4 should be sent to the dispensary at this stage to cancel the Form S.7 if one has already been sent, and to notify them that it has been accepted that the person is suffering from the results of an employment injury.
- (c) In a case where the incapacity due to the injury ceases more than three weeks before the date of termination of entitlement to sickness benefit as shown at 9 on Form S.9, the entry to be made on Form S.8 should give the cause of incapacity (see paragraph 682(c)(iii)) and after it the words "possible employment injury" should be entered, and the same note should be made on Form S.10A sent to Record Section.
- (d) If title to injury benefit is not admitted (see (b) above) the entry against 9 on Form S.9 should be deleted, and action should be continued as for a normal sickness benefit claim (see also paragraph 713).

692. Doubt as to Incapacity

- (a) In general, the medical certificates received should be accepted as proof of the insured person's incapacity for work, but occasionally, a case may occur where the doctor may be mistaken on the matter or has been misled by the insured person's rather exaggerated description of his symptoms. If, therefore, there is a doubt in any individual

case as to the continued incapacity of the claimant, e.g. his general appearance when he attends at the office to receive benefit does not suggest incapacity as shown by the medical certificates, or his remarks when he applies for benefit may suggest that he is fit for, if not actually doing some work, or the nature of the incapacity is such that it would not normally last for more than a few days or a week or two at most, but the claim has continued for several weeks, the desirability of taking special action should be considered. Such action might take the form of arranging for a sickness visitor to call on the person at his home and to furnish a report on Form S.17, or for an independent medical examination to be made (Form S.4).

- (b) Subsequent action will depend on the terms of the report.

For example:

- (i) If the sickness visitor should find that the insured person has in fact resumed work for an employer during the period for which benefit has been claimed, or has otherwise committed a breach of the Benefit Regulations, consideration should be given as to the possible imposition of a disqualification (See paragraph 693 below).
- (ii) If the sickness visitor's report confirms the suggestion that the insured person may be capable of work, but has not committed a breach of the regulations, reference for an independent medical examination (Form S.4) should be considered.
- (iii) If the report of the independent medical examination (Form S.4A) indicates capacity for work, payment of benefit should be discontinued and Form A.10 should be issued.

693. Disqualification. An insured person may, in accordance with paragraph 285 be disqualified for receiving sickness benefit for a period of up to six weeks, if:

- (a) he was engaged in any remunerative work during any period for which benefit was claimed;
- (b) his incapacity was caused by the wilful misconduct or a criminal offence of the person concerned;
- (c) he fails to comply with the doctor's instructions;

- (d) while under medical treatment, he does anything which might retard or prejudice his recovery; or
- (e) he refuses to submit himself to medical examination when required to do so.

If it is found that an insured person has done any of the things referred to at (a) to (e) above, the question of disqualification should be considered. Obviously, there should be no disqualification unless the evidence on which it would be justified is sufficiently clear to satisfy a local tribunal, if the person should make an appeal against the disqualification decision.

In the early stages the period of disqualification should be limited to one or two weeks only, unless there was a serious breach of the rules.

694. Decision on an Appeal

- (a) When the Benefit Clerk receives the claim file in an appeal case together with two copies of Form A.17 (see paragraphs 770 and 771) one copy of the form should be sent to the insured person with Form S.18 if the appeal has been wholly disallowed, or with Form S.18A, if the appeal has been wholly or partially allowed.
- (b) After the issue of Form S.18 the second copy of Form A.17 should be placed in the benefit file which should then be filed in the P/A run.
- (c) When completing Form S.18A the words "to the extent" should be deleted where the appeal was wholly allowed, and in all cases the Benefit Clerk should add instructions to the insured person as to what he should do next. These will, of course depend on the nature of the decision, but in the normal case, where it is that the person is entitled to more benefit, the instructions would be that he should come to the office on a certain date to receive the payment, and possibly that he should obtain and bring further medical certificates with him.
- (d) In the cases dealt with as at (c) the necessary amendments of the entries on the relative Forms S.9 and S.8 (or S.8A) should be made and Records Section and the dispensary should be advised of any amendments which should be made to any notifications which have been issued to them in connection with the claim. The benefit file should then be placed in the "In Action" run as necessary.

695. Fresh Facts

- (a) If after a claim has been disallowed, including those where an appeal is disallowed to any extent, the insured person produces further information which was not previously available, or informs the office that a change of circumstances has occurred which alters the position in regard to his claim, the decision should be reviewed.
- (b) If, as a result of the review, it is agreed that the decision should be altered and benefit allowed or increased, the necessary arrangements should be made for payment on the lines of the procedure in paragraph 694 for an allowed appeal, but it should be noted that, in accordance with Adjudication Regulation - paragraph 432(1), the date from which payment should be made should be -
 - (i) the date from which benefit would have been payable if the new decision had been given in the first instance; or
 - (ii) three months before the date of application for review; or
 - (iii) the date of the change of circumstances as a result of which the original decision was reviewed;whichever of these three dates is the latest.
- (c) If, on review, it is considered that the decision should not be altered, the insured person should be informed accordingly in writing and advised that he may appeal against the refusal to alter the decision.

696. Overpayments of Benefit. The procedure in connection with overpayments of benefit will depend on what attitude is to be adopted with regard to the recovery of such overpayments. In general, they will be set against any payments of any other benefit to which the person may be entitled in lieu of that which has been overpaid. (See paragraph 432(2).) But whether they should be recovered in other cases by deduction from subsequent amounts of benefit which may become payable, or by direct payment in cash from the insured persons, is a matter for consideration in the light of the possible effects of withholding benefit or of demanding refund at a time when the persons may still be incapable of work. One possible line is to write off the overpayment where the Board is satisfied the person concerned acted in good faith in all respects as to the obtaining and receipt of the benefit. (See also paragraph 334 and paragraph 432(3) and footnote.)

Examination of Maternity Benefit Claim

697. The procedure for dealing with maternity benefit claims should follow that set out above for sickness benefit claims, with certain obvious adaptations and exceptions. Thus:

- (a) Paragraph 674 should be applied with the substitution of Form M.4 for Form S.9, Form M.1 for Form S.1, and Form M.3 for Form S.5 and the entries at 1 and 2 on Form M.4 will be taken from Form M.1 instead of from Form M.C.12.
- (b) When completing 7 of Form M.4 the date from which benefit is to be allowed should be the beginning of the sixth week before the expected date of confinement (1 of Form M.4) or the day following the date of cessation of work (2 of Form M.4) or the date of receipt of the claim, whichever is the latest - this should be modified as necessary where explanation for delay in claiming (6 of Form M.4) is accepted as satisfactory.
- (c) The date of termination of entitlement to benefit to be shown at 9 on Form M.4 should not be entered until the confinement has actually occurred, and should be the end of the sixth week after the date of the confinement.
- (d) Paragraphs 677, 679 and 680 are not of application as there is no question of "waiting days" or "linking up" provisions.

698. In place of paragraphs 675, 681 and 682 the following procedure should be followed.

- (a) After 1 to 8 of Form M.4 have been completed, entries should be made at 10 of the form for payment for the first week of benefit due, i.e. from the date from which benefit has been allowed (7 of Form M.4) to the end of the week starting on that day, at the rate as shown at 8 of the form;
- (b) the payment should then be entered on the appropriate maternity benefit schedule, Form S.14, see paragraph 683, and if there is any reduction of the rate of the benefit, Form S.11 should be prepared, and attached to the schedule, to be issued with the payment;
- (c) after payment of benefit has been made (see paragraph 684), and the insured person or her representative has been told to return for the next payment on the same day in the following week, the necessary entries should be made on Form M.4 for the next week's payment and on the payment schedule, Form S.14;

- (d) if notification of the confinement (Form M.2) is received from the dispensary before payment is made for the week which includes the expected date of confinement, as shown at 1 on Form M.4, the date of confinement should be entered on that form and the date of termination of title to benefit, the last day of the sixth week following the date of confinement, should be entered at 9 of the form;
- (e) if notification of the confinement has not been received when payment is prepared for the week which includes the expected date of confinement, a note "C/E", i.e. confinement expected, should be made against the entry at 9 on Form M4, and, when application is made for that payment, the benefit clerk should ask the insured person, or her representative, whether the confinement has yet occurred, and this should continue until the answer is "yes" or Form M.2 is received - at that point action should be taken as at (d) above; if the confinement has not been notified within three weeks after the expected date, inquiry should be made of the dispensary as to whether they have any information on the subject, particularly as to whether their records indicate that the expected date has been wrongly determined;
- (f) when benefit is prepared for a week which ends within three weeks before the termination date shown at 9 on Form M.4, Form S.7 should be issued to the dispensary;
- (g) when benefit is prepared for a week which includes the termination date shown at 9 on Form M.4, payment should only be made up to that date, a line being drawn across the form after the entry of that payment, and an entry should be made at 11 on Form M.4 showing that title to benefit has ceased; Form A.10 should be prepared for issue with the payment, and Form S.10A should be sent to Records Section as at 12 on Form M.4 and that form should be checked before being filed in Form S.13;
- (h) if certificates of continued incapacity for work are received (Form M.C.12, or 12A) beyond the last date up to which maternity benefit is payable, they should be treated as any other sickness benefit claims, except that the contribution condition should be applied as at the first day as from which maternity benefit became payable.

699. Paragraphs 683 and 684 (Form M.4 instead of Form S.9) apply and in addition a copy of the maternity benefit leaflet (No. 6 in Section B of Part VI) should be given to the claimant when benefit is first claimed. So far as Special Circumstances

(paragraphs 685 to 696) are concerned these paragraphs should be followed with suitable adaptations where they are applicable - paragraphs 685, 686, 691 and 692 are, of course, not appropriate.

Examination of Funeral Grant Claim

(See also paragraphs 659 to 663.)

700. A claim for funeral grant on Form F.1 may be received either: (a) direct from the applicant for the grant; or (b) from Records Section together with Form F.2 completed at the dispensary from which the deceased person was receiving medical care up to shortly before his death (see paragraphs 589 to 593).

701. As soon as the claim reaches the local office, trace should be made in the claims' index (Form S.12) to see whether a benefit file (Form S.13) has been constructed. If it has, the file should be drawn and the new claim papers attached to it for action.

702. If there is no record of an earlier file in the index but Records Section have noted on Form F.2 (see (b) of paragraph 700) that a benefit claim has previously been received by another local office, Form S.13A should be sent to that office for the relevant benefit file, and an index slip (Form S.12) should be prepared and inserted in the claims index.

703. In all cases where the claim is received direct as at (a) in paragraph 700, the Form F.1 should be examined to see whether:

- (a) a copy of the death certificate has been produced - if not, the applicant should be instructed to get a copy and given advice, as necessary, as to the registration of the death;
- (b) the deceased person's identity card (Form R.6) has been produced - if not, the applicant should be told to get it or explain why he cannot do so; and
- (c) the funeral expenses have been paid - if not, the applicant should be asked as to the amount of these expenses and when they will be paid.

[Note: The terms of these questions should be modified, as necessary, to take account of the normal customs and practices of the particular country concerned.]

704. In the light of the information obtained in paragraph 703, Form F.2 should be completed, Part I of the form being deleted, and Form F.4 should also be completed with regard to the employment of the deceased insured person during the last six months of his life; if the information as to employment as given on his identity card is not very complete, it should be supplemented by information obtained from the applicant for funeral grant. In the unlikely event of the insurance number of the deceased person not being available, the spaces on the forms for the number should be left blank and Records Section will take steps to obtain the number from Index Section and insert it on the forms. After completion, the Forms F.2 and F.4 should be connected together and sent to Records Section for further action, and the rest of the claim papers should be held in the local office pending the return of the forms. The applicant should be told that he will receive a notice in due course as to the result of his claim.

705. When Forms F.2 and F.4 are received back from Records Section, they should be reconnected with the claim papers, and, if there is no benefit file, and Records Section have noted on Form F.2 that an earlier claim has been received by another local office, action should be taken as in paragraph 702.

706. Where, however, there is no record of an earlier benefit file and no note with regard to an earlier one appears on Form F.2, either in a case referred to in paragraph 705 or in one to which (b) of paragraph 700 refers, an index slip (Form S.12) should be written and filed in the claims index, and Forms S.8 (or 8A) (cash benefit history sheet), and S.13 (benefit file) should be prepared and attached to the claim papers. Special care should be taken when dealing with cases where the insurance number was not known until it was supplied by Record Section.

707. When the appropriate action as in paragraphs 701 to 706 has been taken, Part IV of Form F.2 should be completed, and, at the same time the benefit file should be inspected to confirm that no payment of any other benefit is outstanding e.g. in respect of a period of incapacity prior to death, - payment of the benefit, if any is due, should be made to the deceased person's heirs in accordance with paragraph 328 - or, where death resulted from an employment injury, there may be title to survivors' pension (see paragraphs 723 et seq.).

708. Where the decision in Part IV(e) of Form F.2 is that the claim for funeral grant is to be allowed:

- (i) Form F.6 should be sent to the applicant to tell him when to call to receive payment;
- (ii) the award should be noted on Form S.8 (or 8A) and on the Benefit Index Slip Form S.12, and Form S.10 should be sent to Records Section;
- (iii) an entry in respect of the payment of the grant should be made on the current schedule (Form S.14) which should be passed to the Cashier in the normal way (a separate schedule in a special series F.1, F.2, F.3, etc., should be used in connection with the payment of funeral grants (see paragraph 683));
- (iv) the procedure for payment should be much the same as is set out in paragraph 684(a) to (c), but of course, with the substitution of the applicant for the insured person;
- (v) after payment the Form F.2 and the other claim papers should be filed in Form S.13 and placed in the P/A run unless any other current action is in progress.

709. Where the decision in Part IV(a) is that funeral grant is not payable because the qualifying condition is not satisfied, Form A.8C should be sent to the applicant, and the papers should be filed in Form S.13 and placed in the P/A run.

Consideration will have to be given at some stage to the question of what is to be done with the cash benefit history sheet (Form S.8 or 8A) when the insured person dies. It will probably be considered desirable, after the lapse of a certain interval to allow time for any questions or late claims for benefits to be cleared, that the Form S.8 or 8A should be extracted from the benefit file and associated with the insured person's medical case history (Form M.C.6) and his contribution and benefit record sheet (Form R.9) in some central depository so that they may be available for the extraction of statistics needed in connection with the study of the progress of the social insurance scheme.7

Employment Injury Benefits

710. In the normal way employment injuries do not incapacitate insured persons for long periods, and in general the cases can be treated as if sickness benefit had been claimed. Where, however, there is a possibility that title to sickness benefit may be exhausted before the incapacity ceases action will

be taken to consider the possible title to injury benefit (see paragraph 691).

711. In a case to which paragraph 691(b) applies the insured person should be asked to complete Form E.5 when he calls at the office to receive benefit. If payment is being made to a representative he should be asked to get the insured person to complete the form and to bring it back when he next comes for benefit.

712. On receipt of Form E.5 completed, an action sheet (Form E.3) should be prepared, most of the entries on the front of the form being transferred from Form S.9. Questions 5 and 6 must be answered carefully in the light of the information given on Forms E.2 and E.5 and any discrepancies must be cleared up by questioning the insured person or telephoning to the employer.

713. Normally there will be little difficulty in accepting the claim but where, after careful investigation, it is found that it is not possible to answer (a), (b) and (c) of 6 all affirmatively, e.g. where the accident happened after the insured person had left the premises of the employer at the end of his work, and so was not insurably employed at the time of the accident, or the person's incapacity was not in fact connected with the accident, action should be continued as in paragraph 691(d) and the claim should be disallowed, Form A.10 being issued with the last payment of sickness benefit. The entry on the Form A.10 should read "because by that date you had received sickness benefit for 13 weeks, and your application for injury benefit cannot be allowed, because you do not satisfy the statutory requirements for that benefit".

714. Where the application for injury benefit is admitted 7 and 8 of Form E.3 should be completed - normally the answers will be merely copies of the corresponding entries on Form S.9 and the appropriate entries should be made at 9(a) and (b) of the form. The entry at (a) should be the end of 527 weeks starting from the date from which injury benefit is allowed as shown at 7 on Form E.3, and that at (b) should be 10 weeks earlier, i.e. at the end of 427 weeks starting from the date shown at 7.

715. When completing 10 of Form E.3 the whole of the period for which sickness benefit has already been paid in respect of the incapacity due to the accident should be entered and a note should be added "transferred from sickness benefit". Thereafter entries for payment of injury benefit should be made at 10 on Form E.3 and they should be scheduled on injury benefit schedules (Form S.14) in exactly the same way as for sickness benefit (see paragraphs 683 and 684).

716. The special circumstances referred to in paragraphs 685 to 689 and 692 to 696 will in general be of application to cases when injury benefit is in payment.

717. If the insured person is certified to be capable of work before the date shown at 9(b) on Form E.3, 11 and 12 of the form should be completed as for sickness benefit (see paragraph 682(c)). If the person raises the question of title to disability pension thereafter, action should be taken as in paragraph 718.

718. If the incapacity is still continuing on the date shown at 9(b) on Form E.3, or if the question of title to disability pension is raised as in paragraph 717, action should be taken with a view to considering possible title to disability pension. Form E.6 should be sent to the dispensary, or to the hospital at which the person is receiving treatment, for a special report from the medical officer concerned with the case, and on receipt of his reply, Form E.3A should be prepared and sent to the Clerk to the Medical Tribunal for the submission of the case to the Tribunal.

719. When the decision of the Tribunal is received, the relative papers should be sent to Cash Benefits Section to confirm the award and to authorise the local office to put it into payment at the due date. Form E.3 should be retained in order that further payments of injury benefit may be made as they become due while the main benefit file is away from the local office.

Note. In view of the fact that this is really the first of the long-term benefits to be brought into effect, it is thought that the headquarters section would wish, at any rate at the commencement of the scheme, to see the cases and consider the general policy with regard to their treatment. Provisionally it is suggested in the following paragraphs that the papers should then be returned to the local office to put the award into payment but it may be preferred that all control of the cases should be retained at headquarters and that the local office should merely be advised of the amount of each monthly payment as it becomes due.7

720. When the papers are received back from Cash Benefits Section the procedure should be as follows:-

A. Where a disability pension has been awarded at V A(i) of the Form E.3A:-

- (i) Forms E.8 and S.16 should be sent to the insured person together with one copy of the Medical Tribunal's report on Form A.16;

- (ii) a Form E.7 should be prepared in duplicate for the case, particulars of the award being entered at the top of the form, including any instruction as to the further submission of the case to the Medical Tribunal. The award of pension should be noted on Form S.8 (or S.8A), and on the Cash Benefit Index Slip, Form S.12; and Record Section should be notified on Form S.10 adapted;
- (iii) an entry should be made on Form E.7 in regard to the first payment of the pension; any details as to reduction of rate from that awarded, e.g. because the insured person is an in-patient of a hospital, should be entered in the Remarks Column; Form S.11 adapted should be prepared for issue with the payment when the pension is thus reduced; Forms E.9 and S.16 should also be prepared in all cases for issue with the payment;
- (iv) Forms E.7 should be passed to the cashier who should retain them in insurance number order until payment has been made;
- (v) the procedure as to payment should be much the same as for sickness benefit (see paragraph 684(a) to (c)) except that instead of completing Form S.15 the Benefit Clerk should note Form E.9 "Cashier to pay please" and return the form to the claimant to take to the Cashier; after payment the Form E.7 should be returned to the Benefit Clerk for continued action as at (iii) in preparation for the next payment;
- (vi) when the date for re-submission of the case to the Medical Tribunal arrives, a new Form E.3A should be prepared, reference being made to their earlier decision on Form A.16 and the date of issue of the form should be noted in the Remarks Column on Form E.7;
- (vii) when the decision at V on the new Form E.3A is received, action should be taken in accordance with that decision, after payment of the disability pension has been made on Form E.7 up to the day before the new award is to take effect; where payment of disability pension is to be continued, whether at the same rate or at a different rate, a new Form E.7 should be prepared for use in connection with the new award;

- (viii) when action has been taken as indicated at (vii), the total of the payments of pensions made on Form E.7 in respect of the former award should be recorded and the duplicate copy of the form should be sent to Accounts Section (compare paragraph 684(d)); similar action should be taken when payment has been made for 12 months on Form E.7 without re-submission of the case to the Medical Tribunal (i.e. where the decision was final) - in such circumstances a new Form E.7 should be prepared for the continuation of payment of the pension. See also paragraph 684(g) with regard to the day to day records of payments by the cashier.⁷

B. Where a disability gratuity has been awarded as at V A(ii) of Form E.3A:-

- (i) Form E.8A should be sent to the insured person together with one copy of the Medical Tribunal's report on Form A.16;
- (ii) the award of the gratuity should be noted on Form S.8 (or 8A), and on the Cash Benefit Index Slip, Form S.12;
- (iii) an entry in respect of the payment of the gratuity should be made on the current injury benefit schedule (Form S.14), which should be passed to the cashier in the normal way (see paragraph 683);
- (iv) payment of the gratuity should be made in the normal way (see paragraph 684(a) to (c));
- (v) after payment of the gratuity has been made, VI B on Form E.3A should be completed and the form should then be filed in Form S.13 and placed in the P/A run unless any other current action is in progress.

C. Where the disability pension claim is disallowed as at V B of Form E.3A, Form E.8B should be sent to the insured person together with one copy of the Medical Tribunal's report on Form A.16 and VI C of Form E.3A should be completed. Payment of injury benefit should, of course, be continued as appropriate up to the date shown at 9(a) of Form E.3.

721. Certain of the special circumstances referred to in paragraphs 685 to 696 will be of application to awards in regard to claims for disability pensions, e.g. paragraphs 693 (Disqualification), 695 (Fresh Facts) and 696 (Overpayments). In addition, provision is made in paragraph 314(b) for the revision of pension at

the instance of the insured person or of the Social Insurance Board and in paragraph 316, that in the case of a second employment injury, a new pension determined in relation to the combined degree of loss of earning capacity shall be substituted for the original pension. The procedure set out above should be adapted as necessary in dealing with such cases.

722. When an insured person dies as a result of an employment injury the title of his survivors, as his widow and children, should receive consideration, as well as the question of the payment of funeral grant.

723. (a) As soon as a notification is received of the death of an insured person who has been receiving injury benefit or a disability pension, the date of death should be noted on the Cash Benefit Index Slip, (Form S.12).

(b) Where notification of the death is given personally at the local office when application is being made for the payment of any injury benefit or disability pension which may be due or for funeral grant, and it appears that the insured person's death may have resulted from the employment injury and that he is survived by a widow or a child, a claim for survivor's pension (Form E.10) should be invited from the widow or the person having charge of the child (or children) - if the applicant for the outstanding benefit or pension is not the person to whom the survivor's pension would be payable, he should be given Form E.10 for completion by that person; a copy of the death certificate will, of course, be needed in support of the claim, unless it has already been produced in connection with a claim for funeral grant. Any outstanding payment of injury benefit or disability pension due in such a case would, of course, be payable to the heirs of the deceased insured person in accordance with paragraph 328. Normally this would be his widow, but, if there is no widow, the position will depend on the provision made in the laws of the individual country with regard to the disposition of the property of deceased persons.⁷

724. In other cases notification of death may be received direct, e.g. on Form E.2 completed by the employer. Where it is clear that the death was the result of an employment injury and information is available as to the whereabouts of the insured person's widow, or of the person having charge of his children, that person should be invited to attend at the local office and complete Form E.10. Otherwise, no action should be taken unless direct inquiry is made by the widow herself, or the person having charge of the children, as to her title to survivors' pension, in which case she should be invited to complete Form E.10 and furnish the necessary documents in support of the claim.

725. In accordance with paragraph 301 the employer is required to give notice of any serious employment accident as a result of which an employee is incapacitated or dies, and no survivors' pension can be paid until such a notice has been received. Where, therefore, in any case no Form E.2 has been received from the employer, he should be asked to furnish such a form or to explain why he should not do so; for example, he may have no knowledge of the accident, since it may not have been reported to him for recording in his Accident Book, or he may be satisfied that the accident did not occur in the course of the employee's work.

726. If there is any doubt in connection with any of the cases referred to in paragraphs 723 to 725, as to whether the death was due to the employment accident, or whether in fact there was an accident which occurred during the course of the employee's work, as full particulars as possible should be obtained and recorded at II of Form E.10.

727. When inquiries have been completed the Form E.10 with the relevant documents should be sent to Cash Benefits Section for consideration of the claim. [See in this connection the note to paragraph 719 above.]

728. When the papers are received back from Cash Benefits Section the procedure should be broadly the same as for disability pension (see paragraph 720). Thus:-

A. Where a survivors' pension has been awarded as at IV A of Form E.10.

- (i) Form E.12 should be sent to the applicant for pension;
- (ii) a Form E.11 should be prepared in duplicate, full particulars of the case being entered at the top of the form, and the award should be noted on Form S.8; a Cash Benefit Index Slip, Form S.12 should be prepared in respect of the applicant for pension under the insurance number of the deceased insured person; and a notification of the death of the insured person and of the award should be sent on Form S.10 adapted to Records Section;
- (iii) action with regard to the payment of the pension should then be taken as in (iii), (iv), (v) and (viii)(second part) of paragraph 54, Form E.12A being substituted for Forms E.9 and S.16. Care should be taken to review the position when any of

the children ceases to be a child for the purposes of the Benefit Regulations (see definition in paragraph 244(u)) or the widow remarries (see paragraph 319(a)). When paying an applicant, her signature or thumbprint should be compared with that appearing on Form E.10.

B. Where the application for survivors' pension is to be rejected:

- (a) because the Medical Tribunal has given a final decision that the insured person's death was not the result of an employment injury, Form A.16A should be sent to the applicant with Form E.8C; or
- (b) for some other reason, e.g. because the applicant was not the wife of the deceased person, Form A.18 should be sent to the applicant.

Part V of Form E.10 should be completed and the file should be put away.

729. Certain of the special circumstances referred to in paragraphs 687 to 696 will be of application to awards in regard to applications for survivors' pensions; e.g. paragraph 687 (Representatives), 694 (Decisions on Appeal), 695 (Fresh Facts) and 696 (Overpayments).

C. Cash Benefits Section

730. When considering the question of title to disability pensions and survivors' pensions referred to in Cash Benefits Section on Forms E.3A and E.10 respectively, the Section must have proper regard to the relative provisions of the Benefit and Adjudication Regulations. Thus, the decision of the Medical Tribunal as given on Form A.16 is final and must be accepted in connection with an application for disability pension.

731. In the case of survivors' pensions, there will generally be no doubt as to the death of the insured person being the result of an employment injury, and in those circumstances the claim can be allowed by Cash Benefits Section (Part IVA of Form E.10) without reference to the Medical Tribunal. But, a claim for survivor's pension must not be disallowed on the ground that the death was not the result of an employment injury unless a decision to that effect has first been obtained from the Medical Tribunal. In such circumstances the question should be referred to the Tribunal on Form E.3B and further action should be suspended until the Tribunal's decision has been received.

D. Note on Long-Term Benefits Procedure

732. (i) The question of the provision to be made in due course for long-term benefits is referred to in paragraphs 1167 to 1171, and also in the Note following paragraph 321.

(ii) In general the procedure would be very similar to that suggested above in relation to employment injury benefits, but without the intervention of the Medical Tribunal. Initially, at any rate, it would probably be desired to maintain central control over the award and administration of these benefits; but payment would be made in cash at monthly intervals at the local office in the same way as disability and survivors' pensions.

(iii) In the case of invalidity benefit, which would be administered on the lines of an extended form of sickness benefit, but with some similarity to disability pension, there would be the same need for a formal application for benefit, and for regular examinations at, say, three-monthly or six-monthly intervals, unless the Board were satisfied that the insured person's condition was permanent.

(iv) For old-age benefit, formal application would have to be made together with proof of age, which might well constitute a major difficulty in countries where registration of births, even if it exists now, has not been in existence for long. Possibly, however, the problem has had to be dealt with previously in the country concerned, and a solution, which is sufficiently satisfactory for the present purposes, has already been found. Otherwise, as everything will depend on whatever evidence on the matter may be available in the individual country, it is not easy to suggest a solution in advance which is likely to prove generally acceptable; but, failing all else, possibly local persons of standing would be prepared to give some sort of certificate as to the applicant's age, which might be tested where desired by a medical examination.

(v) Pensions for widows and orphan children of insured persons would be dealt with in the same way as pensions for survivors in the case of death resulting from employment injuries. There would need to be proof of death, but without regard to the cause of death, and of relationship to the deceased person, and guardianship of the children.

(vi) In all cases there would need to be confirmation of the satisfaction of the contribution conditions and determination of the rate at which pension will be payable. The procedure for this purpose will depend on the nature of the records which have been maintained with regard to the contributions paid by the insured person or the wages received by him. (See in this connection paragraph 928 and the note following paragraph 929.)

Section 2

Department A. Cash Benefits Division

Chapter 2. Appeals Section

(See also paragraphs 405 to 433 and 1172 to 1179)

Introduction

733. Questions to which the Adjudication Regulations apply fall into two groups, those relating to insurability, the procedure for dealing with which is dealt with in the Insurability Section (see Section 3, Chapter 5) and those relating to title to benefit, the procedure for which is dealt with in this chapter.

734. These latter questions fall to be subdivided into three groups:-

- A. those relating to the satisfaction of the "Contribution Conditions", that is, conditions laid down in the Benefit Regulations (Part IV Section 3) with regard to the number of contributions required to be paid or of weeks of insurable employment required to have occurred during a specified period in order to give a title to the particular benefit which has been claimed - the decision with regard to such a question depends essentially on a factual finding as to the amount of employment which the person has had, and it is accordingly laid down in the Adjudication Regulations that decisions on these questions should be given by the Social Insurance Board, with no appeal to the Court since no question of law can be involved; if any doubt arose during the course of the determination of the question as to the insurability of any employment which had been performed by the applicant for benefit, that would be a matter for consideration by Insurability Section in accordance with the procedure set out in Section 2, Chapter 5;
- B. those questions of an essentially medical character which arise in connection with title to employment injury benefits, such as whether an insured person has suffered a loss of earning capacity as a result of an employment injury, and, if so, the degree of the loss of earning capacity which he has so suffered - the decision on such questions will be given by an independent Medical Tribunal appointed by the Social Insurance Board;
- C. those relating to any other conditions which may affect title to benefit - the decision on such questions will initially be

given by officers of the Social Insurance Board, acting on behalf of the Board; there will be a right of appeal against such decisions, to a Local Tribunal, which will be an independent body appointed by the Board to consider such appeals.

735. Normally the Medical Tribunal or the Local Tribunal will appoint a suitable time and place for the consideration of the question or the hearing of the appeal, and will give the applicant and/or his representative, as well as the Board, an opportunity to produce evidence and arguments in support of their contentions with regard to the matter under consideration or appeal. The decision of the Tribunal is final.

736. One other matter especially falls to be dealt with under the Adjudication Regulations and that is any complaint against the treatment given under the Benefit Regulations by a medical officer in charge of the case (see paragraph 274). In view of the medical character of this matter it is thought that such complaints should be adjudicated upon by the Medical Tribunal referred to in B. (See also in this connection Article 70(2) of the Minimum Standards of Social Security Convention No. 102.)

737. So far as the Medical Tribunal is concerned the questions which they have to consider contain in general no legal implications, and the proceedings can therefore be quite informal.

738. The appeals to the local tribunal may, however, involve questions of interpretation of the law, but nevertheless it is desirable that the proceedings should not be complicated by legal formalities. The appellants will in all probability be persons for whom legal niceties would have little attraction, and who would prefer to tell their own stories in their own way to persons whom they know appreciate the local conditions, rather than to entrust their cases to advocates who might confuse them by explanations which they could not understand.

739. In these circumstances the regulations are drafted to exclude the appearance before the Tribunal of legal representatives of either party, and it is hoped that thereby the appeals will be dealt with more sympathetically and with greater understanding of the difficulties of the appellants in connection with a scheme which may well appear to them to be complicated, however simple it may be in actual fact. On this basis it should be possible to avoid lengthy legal arguments and the delays which are frequently inseparable from strictly legal proceedings.

740. If at a later stage it is considered necessary to make provision for appeal from the decision of the local tribunal to a central appellate body (see note at the end of the Adjudication Regulations) the advisability of allowing legal representation before that body will need also to be considered.

741. The question of publishing representative decisions given by local tribunals under Chapter 5 of the Adjudication Regulations as is suggested with regard to the insurability decisions given under Chapter 3 of those Regulations should be considered. Such a procedure might well, however, bring to light wide disparities between the decisions given by different tribunals, and it would probably be felt to be invidious to say which of such decisions should be followed in future cases. It might therefore be better to defer the introduction of such an arrangement until a central appellate body is set up and, in the view of its senior position, is able to give authoritative decisions, which could be circulated to the local tribunals as a statement of case law.

Authority. Adjudication Regulations (see paragraphs 405 to 433).

Main Forms Involved

Number of Form	Purpose of Form	Final Disposal
A.11	Reference to Medical Tribunal of complaint about medical treatment	Appeals Section
A.12	Insured person's appeal against decision on a benefit claim	Local Office
A.13	Application for dispensary papers in connection with a medical care appeal	Dispensary
A.14	Notice of Tribunal Meeting to chairman of tribunal	Chairman
A.14A	Notice of Tribunal Meeting to applicant for disability pension	Applicant
A.14B	Notice of Tribunal Meeting to complainant about medical treatment	Complainant
A.14C	Notice of Tribunal Meeting to medical officer	Medical Officer
A.14D	Notice of Tribunal Meeting to medical member of tribunal	Medical Member
A.14E	Notice of Tribunal Meeting to panel member of tribunal	Panel Member
A.14F	Notice of Tribunal Meeting to appellant	Appellant
A.14G	Notice to Social Insurance Board of hearing of appeal	Local Office or Dispensary
A.14H	Notice of Local Tribunal Meeting to an interested person	Person concerned
A.15	List of cases for consideration at Tribunal Meeting	Tribunal Clerk
A.16	Decision of Medical Tribunal on disability pension question	Tribunal Clerk
A.16A	Decision of Medical Tribunal on survivors' pension question	Tribunal Clerk
A.17	Decision of Local Tribunal on an appeal	Tribunal Clerk

Procedure

A. Appeals Section

742. Appeals Section will be generally responsible for the setting up of the adjudication machinery of the Social Insurance Scheme other than that which is provided by Insurability Section (see Section 3, Chapter 5).

743. Thus it would be for Appeals Section to decide for which local offices or groups of offices a Medical Tribunal should be provided and whether a separate Local Tribunal should be set up for each local office. Each tribunal should be given a formal name (.....(Medical or Local) Tribunal) and a distinguishing number (M.T....., or L.T.....). In addition the Appeals Section should prepare:

- (a) lists of persons who would be suitable for and be willing to act as (i) chairmen of medical tribunals and (ii) chairmen of local tribunals - it will probably be necessary to consult the legal authorities in order to obtain particulars of qualified persons;
- (b) lists of suitable doctors operating in or near each of the areas for which a medical tribunal is to be set up, after consultation with the appropriate medical organisations; and
- (c) lists of suitable and willing representatives of employers and insured persons for inclusion in the panels of the two groups which have to be constituted for each local tribunal - local organisations of employers and of workers (e.g. trade unions) should be consulted in this connection.

Equally it would be for Appeals Section to deal with the questions of the term of office of members of medical tribunals and of chairmen of local tribunals, and of members of panels for the latter tribunals, and of the termination of such membership (see paragraphs 420(2) and 425(3) - Adjudication Regulations).

744. If any of these tribunals is to cover an area including more than one local office, it will be necessary to decide with which of those offices the tribunal is to be associated for the purpose of undertaking the clerical work which is involved in connection with the meetings of the tribunals. This local office should preferably be that which is nearest to the premises in which the tribunal is to meet, since it will be for that office to supply the clerk to the tribunal.

745. Although it will in general be for the local office concerned to make the arrangements to secure accommodation for

these meetings, Appeals Section should be responsible for seeing that this accommodation is suitable for the purpose and adequately equipped.

746. So far as the local tribunal is concerned there must be proper arrangements for the members of the tribunal to sit together with the clerk to the tribunal, and for the accommodation of the appellant and his representative and witnesses (if any) and the Board's representative while the case is being heard and the members of the tribunal are questioning them. In addition there must be an adequate waiting room, where appellants may wait until their cases are due to be heard, and to which the persons concerned in the case immediately before the tribunal may withdraw while the tribunal discuss the evidence before the chairman gives his decision.

747. The accommodation for the medical tribunal should be similar in essence, but there must be some provision to enable the medical members of the tribunal to make such medical examination of the claimant for benefit as they may consider necessary in order to assess the degree of loss of earning capacity.

748. The responsibility for seeing that action is properly taken by the tribunals on the individual claims and appeals will initially be with the clerk to the tribunal, who should consult the manager of his local office when necessary. But if the manager is unable to dispose of any query raised by the clerk, he should refer the matter to Appeals Section to resolve.

749. One copy of each decision of a tribunal should be sent to Appeals Section for information (see paragraph 770), and on receipt these should be scrutinised to see whether any special point of principle arises which might necessitate an alteration of procedure or indicate the possible desirability of an amendment of the regulations or of the Act itself. In appropriate cases Appeals Section will pass the copy of the decision with comments to the headquarters section which is concerned, for consideration.

750. Complaints with regard to medical treatment (see paragraph 414 - Adjudication Regulations) received by Appeals Section direct from the dispensary concerned (see paragraph 588) should be placed in a jacket, registered and given a serial number, and sent to the clerk to the appropriate medical tribunal with Form A.11.

751. When the report of the tribunal's finding on Form A.11 is received it should be considered by Appeals Section in consultation with Medical Division and a recommendation as to action should be drafted and submitted through the head of Department A to the Secretary of the Social Insurance Board to place before the Standing Committee of the Board at their next meeting.

752. When the Board's decision as to action is received, a copy of the findings of the medical tribunal should be sent to the complainant with a covering letter stating what action, if any, has been taken in the matter (see paragraph 424(2)). Copies of both documents should also be sent to Medical Division for transmission to the medical officer of the dispensary, with any necessary comments as to the complaint and the Board's decision. The complaint papers should be filed in Appeals Section under the Social Insurance number.

B. Local Office

753. When a submission under paragraph 412, a complaint under paragraph 414 or an appeal under paragraph 413 of the Adjudication Regulations is received, it should be passed with all the relevant papers to the clerk to the appropriate tribunal who should thereupon enter particulars in a register, giving it a number consisting of the distinguishing number of the tribunal (see paragraph 743 above) followed by a serial number - it would probably be advisable to maintain three series of registration numbers for the three types of case. He should also write an index slip for each case, showing the name and insurance number of the insured person, and the registration number of the case - Form S.12 adapted would serve for this purpose. The index slips should be filed alphabetically according to the insured person's name.

754. The clerk should next inspect the papers to see that all the necessary documents are attached, i.e.

- (a) for submission under paragraph 412, the medical certificates furnished by the medical officers or hospitals with regard to the insured person's condition, the employer's statement as to the circumstances of the accident and the person's application for the consideration of his claim to a disability pension; or, on a question as to whether the insured person's death was the result of an employment injury, all papers relating to the claim for survivor's pension, including the certificate of death, and the papers, if any, relating to claims for injury benefit and disability pension made by the insured person;
- (b) for complaints under paragraph 414, the complainant's statement in writing, the comments of the medical officer in charge of the dispensary and any of the dispensary papers which may have a bearing on the subject; and
- (c) for appeals under paragraph 413, the benefit file and the insured person's appeal on Form A.12 - in the case of an appeal against the termination of medical care (see paragraph 548) the insured person may write a letter direct to the local office and in that event a request should be sent to the dispensary on Form A.13 for the dispensary papers; if the letter does not state the grounds of the appeal clearly enough, Form A.12 should be sent to the insured person for completion.

755. If, in the case of an appeal under paragraph 413, it appears that the question, or one of the questions, relates to a matter to which paragraph 411(e) applies, the papers should be sent to the Benefit Clerk for Form A.8, A.8A, A.8B or A.8C as may be appropriate, to be issued, if this has not already been done, and for the papers to be returned if any other question proper to the tribunal still remains to be considered.

756. After checking that the appeal papers are in order the clerk should arrange for six (at least) copies to be made of each of the documents relevant to the submission, complaint or appeal, each one bearing the registered number of the case.

757. When sufficient cases (say six or eight) are available for consideration by a medical tribunal or by a local tribunal, the clerk should proceed to arrange for a meeting of the appropriate tribunal. The date, which should not be fixed until the chairman has been consulted, should be sufficiently far ahead (say two weeks) to give the other members of the tribunal, and the persons who are likely to be attending the meeting, time to make the necessary arrangements to be present. The consultation with the chairman should be by telephone, and it would probably be found more satisfactory to confirm by telephone that the date and time would also be convenient to the other members of the tribunal, before any notice is sent to the rest of the persons involved.

758. The choice of chairman and members of the local tribunal should be made in accordance with the provisions of Adjudication Regulation (see paragraph 425(4) and (5)) which provide that:

"(4) So far as practicable, each member of a panel shall be summoned in turn to serve on a tribunal: provided that

(a) no member of a panel shall sit as a member of a tribunal during the consideration of a case -

(i) in which he appears as the representative of the claimant; or

(ii) by which he is or may be directly affected; or

(iii) in which he has taken any part as an official of an association, as an employer, or as a witness;

(b) in any case in which the claimant is a woman, at least one of the members of the tribunal shall, if practicable, be a woman.

(5) Where several persons are appointed to act as chairmen for a particular area they shall as far as practicable be invited to preside over a tribunal in turn; provided that this paragraph

shall not apply in the case of a person expressly appointed to serve as a substitute whether some other person may be unwilling or unable to act."

759. When the date and time of the meeting have been fixed a list of the cases to be dealt with should be prepared on Form A.15 (ten copies) and notices should be issued as follows:

A. In the case of a Medical Tribunal -

Form A.14 to the chairman of the tribunal, together with a copy of the list of cases (Form A.15) and a set of copies of the relevant case papers (see paragraph 756);

Form A.14A to the applicant for disability or survivor's pension (see paragraph 412);

Form A.14B to the complainant about medical treatment (see paragraph 414); and

Form A.14C to the medical officer involved in the complaint (see paragraph 414); and

Form A.14D to each medical member of the tribunal, together with a list of cases (Form A.15).

B. In the case of a Local Tribunal -

Form A.14 to the Chairman of the tribunal, together with a copy of the list of cases (Form A.15) and a set of copies of the relevant case papers (see paragraph 756);

Form A.14E to each panel member of the tribunal, together with a copy of the list of cases (Form A.15);

Form A.14F to the appellant against a decision of the Social Insurance Board (see paragraph 413); and

Form A.14G to the manager of the local Social Insurance Office, or the medical officer in charge of the dispensary, from which the decision of the Board was issued.

760. If it has been indicated in the claim papers that some person other than the claimant is likely to be interested in the case, the clerk should consult the chairman of the tribunal, and, if he is agreeable, a notice of the meeting should be sent to that person on Form A.14H. If the insured proposes to call witnesses it will be for him to notify them of the time and place of the meeting.

761. The times to be entered on the various forms should be (a) on Forms A.14, A.14D, and A.14E the time when it is intended that the members of the tribunal should assemble, and have a preliminary run through the case papers for, say, 20 minutes, and (b) on the other forms the time at which it is anticipated that the tribunal will be ready to hear each individual case, the time of the first being fixed at 20 minutes after the time fixed at (a), and each other case at a sufficient interval, say, half an hour, after the one before, to enable the tribunal to ask such questions as are necessary for the determination of the matter and to discuss the findings or decision (only experience can determine the appropriate lengths of these intervals between the hearing of cases, and it may be that the intervals should be longer for medical tribunal cases than for local tribunal cases). The times as fixed should also be entered in the fifth column of Form A.15.

Note. It will be observed that it is suggested that copies of the papers should be sent in advance to the chairmen of the tribunals, but not to the other members. This is because, while the chairman is not likely to be unable to attend the hearing, since it was fixed in consultation with him, experience has shown that there is a greater chance that one of the other members of the tribunal may find it impossible to attend and, had copies of the case papers been sent to him, it might be difficult to recover them from him and get them to a substitute member in time for the meeting. These members should, of course, have an opportunity to go through the papers at the beginning of that meeting before the first case is taken.

So far as the chairman of the local tribunal is concerned, the decision is to be his, and it is desirable therefore that he should have an opportunity of studying the papers in advance and considering any legal problem that might possibly arise at the meeting. In the case of the medical tribunal, there may be little to be gained by sending the chairman copies of the papers in advance, since the decision will depend largely on the result of the medical examination of the applicant for benefit, but there is always a possibility of a legal question arising, and, as a safeguard against that eventuality, it is desirable that the chairman should have an opportunity of considering the point in advance.⁷

762. Meetings of the different tribunals should be held as often as may be necessary, but, save in quite exceptional circumstances, consideration of a claim or appeal should not be delayed for more than three weeks after its receipt by the clerk to the tribunal. The manager of the local office should make a periodical check of the outstanding cases in the hands of the clerk.

763. The clerk to the tribunal should go to the meeting place well in advance of the time arranged for the meeting to see that everything is in order, and that all necessary arrangements have been made for the reception of the various persons who will be attending the meeting. He should record their arrival in the Special Notes space on his copy of the list of cases (Form A.15).

764. Before the meeting starts the clerk should see that copies are available to the tribunal members of the Social Insurance Act, and of all regulations made thereunder to which the tribunal may need to refer in connection with the cases which are for consideration.

765. In order to help to a better understanding of the adjudication procedure by all persons concerned posters setting out the procedure should be displayed in the waiting room and the tribunal room. Two draft posters, Number 2 for medical tribunals and Number 3 for local tribunals are included in Section A of Part VI.

766. The clerk should attend at the meeting of the tribunal and should produce to the chairman any act, regulation, or original document from the case papers which the tribunal may wish to consult. When the tribunal have concluded their questioning of all the persons concerned with the case, he should show these persons back to the waiting room, and, except in an appeal case when the chairman has indicated that the decision can be given within five minutes, he should advise the applicant, complainant or appellant, that he can now leave the building and that he will be notified of the tribunal's decision or findings in due course.

767. The clerk should then return to the tribunal room and obtain the decision in a case arising under paragraph 412 or paragraph 413, or the findings in a case to which paragraph 414 applies. These should be given on

- (a) Form A.16 or A.16A in a paragraph 412 case, which should be signed by all three members of the medical tribunal;
- (b) Part II of Form A.11 in a paragraph 414 case, which should be signed by all three members of the medical tribunal; and
- (c) Form A.17 in a paragraph 413 case, which should be signed only by the chairman of the local tribunal - if the appeal is only partially allowed (e.g. title to benefit is admitted only for part of the period covered by the appeal), the limitation of the allowance should be clearly indicated after the words "allowed to the extent" and the extent of disallowance should also be indicated in the following line, no part of the alternatives being deleted; if the appeal is

wholly allowed or disallowed the words "to the extent" after "allowed" or "disallowed", as the case may be, should be deleted as well as the inapplicable alternative.

768. If the appeal decision is given at once (see paragraph 766 a copy of the decision should be given to the appellant and, if the appeal is allowed wholly or partially, he should be told that he will be notified as to the effect of the decision in due course.

769. After the meeting has been concluded the clerk to the tribunal should see that all persons have left the tribunal premises and then return to his local office taking all the case papers with their relative decisions and findings with him.

770. Three copies of each decision on Form A.16 or Form A.17 should be made; two of these should be associated with its relative claim file or dispensary file and the other should be sent to Appeals Section (see paragraph 749). The original decisions together with a copy of the findings on Form A.11 should be attached to the clerk's copy of Form A.15 which should be filed in date order in a special tribunal jacket, which he should retain.

771. The relative claim files should be passed to the Benefit Clerk in the local office for any necessary action in the light of the decision (see Chapter 1), while the dispensary papers should be sent with Form A.13 completed, to the dispensary for action. Form A.11, containing the findings of the medical tribunal, should be re-attached to its papers and passed to Appeals Section for action (see paragraph 751).

The disposal of each file should be noted in the Appeals Register referred to in paragraph 753.

Note. A paragraph will probably have to be added after paragraph 768 dealing with the question of payment of expenses to all the parties concerned and possibly also of fees to the chairmen of tribunals.⁷

Section 3

Department B. Contributions Division

Chapter 1. Registration Section (See also paragraphs 1180 to 1191)

Introduction

772. Employers will have been advised well in advance through the various channels of publicity described in Part II, Section 3, of the coming into operation of the new scheme and of their liabilities to be registered under the scheme and to register the employees who will become insured under the scheme. A draft of a poster for display in suitable locations is contained in Section A of Part VI; this has been based on the assumption that the scheme is to be limited in the first place to persons employed in industrial undertakings employing not fewer than a certain number of persons.

773. Broadly the procedure envisaged is that the employer will first apply for registration on Form R1 obtained from the address shown on the poster, and, after his registration has been approved and a registration number has been allotted to him, he will furnish the Social Insurance Board with a list on Form R5 of all his insurable employees together with an application for registration (Form R4) completed for each one of them. When these have been examined an insurance number will be allotted to each one and an identity card and medical registration slip prepared for him. The identity cards will be sent to the employer for distribution to the insured persons, and also contribution cards if they are to be used in connection with the payment of contributions, while the medical registration slips will go to the appropriate dispensary as the basis for the provision of medical care.

774. The timing of these initial operations must be very carefully worked out in order to secure that the period between the date of completion and return to the Social Insurance Board of the Forms R4 and R5 by the employer and the date of issue to him of the identity cards, and possibly contribution cards, for his employees is reduced to the minimum and that the latter date is only a little earlier than the date when the scheme is to come into operation. This is necessary in order to avoid as far as possible the difficulties which will inevitably arise in regard to persons who leave the employment of the employers after the first date mentioned above and before the scheme starts to function.

Authority. Contributions Regulations, Chapter 2 (See paragraphs 350 to 404).

Main Forms involved

Number of Form	Purpose	Final Disposal
R1	Employer's application for registration	Employers' Index
R2	Notification to employer of registration number and request for completion of Form R4 for employees	Stays with employer
R3	Employer's Contribution Register Sheet	Contributions Section
R3A	Jacket for employer's records	Contributions Section
R4	Insured person's application for registration	Records Section
R5	Employer's list of employees	1 copy to go to employer's jacket (R3A); other copy back to employer
R6	Identity card	Insured person
R7	Covering form accompanying Forms R5 and R6 to employer	Employer
R7A	Covering form accompanying Form R6 to employer after initial registration	Employer
R8	Insured person's index slip	Insured Persons' Index
R9	Insured person's Contribution and Benefit Record Sheet	Records Section
MC1	Medical Registration slip	The appropriate dispensary

Procedure

Registration of Employers

775. As soon as Form R1 (see paragraph 773) is received from an employer it must be examined by a registration clerk to confirm that all the necessary information has been furnished and that the employees are entitled to become insured under the scheme. If any particulars have been omitted or the form has not been signed, but in other respects appears to be in order (see next paragraph), the form should be sent back to the employer with Form R1A (part (b) deleted as necessary) for completion and return.

776. If it appears from the particulars given by the employer that his employees are not entitled to be insured, e.g. because the number of employees is less than 20 (or whatever is laid down as the minimum for the purposes of the scheme), the form should be returned to the employer with Form R1A (part (a) deleted as necessary) and Leaflet 3 marked as appropriate drawing attention to this fact and asking him to confirm that the particulars given are accurate, or, if they are not, to correct and complete the form accordingly and return it to the Office.

777. When it has been confirmed that the registration is in order, a registration number should be allotted to the employer and entered in the proper space on Form R1 by the numbering clerk (see paragraph 806) and the form should be returned to the registration clerk.

778. When he receives the registered Form R1 the registration clerk should prepare:

- (a) a notification of the registration (Form R2);
- (b) an employer's contribution register sheet (Form R3); and
- (c) a jacket for the employer's records (Form R3A).

779. The details entered on Forms R2, R3 and R3A should be checked against the particulars on Form R1, and Form R2 should then be sent to the employer together with a sufficient number of insured person's registration forms (Form R4) - about 20 per cent. more than the number of employees as given on Form R1 - for completion in respect of each of his employees. In addition two Forms R5, together with, if necessary, sufficient continuation sheets should be enclosed in order that the employer may furnish in duplicate a list of his employees.

Note. If it is desired that the particulars of the firm, including its registration number, should be printed mechanically at the top of each form it will be necessary to design them accordingly (see paragraphs 1184 to 1189; but, if this method is not available, the registration number of the firm should be entered at the head of each form before issue to the employer.7

780. Form R1, which is designed as an index slip, should at this stage be passed to the Index Section (see Chapter 2) to be filed alphabetically. Form R3 should be filed in Form R3A and the latter should be held in registration number order to await the return of Forms R4 and R5.

781. If Forms R4 and R5 have not been returned within 14 days after being sent to the employer, a letter should be sent to him to hasten their return. In cases of difficulty reference should be made to the senior officer. Note. If the number of such cases is numerous a stock reminder form could be used instead of a special letter. As an alternative the reminder might be made by telephone if it is felt that the employers could be relied upon to act on a telephone call.7

Registration of Employees

782. When the completed Forms R4 and R5 are received they should be associated with the waiting Form R3 by the registration clerk and examined to confirm that

- (a) all particulars have been properly inserted on Form R4;
- (b) each person for whom Form R4 has been received is properly insurable; and
- (c) Form R5 has been properly filled in and that a Form R4 has been received for each person whose name appears on the list.

783. If there are any queries on any of these matters reference should be made to the senior officer who will advise what further action should be taken, whether by telephone, letter or visit to the employer.

784. As soon as the Forms R4 and R5 have been checked and found to be in order, they should be passed to the numbering clerk (see paragraph 821) for an insurance number to be allotted to each insured person.

785. When the numbered forms are received from the numbering clerk, the registration clerk should complete for each insured person:

- (a) an identity card (Form R6);
- (b) an insured person's index slip (Form R8);
- (c) an insured person's record sheet (Form R9);
- (d) a medical registration slip (Form MC1); and
- (e) if necessary, a contribution card (Form C1);

and should clip them together in that order, with the Form R4 first, and pass them to the checker.

Note. If photographs are to be used for identification purposes, one copy of the insured person's photograph should be affixed to the identity card (Form R.6) and impressed with the Social Insurance Board's stamp.

786. In completing the forms referred to in paragraph 785 particular care must be taken to see that:

- (a) the insured person's name and insurance number are correctly entered on each of the forms;
- (b) the particulars of the dispensary are entered on the Forms R6, R8, R9 and MC1; and
- (c) the registration number of the employer is entered on Forms R6, R8, and R9.

Note. This procedure is based on the assumption that the entries on the forms from (a) to (e) in paragraph 785 are to be to be handwritten or typed, and that the work will accordingly be separated from the allocation of insurance numbers. If, however it should be decided to mechanise the process to some extent (see Part V, Note 9) it would possibly be considered easier to combine it with the numbering work and in that case paragraphs 823 to 825 would apply instead of paragraph 785 above.

787. After the forms have been checked action should be taken by the registration clerk as follows:

- (a) one copy of Form R5 and one set of the continuation sheets together with the relative Forms R6 and, if appropriate, the contribution cards, should be sent to the employer with Form R7;
- (b) the second copy of Form R5 and the continuation sheets should be filed in Form R3A and should be sent to the Contributions Section to be filed in employer's registration number order;
- (c) Form R8 should be passed to Index Section to be filed alphabetically in the insured persons' index;

- (d) Forms R4 and R9 should be sent to Records Section to be filed in insurance number order; and
- (e) Form MCl should be sent to the dispensary named on the slip where it should be filed in insurance number order.

788. It may be found desirable in the initial rush to set up a small special section to see to the preparation and disposal of the various forms referred to in paragraphs 778, 785 and 787 and in that case the registration clerk could undertake the checking referred to in paragraphs 779 and 785.

Later Registrations

789. As new establishments are formed, or old ones become liable to insure their staffs, i.e. when the total number of employees reaches 207, the procedure set out above should be followed, but care will need to be taken to see that the establishment has not already been registered and that none of the employees is given an insurance number until it has been confirmed that he has not been registered before in respect of earlier employment (see paragraphs 833, 835, 836 and 839).

790. After the initial registration of insured persons employed at the commencement of the scheme, there will be a steady flow of new registrations of persons entering insurable employment for the first time. In such cases the employer will have asked the employee for his identity card and, on being told that he has no such card, he should obtain from the office of the Social Insurance Board a Form R4 for completion by the employee. (It may be considered desirable in suitable cases to let an employer hold a supply of these forms. See also the note on the draft Form R4 as to the possible desirability of amending the form for later registrations).

791. On receipt the completed Form R4 should be passed to the Index Section to trace in the insured persons' index for an earlier registration of the employee. If such a registration is traced action will be taken by Index Section as in Chapter 2.

792. If there is no trace of an earlier registration the form should be passed to the numbering clerk for a new insurance number to be allotted and action to be taken as above to secure that index and medical registration slips are prepared and filed and an identity card (and possibly a contribution card) issued to the employer with Form R7A. After this action has been taken

Form R9 should be passed to the Records Section to file, and Form R4 should be passed to the Contributions Section to note the addition of the employee on Form R5, and should then be passed to Records Section to file.

Extensions of the Scheme

793. If at a later stage the scope of the scheme is extended, whether to cover persons employed in industrial undertakings with a lower number of employees, or to apply generally to employed persons not already covered, the procedure as set out above, and in the Annex to this chapter, for the initial registration of new employers and insured persons to be brought into the scheme should be followed.

794. Extension of the scheme solely to provide new benefits for insured persons will not involve any alterations in the existing registrations.

795. If, however, the provision of medical treatment is extended to dependants of the insured person, arrangements will have to be made for their registration. For this purpose insured persons should be invited to obtain a "family" registration form (Form R4A) from the office of the Social Insurance Board and to return it to that office after completion together with such certificates of the marriage and the births of the children as are available.

Note. It is probable that a short leaflet, setting out the effect of the extension of the scheme, and the purpose of the registration and explaining how the Form R4A should be completed, would have to be issued in connection with the initial registrations of dependants.

796. On receipt of the Form R4A it should be compared with Form R4 previously completed by the insured person, to confirm that the details of his wife as shown on the two forms are in agreement. The marriage and birth certificates should also be examined to confirm that they relate to dependants of the insured person, and are in agreement with the information given on Form R4A. Any discrepancies in these matters should be cleared by personal interview with the insured person. Action with a view to checking the particulars in regard to events for which certificates are not produced will, of course, depend on what records of the registration of those events are available for the purpose.

797. When the Form R4A has been checked, Form R6A should be prepared using the insurance number of the insured person and sent with a covering Form R6B to the employer to give to the insured person together with any certificates which were produced by him. Where certificates are sent through the post the package should be registered.

798. The information as to dependants given on Form R4A will be copied on to Form MC2 which should be passed to the appropriate dispensary. Form R4A will then be sent to the Record Section for noting on the insured person's record sheet (Form R9) and should then be filed with his form R4.

799. Persons with dependants who enter into insurance after the date from which medical treatment is first provided for dependants will complete both Forms R4 and R4A on entering the scheme, but there will still be cases where separate registration of dependants is necessary, e.g. on the birth of a child, and persons, who had no dependants on entry into insurance, will have to register their wives, when they marry. The above procedure should be adapted to deal with such cases.

Section 3

Chapter 1 - Annex

Allocation of Registration and Insurance Numbers
(See also paragraphs 1192 to 1201)

A. Employers' Registration Numbers

800. It will be necessary to maintain a master register of employers' registration numbers in order to secure that the same registration number is not issued to two employers and that there are no unaccounted for gaps in the series of registration numbers issued; actual duplication of registration, i.e. the issue of two different registration numbers to the same employer, is most likely to be picked up from the alphabetical index of employers.

801. If the nature of the industry of the particular firm to be registered is indicated by means of the first two digits of the registration number (see the Standard Industrial Classification list in the Appendix to this Annex) and each registration number contains the same number of digits, the register will provide a rough record of the number of registered firms engaged in each individual industry, while the entry of the number of employees as shown on Form R1 would also enable a rough estimate to be made of the number of insured employees engaged in the industry.

802. The form of the register sheet would be as in the following draft example:

			Sheet 1
<u>Employers' Registration Sheet</u>			
Code No. 27 Manufacture of Paper			
Serial Number	Name of Firm	Number of Employees as shown on Form R1	Date of Registration
0001			
0002			
0003			
etc.			

803. The code number, and nature of industry would be left blank for entry when Form R1 for the first firm engaged in that industry came to hand for registration, but if the sheet number and the relative serial numbers were pre-printed on the first few sheets it might prevent mistakes occurring in the period when the numbering clerks were just beginning on the work. Only one side of the sheet should be used for recording registrations.

804. In the example it has been assumed that the number of firms likely to be engaged in any one industry will exceed 1000 but not 9999. If, however, that number will not be likely to reach 1000 or is likely to exceed 9999; then the serial numbers should be 001, 002, 003, etc. or 00001, 00002, 00003, etc. as the case may be. The actual registration number in any individual case will, of course, be the code number followed by the serial number allocated to the firm; in the example given above they will be 270001, 270002, 270003, etc.

805. When the checked Form R1 is received from the registration clerk (paragraph 777), the numbering clerk should determine the code number relative to the industry carried on by the firm and enter it on the appropriate space on Form R1. Any doubts as to the proper code number applicable to a particular firm should be referred to the senior officer, who will need to have a copy of the International Standard Industrial Classification of all Economic Activities: Statistical Paper Series M. No.4.

806. If a registration sheet appropriate to that code number has already been opened he should enter particulars of the name of the firm, the number of employees and the date on the next vacant line on the sheet and enter the appropriate registration number, i.e. code number plus serial number, in the space provided at the top right corner of Form R1 and return the form to the registration clerk.

807. If, however, no registration sheet for the particular code number has previously been prepared, a Sheet 1 for that code number should be written by entering the code number and nature of the industry and, unless they have been pre-printed, the sheet number (1 in this case) and the consecutive serial numbers for the whole sheet starting from 0001. The registration of the Form R1 should then proceed as above.

808. If after the registration of a particular Form R1 no spaces remain available on the registration sheet for further registrations in that industry, a new registration sheet should be prepared at once. The code number should be entered at the head of the sheet, but it will not be necessary to enter the nature of the industry. The sheet number should, of course, be the next after the one shown on the sheet which has just been completed, and the serial numbers, which should follow on consecutively from the series covered by the previous sheet, should be entered for the whole sheet.

809. The registration sheets relating to each industry should be filed together in a cover in strict sheet number order, working from the first sheet upwards so that new entries may be made on the most recent sheet without taking that sheet out of the cover. The cover, on the front of which the code number and nature of the industry should be recorded, should be prepared at the same time as the first registration sheet for the industry is prepared, and the covers for the various industries should be held in code number order.

810. If for any reason a registration has to be cancelled the Form R1 should be returned to the numbering clerk who will delete the relevant entry on the registration sheet by drawing a single line through it and noting the reason for the cancellation and, if this was due to a duplication of registration, the registration number which is to be used for the firm. The cancelled registration number must on no account be used again. After action the Form R1 should be sent to the registration clerk to notify the employer and take any other action which may be needed in the circumstances.

811. In the early stages of the scheme, when information is needed as to the progress of registration, the numbering clerk should furnish each day to his senior officer, a return on a simple form showing the total number of firms registered in that day and of their employees, with totals, to date, under each separate code number, thus:

Return of Registrations			Date	
Code No.	No. of firms registered		No. of employees of firms registered	
	Today	Total to date	Today	Total to date
11				
12				
13				
etc.				
Grand Totals				

812. The furnishing of this return should be dropped as soon as the number of registrations each day has become negligible, but a rough idea of the position up to any particular date can readily be obtained thereafter by an inspection of the register sheets, and the return can be started again, if required, from a later date if a new series of registrations has to be undertaken, e.g. in connection with an extension of the scheme to a new batch of employers.

813. Generally speaking, the registration of employers should be centralised, but, if it were considered essential, it could be carried out at a number of centres sufficiently separated to ensure that there would be no duplications of registrations at different centres. If this course were adopted it would be necessary to assign a distinct series of serial numbers to each centre different from those to be used at the other centres; thus, if there were five centres, the first might have 0001 to 1999, the second 2000 to 3999, the third 4000 to 5999, the fourth 6000 to 7999 and the fifth 8000 to 9999. The register sheets should be prepared in duplicate, one copy of each being sent on completion to the Head Office, together with a copy of the numbering clerk's daily return. There would thus be a full record at Head Office of all registrations of firms and a return to date of the progress of registration. Moreover, since the first figure of the serial number could then be regarded as a code number to identify the particular district in which the employer's premises were situated, the combination of this number with the industry code (see paragraph 2) would enable an analysis to be made of the distribution of the industries in each of the various districts.

814. It is suggested that the alphabetical index of employers (on Form R1) should be maintained centrally in order to pick up any duplication of registration at different centres. In other respects the procedure for registration at each separate centre would be the same as that described above for registration at a single centre.

B. Registration of Insured Persons

815. As in the case of the registration of employers it is necessary to secure that each insured person is given one and only one insurance number and that no two persons are given the same number. This can most easily be ensured by allocating numbers in a straight numerical series starting from 1, or, if it is preferred to give only numbers with a fixed number of digits and it is thought that confusion might result if there were many starting with several noughts, the series could start at, say, 100,000, if the total number of insured persons would not reach 1,000,000, or at a lower or higher level according to the expected size of the insured population.

816. Each numbering clerk should be given a separate block of numbers, starting at a different point in the series, which he should use in strict numerical order and so far as statistics are concerned, it would be sufficient for him to furnish a daily return showing the first and last numbers allotted by him during the day; but, in order to ensure that the same number is not allotted to two people he should have a tally sheet containing all the numbers in his block in numerical order, so that he can tick them off one by one as he enters each one on a Form R4.

817. The same arrangement should be followed if it should be decided to undertake the registration at a number of different centres, specific sections of the series of numbers being allocated for use in respect of insured persons in each area. It would be necessary, however, in that case to secure that employers who have businesses in more than one area send the Forms R4 and R5 relative to each of those businesses to the office of the Social Insurance Board which deals with the area in which the business is situated.

818. It may be that, notwithstanding the difficulties referred to in paragraphs 1195 to 1199, it is desired to introduce some element of coding into the insurance number. Thus if, for example, it were desired to indicate in the number the sex of the insured person, this could be shown in the first figure of the number by determining the approximate ratio of men to women in the insured population and assigning to each sex the appropriate proportion of the first numbers, i.e. if there were twice as many insured men as insured women, the insurance numbers beginning with 1, 2, 3, 4, 5 and 6 could be reserved for men and those beginning with 7, 8 and 9 for women.

819. The year of birth could be indicated by using for the second and third figures of the number the last two figures of the year of birth; i.e. a man born in 1924 would have a number beginning with 124, 224, 324, 424, 525 or 624, and a woman born in 1935 would have one beginning with 735, 835 or 935, followed in each case by the next available serial number in the series which started with 0001, if the insurance numbers are to have seven digits in all, or 00001 if they are to have eight digits.

820. In order to avoid duplication of insurance numbers it would be necessary to maintain separate tally sheets for each of the three figure groups representing the sex and the year of birth of the insured person, although not all of them would be in use at any one time - thus the series starting with the figure 1 for men, or 7 for women, would be used up before use was made of those starting with 2 or 8. But, of course, each clerk would have to be assigned a separate block of serial numbers for each of the three figure groups currently being allocated; that is to say, the first numbering clerk might be assigned, say, serial numbers 1 to 999 for each of the groups from 101 to 145 and 701 to 745, while the next clerk would have the series 1,000 to 1,999 for each of those groups, the third 2,000 to 2,999 for each group and so on.

821. On receipt of the packet of Forms R4 and R5 from the registration clerk (paragraph 784), the numbering clerk should

- (a) allot an insurance number to each Form R4, entering it in the proper space at the head of the form and also against the insured person's name on both copies of Form R5 (or continuation sheet) and ticking the tally sheet in the appropriate place; any discrepancy, such as a Form R4 for which there is no entry on Form R5, or an entry on Form R5 for which there is no corresponding Form R4, must be cleared at once by reference to the registration clerk before any further action is taken with the packet of forms; and
- (b) enter particulars of the dispensary to which the insured person is to be assigned on his Form R4.

The packet of forms should then be returned to the registration clerk for further action as in paragraph 785, unless it has been decided, as suggested in the note which follows paragraph 786, that such action should be taken by the numbering clerk as in paragraphs 823 to 825.

822. As will be seen from paragraph 785, in addition to the index slip which, when sorted into the alphabetical index, will enable the Board to trace a person's insurance number if

he has mislaid his identity card, or misquoted or miscopied the number, there are a number of other forms which have to be completed at the same time, and the work would be much simplified if the following arrangements were made. It is doubtful, however, whether these arrangements could be practically adopted in connection with a scheme of numbering such as is suggested in paragraphs 818 to 820.

823. If the contribution record sheets (Form R9) were pre-numbered and retained in numerical order, there would be no need to keep any register of insurance numbers in order to overcome the duplication difficulty and, if in addition the index slips (Forms R8 and MCl) could also be pre-numbered, the identifying particulars could be entered on the slip and the record sheet at the same time with the aid of carbon paper; all that would then be necessary for the clerk to do in order to complete the registration would be to copy the insurance number from the index slip on to the Form R4. The identity card and the contribution card would probably not be of suitable material for inclusion in this process and would have to be written separately.

824. It might be possible to arrange with the printer to print the index slips and the record sheet, and any other document which could be completed at the same time, in such a way that the identifying particulars appeared in exactly the same position from the top of each form, and to print the insurance numbers on each of the forms separately in a series, so that a set of forms each bearing the same insurance number could be associated in an agreed order ready for insertion of the identifying particulars, the sets being kept together (possibly made up into pads) in strict numerical order. (An alternative mechanical method for dealing with this aspect of registration and covering possibly also the identity card and contribution card by means of an addressing machine is referred to in Part V, Note 9.)

825. The procedure would then be that, when the Forms R4 and R5 are received from the registration clerk (paragraph 784), the numbering clerk would allocate an insurance number to each insured person and enter it on both forms and then complete Forms R6, R8, R9 and MCl and possibly also a contribution card, any particulars not entered mechanically being written in, and send them clipped together in that order to the registration clerk who would check the correctness of the entries on the forms and cards.

Appendix

Industrial Classification - I.S.I.C.A.E.A. adopted
in 1948 by the Economic and Social Council of the
United Nations (Statistical Papers Series M, No. 4)

Division

- | | | | |
|------|--|-----|---|
| 0. | Agriculture, forestry,
hunting and fishing. | 01. | Agriculture and livestock
production. |
| | | 02. | Forestry and logging. |
| | | 03. | Hunting, trapping and game
propagation. |
| | | 04. | Fishing. |
| 1. | Mining and quarrying. | 11. | Coal mining. |
| | | 12. | Metal mining. |
| | | 13. | Crude petroleum and natural
gas. |
| | | 14. | Stone quarrying, clay and
sand pits. |
| | | 19. | Non-metallic mining and
quarrying n.e.c. |
| 2-3. | Manufacturing. | 20. | Food manufacturing industries,
except beverage industries. |
| | | 21. | Beverage industries. |
| | | 22. | Tobacco manufactures. |
| | | 23. | Manufacture of textiles. |
| | | 24. | Manufacture of footwear,
other wearing apparel and
made-up textile goods. |
| | | 25. | Manufacture of wood and cork,
except manufacture of furni-
ture. |
| | | 26. | Manufacture of furniture
and fixtures. |
| | | 27. | Manufacture of paper and
paper products. |
| | | 28. | Printing, publishing and
allied industries. |
| | | 29. | Manufacture of leather and
leather products, except
footwear. |
| | | 30. | Manufacture of rubber pro-
ducts. |

Division

- | | | |
|-----|--|--|
| 2-3 | Manufacturing.
(continued) | 31. Manufacture of chemicals and chemical products. |
| | | 32. Manufacture of products of petroleum and coal. |
| | | 33. Manufacture of non-metallic mineral products, except products of petroleum and coal. |
| | | 34. Basic metal industries. |
| | | 35. Manufacture of metal products, except machinery and transport equipment. |
| | | 36. Manufacture of machinery, except electrical machinery. |
| | | 37. Manufacture of electrical machinery, apparatus, appliances and supplies. |
| | | 38. Manufacture of transport equipment. |
| | | 39. Miscellaneous manufacturing industries. |
| 4. | Construction. | 40. Construction. |
| 5. | Electricity, gas, water and sanitary services. | 51. Electricity, gas and steam |
| | | 52. Water and sanitary services. |
| 6. | Commerce. | 61. Wholesale and retail trade. |
| | | 62. Banks and other financial institutions. |
| | | 63. Insurance. |
| | | 64. Real Estate. |
| 7. | Transport, storage and communication. | 71. Transport. |
| | | 72. Storage and warehousing. |
| | | 73. Communication. |
| 8. | Services. | 81. Government services. |
| | | 82. Community and business services. |
| | | 83. Recreation services. |
| | | 84. Personal services. |
| 9. | Activities not adequately described. | 90. Activities not adequately described. |

Section 3

Department B. Contributions Division

Chapter 2. Index Section

(See also paragraphs 1206 to 1220)

Introduction

826. The main purposes of an alphabetical index are to enable a registration number to be traced when required and incidentally to prevent a second registration number being allotted to an establishment or insured person who has already been registered, and to draw attention to a duplicate registration which may have occurred despite the efforts to prevent its happening.

827. Accordingly it is of the greatest importance that the index slips should be sorted in strict order, basically alphabetical, and that, where the names of two or more firms or two or more insured persons on which the initial sorting has been made are identical, their relative index slips should be inter-sorted on the basis of other fixed identifying particulars according to a definite plan which will ensure that the slip for any one of them can be identified quickly and without any of the laborious turning over of index slips which often leads to bad tracing. At intervals, especially in the initial stages of the scheme, it will be necessary to make a test check of the sorting in some sample binders and to extend or reduce the check according to the extent of missorting discovered.

828. A detailed plan for the sorting of index slips is set out in paragraphs 1213 to 1218 but this is only intended as a model which will probably have to be considerably adapted to suit the language and other circumstances of the country concerned before it can be incorporated into the procedural instructions.

It will, of course, be necessary to keep the index of employers separate from that of insured persons, and, subject to the numbers involved, to employ separate clerks in charge of each index. It is estimated that an experienced clerk can deal with up to 80,000 slips. For ease of separation between the indexes the two index slip forms should be of different colours, but in general there will be little difference between the procedures in dealing with the two indexes.

Authority - Contribution Regulations: Paragraphs 365(a) and 368(a).

Main Forms Involved

Form Number	Description of Form	Destination of Form
R1	Employer's application for registration	Employers' Index
R4	Insured person's application for registration	Records Section
R5	Employer's list of employees	Contributions Section
R8	Insured person's index slip	Insured Persons' Index
R8A	Action slip in connection with duplicate registrations	Index Section

Procedure

Initial Registrations

829. When the section clerk receives the packets of index slips he should separate any Forms R1 from Forms R8 and pass each packet to the respective index clerks.

830. On receipt of a packet of forms proper to his index, the index clerk should first sort them into alphabetical order and then intersort them with the other slips already in their appropriate binders (see paragraphs 1213 to 1218), except, of course, where no slips have previously been inserted in the binder and they can then be filed directly without further sorting.

831. If more than one clerk has to be employed on either index a preliminary sort of the slips will have to be made before those proper to each clerk are passed to him for action.

832. If it is found on sorting a slip into a binder that there is already a slip there bearing exactly the same details but a different insurance or registration number, as the case may be, the first slip should be extracted from the binder and

a dummy slip showing the name and the two numbers should be inserted in its place in the index. The two index slips should then be clipped together and sent with Form R.8A properly completed to the Records Section, if they are insured persons' slips or to the Contributions Section if they are employers' slips - the further action on such duplicate slips is covered in the instructions to those sections. When the index slip bearing the number which is to be used is returned to Index Section care must be taken to withdraw and cancel the dummy slip.

Post-initial Registrations

833. When a Form R1 is received by the Social Insurance Board after the first registrations have been completed and the scheme has come into operation, it should be passed direct to the Index Section on receipt before registration and the index clerk should search in the employers' index to see if the employer has already been registered.

834. If an index slip bearing the same employers' particulars as those shown on the new Form R1 is found in the index, the index clerk should copy the registration number as shown in the slip on to Form R1 just below the space provided on that form for the registration number, initial the entry and send the form to the Contributions Section for action.

835. If there is no trace in the index of an index slip bearing the same employers' particulars as those shown in the new Form R1 the index clerk should write "No trace" and his initials just below the space provided on the form for the registration number and send it to the Registration Section for normal registration action.

836. When a single Form R4 (as distinct from a packet of these forms received together with Form R5 - see paragraph 840 below) is received by the Board after the scheme has come into operation it should be passed direct to the Index Section without registration and the index clerk should search in the insured persons' index to see if the insured person to whom the form relates has already been registered.

837. If an index slip bearing exactly the same particulars as those shown on the new Form R4 is found in the index, the index clerk should copy the insurance number as shown on the slip on to Form R4 just below the space provided on that form for the insurance number, initial the entry, and send the form to the Records Section for action.

838. If an index slip bearing almost the same particulars as those shown on the new Form R4 is found, e.g. the surname and first other name and the date and place of birth all agree but there is a discrepancy as to the other names or as to the address, etc., the index clerk should consult the senior officer as to whether the index slip should be accepted as referring to the new applicant for registration. In case of doubt it may be considered desirable to send the new Form R4 to the Records Section with a covering note giving the insurance number as shown on the index slip and asking that the signature, thumbprint /or photograph/ on the new form may be compared with that on the Form R4 from which the index slip was prepared to see if they are identical. If the identity is established, further action on the Form R4 will be taken by Records Section.

839. If there is no trace in the index of an index slip bearing exactly the same particulars as those shown on the new Form R4, or the identity is not otherwise established with a previously registered person as in paragraph 838, the index clerk should write "No trace" and his initials just below the space provided on the form for the registration number and pass it to the Registration Section for normal registration action.

840. When a newly registered employer (following action as in paragraph 835 above) sends the Forms R4 and R5 for his employees to the Board, the packet should be sent first to the Registration Section for initial examination, and the Forms R4 should then be passed to Index Section without registration for search in the insured persons' index for trace of earlier registration, as in paragraphs 836 to 839 above. Each Form R4 should, however, be marked clearly "R5" and after the search in the index has been completed, all such forms should be returned to Registration Section whatever the result of the search in order that they may be reassociated with the Form R5 for the completion of the registration action on the whole packet.

Note A. Except when there is a general extension of the scheme to new areas, for which special registration arrangements would probably have to be made, the number of employees in these "new registration" cases will probably be just over 20, or even less, if the scheme is extended to apply to establishments with less than 20 employees, and there should be no serious difficulty in reassociating this number of forms with their relative Forms R5.

Note B. It is appreciated that under the procedure suggested in this chapter there will be a number of unrecorded applications for registration in Index Section at any one time but it is considered that confusion might be caused if these forms were given temporary numbers which would have to be recorded in a register and their ultimate disposal noted if the record were to be of any value.]

Other Action

841. At regular intervals the accuracy of the alphabetical sorting of the index slips must be checked. The most satisfactory arrangement is for each index clerk to go through, say, one-tenth of the binders each week starting from the first in his series and completing the whole check once every ten weeks. The frequency of the check may be reduced, as necessary, in times of pressure of other work.

842. A record must be kept showing against the number of each binder the successive dates on which it was checked - this could be recorded on a slip pasted inside the cover of the binder.

Note. Once every three months or so the senior officer should examine this record and also make a personal test check of two or three of the binders shown by each index clerk as having been checked at a recent date. The action to be taken thereafter will, of course, depend on the results of this test check, but it will no doubt be appreciated that some persons are quite incapable of sorting alphabetically with any accuracy, and, in the interests of the smooth working not only of the Index Section but also of the administration of the scheme as a whole, it is advisable to employ such persons on another job.]

843. If in the course of the checking of the indexes, or at any other time when reference is being made to an index binder, it is observed that there are two index slips apparently relating to the same insured person or the same establishment but bearing different insurance or registration numbers, as the case may be, the two slips should be removed from the index binder, a dummy slip being inserted in their place, and action taken as in paragraph 832.

844. Apart from action in relation to index slips there will probably be a number of references of correspondence, etc. to the Index Section from other sections of the office to ascertain whether a certain person or establishment has been registered and, if so, what is the insurance or registration number. Such references must be treated in much the same way as the Forms R1 and R3 referred to in paragraphs 833 to 839, the number, if traced, or "No trace", if not traced, being recorded on the document referred to Index Section, which should then be returned to the section from which it was received, or otherwise dealt with as indicated on the document.

Section 3

Department B. Contributions Division

Chapter 3. Contributions Section (including inspection)

(See also paragraphs 1237 to 1257
and 1258 to 1279)

Introduction

845. In a normal social insurance scheme, contributions have to be paid in order to provide the money needed to meet the cost of the benefits of this scheme. Arrangements have accordingly to be made to collect these contributions and to record the receipt of the payments. In addition, in some circumstances particularly where the provision of long-term benefits is likely to be involved, it may be necessary to be in a position to determine how many contributions have been paid in respect of an individual insured person or even to maintain a separate record of the contributions paid for each one, and account must be taken of these possibilities in fixing the method to be adopted for the payment of the contributions.

846. Contributions calculated on the basis of the amount of the employees' insured wages may be paid directly in cash by the employer. — Frequently the contribution period refers to a calendar month (or a period assimilated to it) and each monthly payment is accompanied by a Schedule where, besides the basic information such as the reference period, the name and address of the employer etc., a list of insured persons, their insured wages and the corresponding amount of contribution is also shown. Under certain conditions the individual contribution due for each employee may be paid by means of a voucher which may be purchased from the Social Insurance Board, and, if such a voucher took the form of an adhesive wafer stamp which could be affixed to a suitable form of card relating to the employee, the process of the collection would be considerably simplified. Other methods of payment may be devised, but most of the existing schemes have adopted either one or other of these two methods, or sometimes both, e.g. by using insurance stamps in the case of employers who have relatively few employees, or for temporary employees and a direct cash payment system accompanied by schedules for larger employers or for permanent employees.

847. The suitability in given circumstances of these alternative methods are discussed in Notes 6 and 7 of Part V, and actual procedures for use in connection with the two methods are described in this Chapter: A. for insurance stamps and B for a cash payment system.

848. Procedure A. starts with the provision and distribution of the necessary insurance stamps, and the printing of cards on which to affix the stamps. Supplies of the stamps will be distributed to the local social insurance offices for sale to employers over the counter. It is not considered that it would be a safe arrangement to send the stamps to the employers from headquarters through the post. Contribution cards will be stamped weekly and returned to the local office at the end of the period of currency and exchanged for new ones, or when employment ceases, if that happens before the end of the period of currency. In the latter case the card will be held until applied for by the next employer or until the end of the period of currency, whichever happens first. After the completed cards have been surrendered for exchange they will be sent to headquarters together with any surrendered during the period and not re-issued, and, after the stamps have been rendered unusable, will be held there in insurance number order for a period of at least a year, after which they will be destroyed.

849. Arrangements will be made to report to the Inspectorate for action any discrepancies or omissions in regard to the stamping or surrender of cards, and the inspectors will also make regular survey visits to employers in their districts to confirm proper compliance with the requirements of the scheme.

850. Procedure B. involves a closer contact between the employer and the Board's headquarters or its local offices. The extent to which the system of collecting contributions can be decentralised depends on the size of the operations involved locally, on the possibility of keeping an efficient control over the handling of cash in different offices and also on the possibility of using the existing network of banks, post offices, etc., etc., which could act as collecting agents on behalf of the Board.

851. In any event the local office should take an active part in controlling employers who have fallen into arrears in paying contributions, in checking the accuracy of the settlements submitted by the employer on the contribution schedule and in investigating at the employers' premises the substance of any complaints put forward by the insured person particularly in connection with a benefit claim. Most of the above tasks can be carried out by inspectors on duty at the local office.

Authority - Contributions Regulations, Chapters 4, 5, 6 and 7
(see paragraphs 350 to 404).

Main Forms involved

Number of Form	Purpose	Final Disposal
R.3	Employer's Contribution Register Sheet.	Contributions Section.
R.3A	Jacket for employer's records.	Contributions Section.
C.1	Contribution card.	Employer during currency; then Records Section.
C.2	List of employers in local office area.	Contributions Section.
C.2A	Advice as to number of employees recorded on Form C.2, and record of issue of stamps.	Accounts Division.
C.3	Local Office record of employer (Procedure A).	Local Office.
C.3A	Local Office record of employer (Procedure B).	Local Office.
C.4	Notice to employer as to purchase of insurance stamps.	Employer.
C.5	Application by employer for insurance stamps.	Contributions Section.
C.6	Schedule of stamp sales by local office.	Accounts Section.
C.7	Return of contribution card by employer when employment ceases.	Local Office.
C.8	Application for contribution card by new employer.	Local Office.

Number of Form	Purpose	Final Disposal
C.9	Issue of contribution card to new employer.	Employer.
C.10	Request to former employer for return of contribution card.	Local Office.
C.11	Application by employer for credit for lost or spoilt insurance stamps and cards.	Contributions Section.
C.11A	Register of applications on Form C.11.	Contributions Section.
C.11B	Notification to employer of allowance in respect of unused stamps.	Local Office.
C.11C	Notification to local office of allowance as on Form C.11B.	Local Office (duplicate to Accounts Section).
C.11D	Notification to employer of credit in respect of stamped cards referred to on Form C.11.	Employer (duplicate to Local Office).
C.11E	Notification to employer of disallowance of application on Form C.11.	Employer.
C.12	Reference to Inspector for inquiry of employer.	Office of origin.
C.13	Calculation of monthly payments due from employer.	Contributions Section.
C.14	Notification to employer of monthly payment due.	Employer.
C.14A	Notification to employer of revised amount of monthly payment.	Employer.
C.15	Acknowledgement of monthly payment.	Employer.

Number of Form	Purpose	Final Disposal
C.15A	Notice to Accounts Section accompanying cheque for monthly payment.	Contributions Section
C.16	List of persons in employment at the end of the year	Contributions Section
C.16A	Covering letter accompanying Forms C.16 to employer	Employer
C.17	Request to employer for balance of contributions due	Employer
C.18	Advice to employer of credit for contributions paid in excess	Employer
C.19	Notification by employer of cessation of employment of employee	Records Section
C.20	Notification of engagement of new employee	Records Section

Procedure A. Payment by Means of Insurance Stamps
Affixed to Cards

Preliminary

852. Stamps. The action to be taken in connection with the design and printing of stamps is described in Part V, Note 6B. Responsibility for taking this action will no doubt be undertaken by the Common Services Section (Printing) of Staff Services Division (see Part IV, Section 6, Chapter 4) subject to agreement with Contributions Section, while the general control of the printed stamps will be under the supervision of the Accounts Section of Finance Division at headquarters, where the main stocks of stamps will be held. On the assumption that the actual issue of stamps to employers will take place over the local office counter in exchange for cash or cheques, rather than through the post from headquarters, arrangements will have to be made for supplying the appropriate local office with a record card (Form C.3) giving the necessary particulars of the employer. Particulars of the sale of stamps and exchange of cards can be entered on this form which will provide a useful basic document for the inspector's survey work on the collection of contributions.

853. Contribution cards. The printing of these will also be undertaken by the Common Services Section, by whom the stocks will be held for supply on demand to Registration Section, for initial issues, and to local offices, for subsequent issues in exchange for expired cards.

854. The procedure for the issue of contribution cards in respect of initial entrants into insurance is described in Chapter 1 of this Section.

Local Office Procedure

855. Sale of stamps. (a) Contributions Section will maintain a record (on Form C.2) of the employers operating within the area covered by each local office and an initial supply of stamps based on this record will be issued to each local office (see paragraph 860). It is thought that about two months' supply should be issued in the first instance. These stamps should be held by the cashier, who should requisition further supplies as and when needed.

(b) When Forms C.3 are received from Contributions Section (see paragraph 860) they should be filed in the local office in the order of the employer's registration numbers and, shortly before the social insurance scheme is due to start, the local

office should send to each employer for whom they have Form C.3, a Form C.4 advising him how to obtain insurance stamps together with six copies of Form C.5 on which to make application for supplies of stamps.

(c) When the initial Form C.5 is received (in duplicate) the contribution clerk should compare it with Form C.3 to see that the number of stamps requisitioned bears some relation to the number of employees as shown on Form C.3 (i.e. there should be sufficient to allow for at least one stamp to be affixed for each employee). If insufficient stamps have been requisitioned, or the number requisitioned is more than five times the number of employees, i.e. more than enough for one month's contributions, inquiry should be made of the applicant for an explanation of the discrepancy. If the explanation is satisfactory a suitable note should, if necessary, be made on Form C.3 (e.g. that the number of employees has fallen to ..., or that the employer wants to hold more than a month's stock of stamps). If the explanation is not satisfactory a note should be made of the result of the inquiries and referred to the manager of the office to consider whether a visit to the employer by an inspector is desirable. Any request for stamps additional to those shown on the Form C.5 should be made on a supplementary Form C.5 - in no circumstances should the details on the original application be altered.

(d) Subsequent requisitions should also be compared with Form C.3 to check that the number of stamps asked for would be adequate to cover the period since the last previous requisition, and any queries should be dealt with on the same lines as those set out in sub-paragraph (c).

(e) Whatever action may have to be taken as at (c) or (d) above, the total values of the stamps requisitioned on Form C.5, and the adequacy of the amount of the cash or the cheque as recorded on that form should next be checked.

(f) The two copies of Form C.5 together with the cash or cheque should then be handed by the contribution clerk to the cashier, who should sign the receipt on both copies of the form and return them together with the stamps requisitioned to the contribution clerk.

(g) The contribution clerk should hand the stamps together with one copy of the receipted Form C.5 to the applicant and should enter particulars of the issue of the stamps on Form C.3.

(h) At the end of each day the contribution clerk should prepare a schedule (Form C.6) from the Forms C.5 dealt with by him during the day, noting the number of the schedule entry on each Form C.5, and should pass the schedule and forms to the cashier to check the total of the amounts received against the total value of the stamps issued as shown by his records of stamps held at the beginning and end of the day.

(i) After checking, the cashier should sign the schedule and pass it with the forms to the manager for transmission to Contributions Section at headquarters for action (see paragraph 861).

(j) When Form C.12 is received from Contributions Section (see paragraph 863) the relevant Form C.3 should be inspected to see whether there has been any sale of stamps later than that recorded on Form C.12. If not, the form should be passed to the inspector for action. If there is a later entry the details should be noted on Form C.12, which should then be returned to Contributions Section.

856. Contribution cards during period of currency.

(a) Normally the contribution card is held by the employer during its period of currency, but, when a worker ceases to be employed, his employer should send the worker's contribution card to the local office with Form C.7. On receipt the contribution card, with Form C.7 clipped behind it, should be filed in insurance number order.

(b) When the worker secures further insurable employment his employer should send Form C.8 to the local office for the card, and, if it is traced, the local office should send it to the new employer with Form C.9 completing the back of Form C.8 and filing it with the relevant Form C.7.

(c) If, however, the card cannot be traced and the date of leaving the former employment was within the period of the current card (or is not stated on Form C.8), the local office should send Form C.10 to the former employer recorded on Form C.8, the back of which should be noted accordingly; if no reply is received within three days or whatever period is suitable in the circumstances a further request for the card should be made by post or telephone. When the card is received, it should be sent to the new employer as at (b) above.

(d) Where the last employment, as stated on Form C.8 or given in reply to Form C.10, ended before the commencement of the current card period, or the person's current card has not

been traced after action as at (c), a new card for the current period should be prepared and issued to the new employer with Form C.9, care being taken to enter the insurance number on it correctly. Form C.8, noted as to the action taken and with any relevant correspondence should then be sent to Records Section to confirm the accuracy of the insurance number.

(e) If no insurance number is shown on Form C.8 it should be returned to the employer drawing attention to the first footnote to the form and requesting that he will get the employee to complete Form R.4 and send it to headquarters for action, as in the case of a new entrant into insurance.

857. Exchange of contribution cards.* (See also Part V, Note 7A.) (a) During the last week of a contribution period or the first two weeks of the next period, it will be necessary for employers to complete the stamping of the contribution cards for the earlier period, and to bring them to the local office in order that new cards for the following period may be prepared and issued in exchange for the old ones.

(b) On receipt of the old cards they should be scrutinised quickly to see that the stamping appears to be in order, and should be counted to see that the number corresponds approximately to the number of employees as shown on Form C.3, and the opportunity should be taken, when Form C.3 is being inspected to see that the purchases of stamps appear to be up-to-date. Any queries with regard to these points should be cleared with the firm before new cards are prepared, as it may be that the cards for some of the employees have not been returned, or that the stamping of the cards is incomplete.

(c) Subject to action as at (b) a new card should be written for each person for whom a card has been surrendered by the employer, care being taken to ensure that the name and insurance number have been correctly entered on the new card - a percentage check should if necessary be made by the supervisor, particularly where the work is being done by temporary staff recruited for the work. When each new card is written a tick should be made in the "Official Use" space on the old card. The possibility of making other entries in that space, e.g. with regard to the nature of the employee's work, as distinct from the occupation of the firm, or of the number of stamps affixed to the card and their values, will depend on other factors in the operation of the scheme.7

*Note. For the purposes of these instructions it has been assumed that the cards for all employees are to be exchanged at one date. If, however, the exchange is to be spread throughout the year (see paragraphs 1260 to 1268) the instructions will have to be modified accordingly.7

(d) When the cards have all been copied the new cards should be counted to confirm that the number agrees with that of the surrendered cards, and the new cards should be issued to the firm. The number of old cards should be entered in the appropriate space on Form C.3 and the cards should be tied up in bundles with a covering slip showing the registration number of the firm and the number of cards. The bundles will be sent to Records Section, who will pass the covering slip to Contributions Section to record on Form R.3 relative to the employer. See also Part V, Note 7B with regard to the perforation of the stamps on these cards.

(e) Two weeks after the end of the contribution period the file of Forms C.3 should be inspected and particulars extracted of those firms from whom no old cards have been surrendered for exchange. If the cards are not forthcoming promptly in response to a telephone call, particulars, including details of the number of employees according to Form C.3 and the last date on which stamps were purchased, should be passed on Form C.12 to an inspector for investigation.

(f) When the main exchange of cards has been completed any old cards held by the local office for persons who have ceased to be employed (see paragraph 856(a) above) should be tied up in bundles, labelled and sent to Records Section.

858. Lost or spoilt stamps or cards. (See also Part V, Note 7C). If an employer produces evidence of the loss of or damage to stamped contribution cards or of the spoiling of insurance stamps, e.g. by spilling ink on them, and desires to receive credit in respect of the insurance stamps which have been lost or damaged (e.g. by fire) he should be advised to submit a claim for credit to headquarters on Form C.11. No statement should be made as to the probability or otherwise of credit being allowed. If the cards related to persons still in his employment, new cards should be issued marked "Duplicate" on the front after confirming the names and insurance numbers of the employees concerned. A short note as to the circumstances of the loss or damage (e.g. that so many cards had been lost or damaged on a particular date) and the action taken (Form C.11 issued and the date) should be made on Form C.3, and the correspondence should be passed to Contributions Section (see paragraph 865 to 869). In due course Forms C.11C may be received from Contributions Section in regard to applications for credit for unused insurance stamps (see paragraph 867(a)). These forms should be held in the order of the employer's registration number until the employer produces the corresponding Form C.11B and applies for insurance stamps as authorised thereon. When the particulars of the stamps shown on Form C.11B have been

checked against those on Form C.11C the stamps should be obtained from the cashier, who should initial Form C.11C, and issued to the employer. No payment is required to be made for the stamps but a note of the transaction should be made on the employer's Form C.3.

Contributions Section Procedure

859. After the initial registration of employers and of insured persons has been completed Contributions Section at headquarters will receive from Registration Section the Forms R.3, R.3A and R.5 relating to each employer and should sort them into numerical order according to the employers' registration numbers.

860. A Form C.3 should be prepared in respect of each employer for whom Forms R.3, etc. are received, particulars being entered thereon with regard to the appropriate local office and the number of employees, divided where relevant according to the various wage groups. These forms should be sorted according to the various local offices, and a schedule of employers should be prepared in respect of each local office on Form C.2. The Forms C.3 should be sent to the appropriate local offices and Form C.2A should be prepared and sent to Accounts Section to send a supply of stamps to the local office. The Forms C.2 should be held in local office order (i.e. either alphabetically, or, if numbers have been allotted to these offices, numerically). When a new employer is registered the same action should be taken, his particulars being added to the Form C.2 for the relevant local office, while Accounts Section should be advised as to the additional supply of stamps to be sent to the local office.

861. At intervals Contributions Section will receive from each local office Forms C.5 and the covering Form C.6 with regard to the insurance stamps issued by that office (see paragraph 855) and, after confirming that Forms C.5 have been received in respect of each entry on Form C.6, will initial the latter form and pass it to the Accounts Section.

862. The Forms C.5 should then be sorted into registration number order and the particulars of stamps sold should be entered on the relevant Form R.3.

863. At regular monthly intervals an inspection should be made of all Forms R.3, and particulars should be extracted on Form C.12 of each firm for whom there is no record of the receipt of any application for insurance stamps within the preceding two months. A note should be made on Form R.3 of the date of preparation of Form C.12 which should then be sent to the local office to confirm that there is no record on Form C.3 later than the date shown on Form C.12 before passing Form C.12 on to the inspector for investigation (see paragraph 855(j)).

864. After the end of each contribution period local offices will send the stamped contribution cards to Records Section with covering slips (see paragraph 857(d)) which will be detached and passed on to Contributions Section. On receipt in Contributions Section these slips should be sorted into registration number order and the number of cards surrendered for the contribution period should be entered in the appropriate space on Form R.3.

865. Lost or spoilt stamps or cards. When an application on Form C.11 is received from an employer for the allowance of credit in respect of spoilt insurance stamps, or of stamps affixed to lost or damaged contribution cards, any relevant correspondence received from the local office (see paragraph 858) should be connected and the application should be registered in a straight numerical series, the registered number being entered in the appropriate space on Form C.11. A register of these numbers should be kept on Form C.11A.

866. After registration the application should be considered in the light of the information furnished. Where the case is clear, e.g. it relates to damaged stamps enclosed with the application, either loose or affixed to contribution cards, credit should be allowed forthwith. In other cases, especially while the scheme is new and a visit to the employer might be helpful on general grounds, it may be considered advisable to refer the matter for inquiry by an inspector in order to confirm the statements on the form and to ensure that proper care is taken of stamps and cards in future. The decision as to the allowance of credit will, of course, depend on the information obtained by the inspector, but attention should be paid to the general advice contained in paragraphs 1270 to 1277.

867. Particulars of the decision reached should be recorded in Part E of Form C.11 and action should be taken as follows:

- (a) if credit is allowed in respect of unused stamps which had not been affixed to contribution cards, the employer should be advised on Form C.11B to apply to the local officer for stamps to the value allowed, and a notification on Form C.11C should be sent to the local office, a duplicate being sent to Accounts Section;
- (b) if credit is allowed in respect of insurance stamps affixed to contribution cards, the employer should be advised on Form C.11D and a duplicate should be sent to the local office; a blank contribution card for the period in respect of which credit has been allowed should be prepared for each employee covered by the allowance showing the name and insurance number of the employee, the registration number of the employer, and, in the "For Official Use Only" space on the

card, the registered number of the application and the period and number and value of the contributions for which credit has been allowed; these cards should then be passed to Records Section for action (see Chapter 4);

- (c) if credit is not allowed the employer should be notified on Form C.11E.

Note. As the decision on the application is a matter for the discretion of the Board, there is no right of appeal, but consideration should be given to any further evidence or information subsequently received and the decision should be revised if this course appears to be justified.

868. After action as in paragraph 867 the Form C.11 should be filed in the Form R.3A relating to the employer. As regards the evidence furnished in support of the application, some of this, e.g. record books belonging to the employer, may have to be returned, and, if the rest is too bulky to file in Form R.3A, it should be placed in a cover and filed separately under the registered number of the application. Where credit is allowed for stamps affixed to damaged contribution cards as in paragraph 867(b), care must be taken to cancel any stamps or parts of stamps which may still be affixed to the damaged cards, in order that credit should not be given twice to the insured person for these stamps.

869. The supervisor should periodically inspect the register of applications and arrange for action to be speeded up on long outstanding cases.

Procedure B. Direct Cash Payment of Contributions

Local Office Procedure

870. As indicated in the Introduction to this chapter the degree of decentralisation of the Contributions Section depends on factors peculiar to each scheme and also on the payment arrangements which are customary to the country concerned. It is accordingly not possible to indicate the detailed lines of procedure in the local office.

871. If, however, the work of inspection of employers' records is to be linked with local offices as mentioned in paragraph 851 and as suggested in paragraph 897, the local office will have to be supplied with and maintain a record - a Form C.3A for each employer operating in its area - see paragraph 873. These forms which should be printed as index cards should be kept in registration number order.

Contributions Section Procedure

872. As in the case of the collection of contributions by means of insurance stamps the first action in Contributions Section will be to sort the Forms R.3, R.3A and R.5 according to the employers' registration number.

873. A Form C.3A should be prepared in respect of each employer for whom Forms R.3, etc., are received, particulars being entered thereon on the record to the appropriate local office and the number of employees.

Note. The following paragraphs apply to the system of collecting contributions based on monthly contribution schedules on which the employer enters the name, insurance number and insurable wage of every employee who has been in his service during the contribution period. The Schedule (Form C.) has been drawn up in the simplest possible way omitting for instance the indication of the number of days of work during the month and the individual employee's contribution, and showing only the total sum of contributions calculated on the total sum of insured wages.

The design of the Form needs to be modified according to the legislation in force. For instance when it is necessary to know the number of working days in each month in order to assess the insured person's right to a given benefit, an

additional column should be provided for this purpose as the form. It may also be necessary to arrange for an additional column in order to enter the employees' individual contributions. When insured wages are broken down into wage classes it may be possible to substitute the column reserved for the wages with one showing the wage class and another showing the corresponding contribution amount.⁷

874. The collection of the employees' and employers' contributions is made by means of a monthly Schedule (Form C.13) which is distributed to the employers by the Board's headquarters of local office. The Schedule refers generally to a calendar month or a period assimilated to it if wages are paid on a weekly basis. This period is referred to as a "contribution month".

875. Within a fortnight from the end of the contribution month the employer should submit the Schedule together with a payment in respect of the contributions due. Upon receipt the Schedule should be duly checked in the presence of the employer or his representative with a view to ascertaining whether the information contained therein is correct and confirming that no arithmetic mistakes have been made in adding up the wages or in calculating the amount of the contribution. Once checked the Schedule should be accepted and the money cashed in, the corresponding amount being entered on Form R.3. This procedure and in addition that described later in paragraph 880, can be followed even if a small mistake is found in the Schedule or if the amount of money actually received is less than that due, for instance, because of an oversight on the part of the employer. A copy of the Schedule, duly stamped, should be returned to the employer to serve as a receipt for the payment made.

Note. It is clear that the checking of a large Schedule may take some time, and in order to avoid delays at the counter when a number of people are waiting, the officer who receives such a Schedule may omit to check all the arithmetic operations contained in the Schedule and carry them out later but preferably within the day of receipt of the Schedule. Instructions to be issued by the Board should state what would be the maximum amount short of which a Schedule is in any case receivable.

An alternation procedure would be to issue a short receipt to the employer at the counter when the Schedule and money are received. The Schedule could then be checked later and only when all the relevant internal operations are completed would a copy of it, duly stamped be returned to the employer. In this case the copy of the Schedule would include all corrections made upon it by the administrative services of the Board.⁷

876. Arrangements should be made to inspect all Forms R.3A after the due date and to fix a coloured tab to each of those where payment has not been received and to remove this tab as soon as payment comes to hand. This will make it easier to identify those in which special inquiry has to be made. Where necessary an inspector should be asked (Form C.12) to visit the employer, and such action may be considered advisable in most of the cases where delay in payment occurs within the first few months of the operation of the scheme.

877. The procedure to be applied in the internal checking and accountancy of contributions received is described in detail in the "Social Insurance Hand Book - Accountancy and Audit".

878. Cash payments should be avoided as far as possible. Preference should be given to cheques or similar means of payment not exposed to fraud and forgery. (Detailed instruction on this matter is omitted because it would depend on prevailing local conditions.)

879. On entering the amount of contributions paid and the number of employees on Form R.3, a comparison with the previous entries should be made. In case of doubt as to the correctness of the employees' statement an investigation should be made through the Inspectors' Service.

880. If the amount received is less than the amount due a notice on Form C.15 should be sent to the employer to increase his next payment by the amount of the difference. On receipt of such difference the procedure indicated in paragraph 876 should be applied and a line should be drawn under the entry on Form R.3. Entries in respect of payments made thereafter for the new year should be made below this line.

881. If, however, the amount received is more than the amount due, the difference should be noted on Form R.3 and a line should be drawn as indicated in paragraph 880. Form C.16 should then be sent to the employer advising him as to the excess payment and authorising him to deduct it from his next contribution payment.

882. If the Form C.13 has not been returned by the time the next monthly payment is received or due, urgent representations should be made by the inspector to secure its early submission.

883. When an employee leaves employment in the course of a contribution month, the employer will enter the date of termination of service in the appropriate column in the Schedule, Form C.13. If the departure of the employee took place at the end of the preceding month and an entry to this effect was not made in the Schedule of that month the employer should add the name of the employee, without mentioning his salary at the end of the next month's Schedule indicating at the same time the date of departure in the appropriate column. Such a date should be entered in Form R.9 and then passed on to the Record Section.

884. When a new worker previously registered with the Board enters a new employment the employer will enter his name, insurance number and the date of commencement of employment in the appropriate columns of the Schedule. The new employment should be noted on Form R.9.

885. Attention is drawn to the employers' duty to submit the registration Forms R.4 and R.5 to secure registration of a new employee who enters for the first time into insurable employment or who is unable to show his social insurance identity card. Such registration forms should be submitted at once or at the latest together with the Schedule where the name of the employee would appear for the first time.

886. If the employer fails to enter on the Schedule the insurance number of the worker and in addition he has failed to submit in due course Forms R.4 and R.5, a Form C.14 accompanied by a number of blank R.4 and R.5 Forms should be sent to the employer.

887. If local offices are called upon to take part in the process of collection of Schedules and contributions, special regulations should be issued to co-ordinate the duties and responsibilities of the local office and of headquarters. In all events headquarters should keep a central record of all contributions collected.

General

Contributions Section Procedure

888. It is possible that an employer might by mistake submit a second application on Form R.1 for registration, and this should be discovered by Index Section before a registration number is given to the second form, which will be referred to Contributions Section for action (see paragraph 834).

889. On receipt of such a form the employer's Form R.3A should be drawn to see whether the employer is paying contributions regularly. If so, the Form R.1 should be returned to the employer with Form R.1B.

890. If, however, the employer has not paid, or has stopped paying contributions, or there is some discrepancy between the particulars given on the Form R.1 and the Form R.5, the matter should be referred on Form C.12 to the inspector for inquiry.

891. The possibility of the duplication of registration of one employer escaping unnoticed for more than a very short time is negligible, since he would almost inevitably draw attention to the receipt of two sets of Forms R.4 and R.5. If, nevertheless, there was any completion of Forms R.4 in duplicate, Index Section would discover it and would raise the matter in accordance with paragraph 837.

892. Where, however, duplicate registration is reported to Contributions Section by Index Section, on Form R.8A, it will probably be found to be due to separate registrations of two establishments under one employer. Inspection of the two Forms R.3A under the two registration numbers will probably show that there is really no duplication and, in that event, the Forms R.1 should be noted in some way to indicate the difference between the two establishments and returned to Index Section with Form R.8A suitably noted.

893. If the position is not found to be as suggested in paragraph 892 further action will depend on what is revealed by the inspection of the two Forms R.3A, and in all probability local inquiry by an inspector will be needed in order to make sure that each employee has only one identity card and that the number it bears is the only one recorded for that person in the records of the employer and of the Social Insurance Board.

Inspection

(See also paragraphs 934 to 940)

894. Reference has been made in paragraphs 857(e), 863, 866, 877, 886 and 893 above and also in other procedures to some of the circumstances in which the inspectors may be asked to make inquiries on behalf of the various sections and the local offices. Some of these inquiries relate to action on benefit claims, and when dealing with such inquiries the inspector should be careful to obtain, as far as he can, the information asked for but no more.

895. Most of the references will deal, however, with matters relating to the collection of contributions, the supervision of which is the inspector's main concern. Whenever he is asked to make an inquiry in one of these matter, he should appreciate that the need for the reference often arises from some slackness in the observance by the employer of the requirements of the Contributions Regulations and, without prying too closely into the employer's arrangements, he should take notice of any other indications that these regulations are not being complied with properly. In this connection, it is necessary to stress that each inspector must make himself fully conversant with these regulations.

896. The primary function of the inspectorate is, of course, to secure, as far as possible, 100 per cent. compliance with the provisions of the scheme relating to the payment of contributions. It is not possible to rely on the absolute observance of these provisions by employers without some supervision, and, accordingly, it will be necessary to set up a systematic plan for visits of inspection to all employers who are liable for the insurance of their workers.

897. This plan should cover the whole area to which the Social Insurance Act is applicable, and it will probably be found advisable to limit an inspector's field of action to a defined district in order to prevent waste of effort by overlapping and misunderstanding. The whole area should therefore, be divided in such a way that each inspector will be able to undertake effectively the supervision of the employers within his particular division of the area. It will generally be found convenient to associate each inspector with a particular local office, or with more than one such office if the number of employers linked to one office would not provide sufficient work for one inspector. Alternatively, if the number of employers associated with a particular local office was enough to provide work for two, or even more, inspectors, the area

covered by that office might be subdivided accordingly, each inspector taking an appropriate part of the work.

898. Once the inspector has been advised of the district for which he is to be responsible, he should make himself acquainted, through the local office index of Forms C.3 or C.3A, with the distribution of the firms in his district and prepare a rota of visits to them arranged in such a way that he can cover the whole of the ground at least once a year. This arrangement should aim as far as possible to avoid undue waste of time in going from one employer to another, but at the same time should be sufficiently flexible to avoid visits being made in strict rotation, which might give an employer advance warning of an early visit, and to allow of the fitting in, without too much delay, of special visits (see paragraph 894) or of check visits at more frequent intervals to employers whose record of compliance is not very good.

899. The powers of inspectors as set out in paragraph 402 are as follows:

- "(a) An inspector may at any reasonable time enter the premises of any business, establishment or factory, whether or not it is one to which the (Social Insurance) Act is applicable, and examine wage records, accounts, books and other documents relating to the persons employed therein, and to the payment of their wages or other remuneration.
- (b) An inspector may also for the purposes of this regulation examine employers, their managers, agents or other persons acting on their behalf, or their employees, and require them to give evidence on all questions as to which he may consider it necessary to have information for such purposes."

900. Obviously such powers must be exercised with proper discretion, and must be used only to the extent necessary to secure the enforcement of the requirements of the Social Insurance Act. Thus the examination of wage records, etc. should be such as to show whether insurance contributions are being paid at the proper rates for all the persons employed by the firm, and not for any persons who are not employed by them and accordingly are not eligible to be insured persons. The inspector should not concern himself as to whether the rate of wages as shown in the records is in accord with statutory or other requirements unless he has good reason to think that the rate as recorded is not that which was in fact paid to the employee, so that the amounts of contributions paid are incorrect. Similarly, any inquiries addressed to the

employer or to persons on his staff should be such as are obviously related to the payment of contributions, registration of employees, etc., as required by the various contributions or benefit regulations.

901. Where contributions are being paid by means of stamps affixed to contribution cards, these cards should be examined to see that the necessary insurance stamps are being affixed regularly, and properly cancelled, that cards for persons who have left the employment are not held beyond the period laid down in the regulations, and that a card is held for each employee. In addition, the inspector should check that the number of stamps being bought by the employer agrees fairly closely with the number of employees as shown in the records. Where contributions are being paid directly in cash, the corresponding examination would be of the pay rolls to check that the proper deductions were being made from the pay of each employee and that the total of these deductions was approximately equal to the monthly payments being made to the Board as shown on Form C.14 held by the employer.

902. Where the number of employees is very large, these tests can be applied, where appropriate, to a proportion only of the cases involved (e.g. in relation to 20 per cent. of the employees) and only extended beyond that proportion if obvious discrepancies are brought to light.

903. Further action depends on what the investigation has revealed. The attention of the employer should be drawn to failures to comply with the requirements of the regulations, and, where financial adjustment is necessary, payment should be collected unless it appears that legal action may have to be taken. If in this latter event the employer offers payment it may be taken, but the receipt given must show clearly that it has been accepted without prejudice, and the matter should be referred to Contributions Section for consideration and for authority to prosecute if that course is agreed to be taken. Similar action should be taken if the employer denies liability for payment of sums which the inspector considers to be due, or the investigation has revealed some other serious breach of the regulations, e.g. deliberate misrepresentation with regard to the number of his employees or to their wages.

Note. At an early stage the Social Insurance Board will have to decide on its policy with regard to prosecution in these types of cases and the necessary guidance to the inspectors will have to be included in these paragraphs.7

904. Any payment collected by an inspector should be made by means of a crossed cheque made payable to the Social Insurance Fund. Such a cheque should be passed with the inspector's report to Contributions Section, where necessary action will be taken to note the employer's record and to pass the file to the Accounts Section to withdraw the cheque. Where contributions are normally payable by means of stamps affixed to contribution cards, the file should also be passed to Records Section to note the records of the individual employed person.

905. If in the course of his inquiries the inspector finds that the employer or some of his employees, who are liable to pay contribution, have not been registered, he should take the necessary action to secure the completion of Forms R.1, R.4 and R.5. These forms should accompany his report to Contributions Section who will arrange for action to be taken on them before their other action as in paragraph 904 is completed.

906. Where registration of the employer is involved the inspector should prepare a dummy Form C.3A, and note it as in paragraph 907, and pass it to the local office for information. For the purpose of identifying and linking the various documents prepared in such cases the inspector should enter his name and a temporary personal number below the space for the employer's registration number on Forms R.1 and C.3A, and also below the space for the insurance number on the associated Form R.4.

907. The action taken by the inspector should be noted on the back of Form C.3 or on Form C.3A, as the case may be, and this should be done even though the investigation has brought to light nothing untoward or only some minor breach of the regulations, which calls for no action other than to advise the employer. Even so, the inspector may feel it desirable in some of the latter cases to furnish a report to Contributions Section, e.g. where his inquiries reveal some misunderstanding which may need correction generally.

In this connection it is noted that, while Form C.3A is designed solely for use by the inspector, Form C.3 is in regular use in the local office and it may be decided that, when Form C.3 is prepared, a Form C.3A should also be prepared for the use of the inspector. But before visiting in such cases, it would be as well for the inspector to look at Form C.3 to see if it reveals any grounds for special inquiry.

908. The reference in paragraph 402(a) to businesses, etc. to which the Act is not applicable, is included to enable the inspector to make a check on employers who have not registered, but nevertheless may be liable to do so. Such a power should not, of course, be used to secure entry to premises which obviously could not accommodate as many as 20 employees. (See also Chapter 5 in relation to employers who ask for a decision of the Social Insurance Board as to their liability to pay contributions in respect of their employees.)

909. A paragraph or paragraphs will have to be added with regard to prosecution action which will necessarily depend on the legal procedures of the individual country.7

910. It may be considered desirable to arrange for the periodical rotation of inspectors, to prevent them from establishing unduly close relationships with the individual employers.

Note. In the very early stages of a new scheme the inspectors will have to do much field work explaining the purpose of the scheme to employers and employees, and it may be that some of the staff of the local offices can also be spared to help with this work until the local office work really gets under way, e.g. until the first exchange of contribution cards or benefit claims start to come in steadily after the initial qualifying periods have elapsed.7

Section 3

Department B - Contributions Division

Chapter 4. Records Section

(See also paragraphs 1258 to 1279
and 1280 to 1291)

Introduction

911. The main purpose of maintaining a record in respect of the contributions paid by or in respect of each individual insured person is to assist in the determination of his title to receive benefit, while, by keeping also a record of the benefits granted to him, a check may be kept on any attempt to secure irregularly two benefits simultaneously. Incidentally the recording of this information may also be of assistance in the extraction of essential statistics, especially if the record sheet also contains basic information with regard to the insured person, such as his date of birth and marital status.

912. But, since all this information has to be copied from other documents, it is necessary to exclude rigidly all information which cannot be of use for one or other of these purposes. Thus, while the person's address or his mother's surname or a married woman's maiden surname may be of considerable help in connection with the work of the Index Section, such information is of no value for Records Section purpose and no provision has been made for its inclusion on the record sheet (Form R.9). Similarly the name of the dispensary to which the insured person has been assigned will not be entered on the record sheet.

913. On the same basis, information with regard to the number of contributions paid on stamped cards might be omitted until such time as long-term benefits are to be provided under the scheme. But, in view of the possibility of such an extension in the future, provision has been made on the record sheet to enable this information to be recorded if and when it becomes necessary; if such provision were not made to start with, a new set of record sheets including this provision would have to be written when the extension became effective.

Authority

Contributions Regulations: Paragraph 366(b)

Forms Involved

Number of Form	Purpose	Final Disposal
R.4	Insured persons' registration form	Records Section
R.5A	Notification to employer of insurance number of new employee	Employer
R.5B	Letter to employer in regard to duplicate registration of an employee	Records Section
R.5C	Notification to dispensary of cancellation of insurance number	Dispensary
R.8	Insured person's index slip	Records Section
R.8A	Action slip in connection with duplicate registration of employee	Index Section
R.8B	Reference to inspector in a duplicate registration case	Records Section
R.9	Insured person's Contribution and Benefit Record Sheet	Records Section

Procedure

914. On receipt of Forms R.4 and R.9 from Registration Section (paragraph 787(d)) they should be sorted separately according to the insurance numbers, the Forms R.9. being filed in binders provided for the purpose, and the Forms R.4 being held in bundles, each of which should be labelled to show the range of insurance numbers to be included in it. As insurance numbers will in general be allocated in sequence, the Forms R.4. and R.9. in respect of new registrations will normally fall to be added to the latest bundle or binder as the case may be.

Duplicate Registration of Insured Persons

915. When Form R.4 is received from Index Section with an insurance number entered below the space provided on the form for that number, or with a covering note asking for comparison with a Form R.4 previously received (see paragraphs 837 and 838), the signature and thumbprint /or photograph/ as well as other particulars on the new form should be compared with those on the earlier Form R.4 held by Records Section.

916. If, as a result of this comparison, it is clear that the two Forms R.4 refer to the same person, Form R.9 should be inspected and, if there has been a change of employer, details of the new employment should be noted in the appropriate space on Form R.9. The new Form R.4 should then be returned with Form R.5A to the employer by whom it was submitted. If, however, it is clear that the two Forms R.4 refer to different persons, the new form should be returned to Index Section with a note to that effect. After this action has been taken the old Form R.4 should be refiled in its bundle.

917. When Form R.8A with two index slips (Form R.8) referring to the same insured person are received from Index Section (paragraph 832), the relative Forms R.4 should be withdrawn and compared, as in paragraph 915, to check that the two forms refer to the same person.

918. If this comparison shows that the two forms actually refer to different persons, any item of difference between the particulars given on the forms should be noted on the relative Forms R.8, which should be returned to Index Section with Form R.8A completed in Part B, Parts C and D being cancelled.

919. If the comparison established that the two Forms R.4 refer to the same person, steps must be taken to cancel one of the numbers, and to recall the identity card (and, if necessary, the contribution card) bearing that number. Where the two forms were submitted by the same employer it is possible that he accidentally completed two Forms R.4 in respect of the man and included his name twice on Form R.5.

920. As a first step to clearing the matter the relative Forms R.9 should be examined and, if these indicate that no entries have been made since the forms were first completed, as will normally be the position where the duplication is picked up at an early date, Form R.5B should be sent to the employer; Part A of the draft is intended for use where contributions are being paid by means of insurance stamps; Part B is for use where contributions are paid in cash, and when completing it the lower of the two numbers should be retained and the higher one cancelled.

921. On receipt of the reply to Form R.5B, subject to it being confirmed that the appropriate (unstamped contribution card and) identity card have been returned, these should be marked "Cancelled" and filed under the insurance number shown thereon.

922. Further action should then be taken as follows:

- (a) Form R.9 bearing the insurance number to be cancelled, should be withdrawn from the binder and the Forms R.4, R.8 and R.9 bearing that number shall all be marked clearly across the insurance number "Cancelled. Insurance Numberrefers";
- (b) the Form R.4 should be clipped behind the Form R.4 bearing the insurance number to be retained, and the two should be filed together under that number;
- (c) the Form R.9 should be filed behind the Form R.9 bearing the insurance number which is to be retained;
- (d) Form R.5C should be sent to the dispensary shown on Form R.4; and
- (e) the two Forms R.8 should be returned via Contributions Section to Index Section together with Form R.8A completed in Part C, Part B being cancelled.

923. If, however, the inspection of the two Forms R.9 shows that some entries have been made on one or both of them since initial completion, or the two Forms R.4 have been submitted by different employers, it is possible that the later one relates to a new period of employment, and more careful inquiry will be needed to link the records of the two periods of employment and prevent any further confusion in the future. This inquiry would be most satisfactorily made locally and Form R.8B should be completed and sent to the inspector accordingly.

Note. On Form R.8B it is assumed that, where contribution cards are being used, the number on the card which is being stamped currently (and probably bearing the later number allocated) should be retained, but experience may show that it would be simpler to cancel that number and revert to the first number allocated, at any rate in some of the cases.]

924. On receipt of the inspector's report on Form R.8B advising as to the insurance number to be cancelled, action should be taken as in paragraph 922, after the entries on Form R.9 bearing that number have been transferred to Form R.9 bearing the number which is to be retained. Form R.8B should be sent to Contributions Section with the other forms referred to in paragraph 922(e).

Contribution Cards

925. At the end of each contribution period local offices will forward to Records Section bundles of contribution cards for that period received from employers in their areas (see paragraph 857(d) and (f)). On receipt of these bundles the covering slips, showing the employer's registration number and the number of cards, should be sent to Contributions Section, and the cards should be sorted into insurance number order.

Note. It may not be possible to undertake this sorting, or to store the cards when sorted, in the actual office where the record sheets (Forms R.9) are filed, and special space may have to be provided for this purpose. Sorting racks may be needed, and also labelled containers will have to be provided for the storage of the sorted cards for a period of, maybe, two years. Cards for each contribution period must be kept separate from those for other periods. See also Part V, Note 7 B with regard to the perforation of the stamps on these cards.7

926. At intervals contribution cards will be received from Contributions Section (see paragraph 867(b), Chapter 3) bearing a record of contributions credited in replacement for lost or damaged stamped cards. These should be sorted into the general run of stamped contribution cards for the relative period.

927. Provision may have to be included for dealing with stamp irregularities - see Part V, Note 7 D.7

928. When the scheme has been extended to include the provision of long-term benefits, arrangements will have to be made for recording on the record sheets the number and value of contributions paid for each contribution period.

Direct Payment on Contributions in Cash

929. Notification of changes of employment will be received from Contributions Section (see paragraphs 883 and 884) and the information furnished thereon should be noted on the relevant Forms R.9.

Note. The information copied on Forms R.9 will not, as a rule be sufficient for the purpose of determining the right to a long-term benefit or its amount. A procedure for transferring information regarding periods of insurance and insured wages from the monthly Schedule to the Form R.9 (duly modified) should therefore be devised. For this purpose it may be possible to utilise punch card equipment (see paragraphs 1309-1311) or any other mechanised system of direct transfer of data.7

Benefit Claims

930. Information with regard to an insured person's record may from time to time be requested in connection with an application for benefit (see paragraphs 667 to 670) and such information as is available in Records Section, either on Form R.9 or on the relevant contribution card, should be supplied as promptly as possible.

931. Records Section will be supplied with information with regard to the benefit claims made by insured persons (see paragraphs 682, 697 etc.) and this information should be recorded promptly on Form R.9.

Section 3

Department B. Contributions Division

Chapter 5. Insurability Section

(See the Adjudication Regulations,
paragraphs 405 to 433 and 1172 to 1179)

Introduction

Any question as to

- (a) whether the Social Insurance Act should be applicable to a particular establishment, e.g. whether the establishment is within the area to which the Act applies, or whether the number of employees is at least equal to the prescribed minimum;
- (b) whether a person is or was employed under a contract of service as an employee or apprentice; or is to be treated in accordance with regulations as so employed;
- (c) who is or was liable for the payment of contributions as the employer of an insured person; or
- (d) at what rate contributions are or were payable by or in respect of an insured person;

will be decided by the Social Insurance Board, normally in practice by an employee of the Board, in the light of the statutory provisions relating to these matters contained in the Social Insurance Act and the Contributions Regulations (see Part III, Section 4). There will be a right of appeal against the Board's decision on a question of law, which will be determined in accordance with the Adjudication Regulations (see Part III, Section 5).

Authority

Section of the Social Insurance Act;

Adjudication Regulations: Paragraphs 411 and 416.

Main Forms Involved

Number of Form	Description of Form	Destination of Form
A.1	Application for decision by the Social Insurance Board	Insurability Section
A.2	Index record of application on Form A.1.	Insurability Section
A.3	Request for comment by interested person on summary of the case	Insurability Section
A.4	Certificate of appointment by the Social Insurance Board of person to hold an enquiry as to the application for decision	Person so appointed
A.5	Notice of proposed hearing in regard to the application for decision	Person notified
A.6	Notice that a question of law is to be referred to the court	Person notified
A.7	Covering letter accompanying the copy of the decision of the Social Insurance Board	Applicant for decision

Procedure

I. Informal Advice as to Liability to Pay Contributions

932. The questions referred to in the Introduction to this chapter may be raised either (a) by the employer who considers that he should not be required to insure his employees or alternatively that he should be required to do so, or (b) by the employee who may not want to be insured, or thinks that his employer ought to be paying contributions under the scheme in respect of him.

933. The first contact between the employers and the Board will be in connection with the registration of employers and in general it can safely be assumed that any employer who applies for registration will be liable to insure his employees, unless it is clear from the information which he gives on Form R.1. that this is not so, e.g. because the number of his employees is below the minimum or the establishment is outside the prescribed area of application of the scheme - see in this connection paragraph 776.

934. The main difficulty in relation to employers will be more likely to arise when the inspectors start on their routine visits to establishments which have not been registered and the employer is not willing to pay contributions for which the inspector considers him liable. In addition, individual employees whose employers are not paying contributions for them may raise the question of their title to be insured, possibly by claiming benefit to which they think they should be entitled, and in such cases it will probably be found desirable to ask the inspector to visit the employer and make inquiry as to his general liability to pay contributions for his employees.

935. The inspector should make the normal inquiries with a view to confirming, or otherwise, that:

- (a) the establishment operates within the area, or one of the areas, to which the Social Insurance Act is applicable - such areas should be defined in the Act or the regulations and, provided that the definition is clear enough, little difficulty with regard to interpretation is likely to arise;
- (b) the number of persons employed in the establishment is not less than the minimum for liability to insure laid down in the Act or the regulations - here again much may depend on the clarity of definition as to (i) who exactly is to be regarded as an "employee" for these purposes, e.g. he must be employed under "a contract of service", and

- (ii) how the number of persons employed in the establishment is to be determined, for instance, where more than one business is carried on by a firm either under one roof or in separate premises; and
- (c) the person whose case has given rise to the inquiry is to be regarded as an employee for the purposes of the Act (see (b)(i) above) - this question may well give rise to the most difficulty in individual cases; but in general the probability is that all the persons working in a normal establishment will be employed under a contract of service, expressed or implied, and be liable to be insured, if the establishment is one to which the Act is applicable.

936. If liability for insurance has been established, the employer should be advised accordingly and requested to pay contributions, if this has in fact not been done, including any arrears outstanding (see also paragraphs 904 to 906). But before this stage can be completed it may be necessary to dispose of some question as to the rate of contribution payable in those cases where this rate is related to the rate or amount of the employee's wages; in some cases this may be the point on which the question was raised in the first place. In this instance also the degree of difficulty in giving the proper answer will depend in the main on the preciseness of the definition of the rate or amount of wages which is to be taken into account for the purpose of determining the rate of contribution payable (see in this connection paragraph 376).

937. If the question of insurability was raised by the workman himself, he too should be advised of the result of the inquiries, especially if it does not accord with his contention when raising the question.

II. Application for Formal Decision

938. If the employer or the employee disputes the correctness of the advice given to him the inspector should explain that he can only advise in the light of the information which he has been able to obtain and of his understanding of the legal provisions governing the matter, but that, if the person desires to have a formal decision on the matter, it is open to him to submit an application on Form A.1 for such a decision to be given by the Social Insurance Board.

If the employer or employee makes it clear that he will not be satisfied without a formal decision, Form A.1 should be given to him with instructions as to how it should be completed.

Note. Form A.1 has been prepared tentatively to cover all the various types of question referred to in the Introduction to this chapter, and it is appreciated that the information furnished on the form will in many cases have to be supplemented by a second inquiry directed specifically to elaborating the information given in Part E. It is possible that, in view of the variety of circumstances which may arise, this secondary action will inevitably be necessary in most of the cases, especially where it is necessary to get definite evidence in relation to the points under consideration. But if in practice any one of the types of question shows itself to be stereotyped, it may be considered preferable to have a separate form for that type of question covering all the points which, experience shows, give sufficient information to enable a decision to be given without further inquiry.

939. While it would be in order for the inspector to give advice as to how to complete the Form A.1 if he is asked to do so, he should not, in view of his position as an officer of the Board, by whom the decision is to be given, offer to help and he must not in any case complete any part of the form himself;

940. When the inspector has issued Form A.1 he should at the same time send to Insurability Section a short report on the position, with particular reference to the point which is disputed by the employer or employee. When this report is received in Insurability Section it should be given a serial number, recorded in a suitable register, and filed under the serial number.

941. On receipt of Form A.1 completed by the applicant it should be connected with the inspector's report (paragraph 940) and indexed (Form A.2) and an acknowledgment of its receipt, quoting the registration number and promising consideration of the application, should be sent to the applicant. Forms A.2 should be filed alphabetically according to the name of the applicant.

942. The Form A.1 should then be examined carefully, together with the inspector's report, and consideration given as to what further information will be needed in order to determine the question which is for settlement. In this connection it should be noted that, as the application for decision must be approached in a strictly judicial manner, the inspector's report should be regarded only as a pointer to the further particulars to be sought, except in so far as the information it contains is in agreement with the statements made in the application.

943. When any further necessary information has been secured by correspondence or by a further visit of the inspector a full summary of the whole position as so far ascertained should be prepared and a copy of this should be sent for comment (on Form A.3) to any person who appears to be interested in the matter, e.g. if the application has been made by the employer, the copy should be sent to any person, such as a trade union secretary, who could represent the views of the employees who were members of his trade union, or, if it has been made by a worker, it should be sent to the employer who may by reason of the decision given be required to pay contributions in respect of the applicant.

944. On receipt of these comments and subject to any action which might clear up any apparent discrepancies in the information furnished, the application should be considered and, after obtaining any necessary advice from Legal Division, e.g. from the Board's legal advisers, a suggested decision on the matter should be submitted to the Board for approval, unless the case is one of the type referred to in paragraph 945 or 951.

III. Holding of Oral Hearing

945. In some cases there may be a direct conflict of evidence or the evidence indicates that the case is very near the border line between, for example, contract of service or contract for service, or even the evidence, although apparently all pointing in one direction, may be of doubtful reliability because it is too vague or seems to have been inspired with a view to securing a favourable decision rather than to be based on strict truth. In such circumstances it may be considered that the only way to be sure of getting as fair a picture as possible of the true position would be at an oral hearing and, in that event, the case should be submitted for authority to appoint a person to hold an inquiry into the matter in accordance with the Adjudication Regulations (see paragraph 415(3)).

946. The person appointed to hold such an inquiry should be a person of unquestionable integrity such as a lawyer of some years standing, who would be quite independent of the Board in taking the evidence and reporting on his findings, and his appointment should be covered by a formal certificate (Form A.4) signed by a person authorised to do so by the Board.

947. When this appointment has been made, a date, time and place should be fixed in consultation with him for the holding of the inquiry. The date chosen should be sufficiently far ahead (say three weeks) to give the persons who are likely to be attending at the inquiry, time to make the necessary

arrangements to be present. Also in fixing the date, time and place due regard should be paid to the convenience of all parties and particularly to the circumstances of the journey which they may have to undertake in order to be present at the inquiry.

948. Proper notice of the inquiry (Form A.5) should be sent to the applicant and to any other person who appears to be interested in the matter, and this notice should indicate any particular documents such as wages books or other items of evidence which the person holding the inquiry may ask to be produced thereat.

949. The place of the inquiry should be suitable to the purpose, i.e. it should make provision for the proper accommodation of the person who is to hold the inquiry, for the accommodation of persons attending at the inquiry and for the calling and hearing of witnesses.

950. After the inquiry the person appointed will submit a report of his findings to the Board for consideration.

IV. Reference by the Board to the Court on a Question of Law

951. If, in the course of the consideration of the application, a legal question of considerable importance arises, e.g. because the words used in the law seem either to be capable of more than one interpretation, or to give no clear indication of their purpose, and it is essential that an authoritative opinion on their meaning should be obtained because the position of many employers and workers may be affected thereby, it may be considered desirable that the question should be referred to the Court for decision. The applicant and any person interested in the case should be informed accordingly on Form A.6. The procedure will be the same as for an appeal on a question of law (see paragraph 955).

The decision of the Court on this question of law will be final, and it will be necessary for the Board to incorporate that decision in their decision on the application as a whole (see paragraph 944).

V. Decision of the Board

952. The Board's decision should be prefaced by a clear, but not too wordy, description of the question which was for consideration, and the decision itself should be given in legal terms, including any decision given by the Court on a reference

one a point of law. For example, the decision might read somewhat as follows:

"Applicant Date of application

The question submitted to the Social Insurance Board was whetherwhen working as a for the applicant during the period towas employed by the applicant under a contract of service and liable to be insured under the Social Insurance Act

After consideration of the particulars and information furnished to them, the Social Insurance Board's decision is thatwas employed under a contract of service and liable to be insured under the Social Insurance Act when working for the applicant as afrom to

(Signed) Date

A person authorised by the Social Insurance Board."

The decision should be noted on the index card, Form A.2.

953. A copy of the decision should be sent to the applicant and to any other person directly affected by the decision (such as an employee or his trade union representative) with Form A.7, which explains in what circumstances an appeal may be made to the Court, and a copy of the decision should also be sent to any other person who has been concerned in the matter.

VI. Appeal to the Court on a Question of Law

954. If any person expresses dissatisfaction with the decision and asks to be furnished with a statement as to the grounds of the decision in order that he may see whether any question of law has arisen in connection therewith on which an appeal might be made to the Court, such a statement should be prepared under legal direction, and a copy should be sent to the person who made the request.

955. Any appeal to the Court will be dealt with by the Court in accordance with the Rules of Court, and arrangements should be made for the Board to be legally represented at the hearing of the matter before the Court. The Court will inform the appellant of their decision, which will be final.

956. After the decision has been given the inspector should be advised, as necessary, as to the action to be taken in the matter to give effect to the decision, e.g. as to the collection of contributions due, or, if the decision is against insurability, as to the termination of the payment of contributions and withdrawal of contribution and identity cards. Where the decision is given in relation to an individual employee it should, of course, be applied to other employees whose circumstances vis-à-vis the employer are identical with those of the employee to whom the decision relates. After the inspector's action has been completed further action may be necessary in the local office, and in the various sections at headquarters.

957. After the normal time within which an appeal to the Court may be made, or, if such an appeal has been made, after the decision, although in terms limited to an individual set of circumstances, must in the interests of the good administration of the scheme be accepted as applicable wherever identical circumstances are present, and accordingly these decisions form a body of precedent or case law to which regard must be had in dealing with subsequent cases.

VII. Publication of Precedent Decisions

958. It is therefore desirable that a set of decisions each dealing with a clearly defined group of circumstances should be selected for publication and that copies should be made available both to the staff who have to deal with these questions and to members of the public who may be interested in or directly affected by them. Initially, there will be many such decisions suitable for publication in this way, but care should be taken to avoid, as far as possible, duplication by publishing cases where the circumstances are identical with those in one which has already been published. As time goes on and the body of case law grows, there will, of course, be fewer and fewer cases which present circumstances differing in any essential way from those obtaining in one or other of the decisions already published. The published decisions should be numbered serially, and the serial number should be noted on the relevant index card, Form A.2.

959. When a decision is prepared for publication, references to the names of the various parties should be omitted, and it should be in a form on the following lines:

"Published Decision No. Application of the Social Insurance Act to a firm with two places of business, one only of which was in a prescribed area."

A firm A.B., which had two places of business, employed 17 persons at one place of business and 15 at the other. The work done at each place of business was different from that done at the other, and separate accounts were kept at each of the premises. One place of business was outside any area to which the Social Insurance Act was prescribed as being applicable, while the other was within such an area.

The Board held that, for the purposes of the Social Insurance Act, regard could only be had to that business which operated within an area to which the Act applied, and that, as the number of persons employed at that place was less than 20, it was not an establishment to which the Act was applicable. Date of decision"

960. In due course, when sufficient published decisions have been collected, it may be found advisable to print them in the form of a book, which could be supplemented by further volumes and could be made still more valuable by the addition of a composite index to the whole set of volumes.

VIII. Review of Decision in the Light of Fresh Evidence

961. Cases will inevitably occur in which, despite the efforts made to obtain all the available evidence at the proper time, someone will produce a further vital item of evidence after the Board's decision has been given, or it may be suggested that a particular item of evidence has been misread or misinterpreted. In that event, consideration should be given to the question as to whether, in view of the new evidence, or of a different interpretation of the evidence already available, the decision should be altered.

962. Where the decision in question was given by the Court, the person raising the new question should be advised to communicate with the Court, since they alone can review the decision unless they direct that it should be reviewed by the Board.

963. Where an appeal against the decision is under consideration of the Court, and it is considered that in all the circumstances the decision ought to be altered, the Court should be informed of what is proposed and asked whether they are agreeable that action should be taken accordingly. If such concurrence is given, action should be taken as at paragraph 965(b). Otherwise, the person raising the new question should be advised that, as his case is still sub judice the matter is one for the Court.

964. In cases to which paragraphs 962 and 963 do not apply, particularly where the question of interpretation is involved, it may be considered that a question of law has been raised, and that, where after any further necessary inquiries the proper interpretation is not clear enough to justify an alteration of the decision, the person raising the question should be advised of his right of appeal to the Court.

965. In other cases, where no such question is involved, any necessary further inquiries should be made and the matter should then be referred to the Board with a recommendation either

- (a) that the new evidence, or the suggested interpretation of evidence already received, does not justify any alteration of the decision already given; or
- (b) that the decision should be altered.

When the Board's decision is received the person should be advised as at (a), or a new decision as at (b) should be issued in substitution for that previously issued, which should be recalled and cancelled.

IX. Submission to the Board for Formal Decision

966. In making submissions to the Board as required in this chapter, a minute should be prepared setting out a summary of the case in the following order:

- (a) the particulars of the appellant;
- (b) the nature of the question raised;
- (c) the evidence as produced by the appellant;
- (d) any other available particulars relevant to the question raised; and
- (e) where appropriate, the findings of the person appointed to hold an inquiry into the matter.

This should be followed by any pertinent arguments with regard to the matter and a clear recommendation as to the decision to be given. This minute and all the relevant papers should be referred to the Head of Department B for consideration and

thereafter should be passed to the Secretary of the Board to place before the Standing Committee of the Board at their next meeting.

967. From time to time a question of one of the types mentioned in the introduction to this chapter may be raised in the course of proceedings for an offence, etc. (see paragraphs 418 and 419 Adjudication Regulations). Such a question should be dealt with on the general lines of the foregoing paragraphs and the Court before whom the proceedings are being taken should be advised in due course of the decision reached.

Section 4

Department B. Legal Division
(See also paragraphs 932 to 967)

968. Legal Division will be generally responsible for giving legal advice on all matters arising in connection with the operation and administration of the social insurance scheme, such as the proper interpretation of the provisions of the Social Insurance Act and of the regulations made thereunder, and of any rules made by the Social Insurance Board, and of questions arising in connection with any contracts and agreements entered into by the Social Insurance Board.

969. Many of these matters will arise only from time to time and, since they will involve the application of expert knowledge and the exercise of specialist experience, it is not possible to lay down any administrative procedures to be followed in connection with this part of the work.

970. The Division will, however, be more directly concerned with the question of insurability, which under the Adjudication Regulations is to be decided by the Social Insurance Board, subject to a right of appeal to the Court on a question of law.

971. Normally any such question will be disposed of informally as a result of advice given to the employer or to the employed person in response to inquiries made at an office of the Board or of an inspector. In certain cases, however, this informal advice may not be accepted and the inquirer may ask for a formal decision.

972. The main action in such circumstances will be carried out in Insurability Section (see Chapter 5 of Section 3) but inevitably there will be a considerable degree of reference between Insurability Section and Legal Division with regard to the value of the evidence submitted and statements made by the various parties and the form which the suggested decision should take.

973. In some cases it may be considered that an oral hearing is desirable in order to determine the question and in that event Legal Division will have to be consulted at each step and it may even be considered preferable that they should take over the whole responsibility for the action referred to in paragraphs 946 to 950 and also for action in connection with a reference or an appeal to the Court on a question of law (paragraphs 951 and 955).

974. Legal Division should, in any case, advise as to the terms of the statement as to the grounds of the decision which is required to be furnished in accordance with paragraph 416(2), and make the necessary arrangements for the legal representation of the Board in connection with any reference or appeal to the Court on a question of law (paragraphs 951 and 955).

975. The Division will, in addition, be responsible for advising generally in connection with all matters which may come before Courts of Law, e.g. in relation to prosecutions for failure to pay contributions, or for breaches of the law, fraudulent claims etc., and may, on occasion, have to represent the Board and to conduct cases before those Courts.

976. The technical and advisory part of the work will, of course, be the responsibility of the legal staff; but there will be a certain amount of work of a routine nature which can and should be undertaken by clerical staff, especially if Legal Division take over full responsibility for certain parts of the work referred to in Section 3, Chapter 5 (see paragraph 973). Thus, for instance, clerical staff could undertake the preparation and issue of Form A.4, appointment of a person to hold an oral hearing (paragraph 946), and also the making of the necessary arrangements referred to in paragraphs 947 to 949, fixing the time and place of the hearing and issuing the necessary notifications accordingly.

Section 5

Department C. Finance Division

Introduction

977. Reference has already been made in paragraph 8 to the procedures relating to accounting, financial matters and the collection of statistics which comprise the bulk of the work of Finance Division, and it has been stated that these items are to form the subject of a later study. It is thought, however, that for the sake of completeness some indication should be given at this stage of the place which that Division will occupy in relation to the other divisions.

978. The main functions of the Finance Division are:

- (a) to maintain proper accounts of all financial transactions in connection with the operation of the Social Insurance scheme, such as the receipt of contributions paid under the scheme and of interest derived from invested funds, and of the expenditure on the benefits provided and on administration, and also to be responsible for the control of the finances of the scheme, e.g. for the banking arrangements in connection with the money received for contributions and that needed by the local offices for the payment of benefits, and for the investment of surplus funds which are likely to be drawn upon in the near future;
- (b) to audit the work of the other divisions and of the local offices and dispensaries as far as it concerns the receipts for and payments out of the Social Insurance Fund;
- (c) to obtain the statistics which will be needed from time to time in order to measure the trends of the various receipts and expenditures with a view to determining the probable course of the finances of the scheme in the future - such statistics, the actual collection of which will be arranged for and controlled, under the general direction of Finance Division, by the Statistical Records Section of the Staff Services Division will enable actuarial estimates to be made of:
 - (i) the possible accumulation of surplus funds which would be available for the provision of increased or improved benefits, or alternatively would permit of a reduction of contributions; or

- (ii) the possibility of a deficiency arising, which would necessitate the strengthening of the financial basis of the scheme, either by increasing the income from contributions or from other sources, or by reducing the expenditure on benefits, administration, etc.; or
- (iii) the cost of extending the scheme to apply to more employed persons or to provide further benefits.

Chapter 1. Accounts Section

979. This section will be responsible for the items referred to at (a) in paragraph 978; that is to say for, inter alia:

- (i) the control and issue to local offices of insurance stamps, if they are to be used in connection with the payment of contributions;
- (ii) the control of the transactions of the cashiers in the local offices in connection with the issues of insurance stamps or alternative methods of payment of contributions, and the payments of benefits, and also the banking arrangements for and the issue of funds to those offices as may be necessary for such payments, for the payment of the staff and to meet incidental administrative expenses, such as rent, cleaning, etc.; similar arrangements will have to be made in connection with the dispensaries, which may also need to have cashiers;
- (iii) the receipt of money collected by Contributions Division in payment of contributions;
- (iv) the expenditure by headquarters on staff and administration etc.;
- (v) the investment of any funds not immediately required for use in connection with the current administration of the scheme, including the payment of benefits, and the crediting to the Social Insurance Fund of interest received in respect of such investments, and of any other income which may accrue to the scheme;
- (vi) the preparation of proper accounts in connection with each of the items referred to at (i) to (iv) above, giving details in relation to each of the offices concerned, and in total, and of reports to the Social Insurance Board regarding these accounts;

- (vii) the costing of the various processes in connection with the administration of the scheme, particularly in relation to the collection of contributions, and the provision of the different items which make up medical care, e.g. treatment by the dispensary doctors, supply of medicines, hospital treatment, etc.; and
- (viii) the preparation of budget estimates for ensuing years.

Note: The lists given in this and later paragraphs in this section are by no means exhaustive and are given merely as examples of the kinds of items with which the different sections of Finance Division may be expected to have to deal.

980. In general the Accounts Section would be situated at headquarters but it would be responsible for instructing and advising the cashiers at the local offices, and would probably make arrangements for officers from the section at headquarters to make periodical visits to the cashiers for this purpose.

Chapter 2: Audit Section

981. The function of Audit Section is to audit all forms of financial transactions, and also the processes connected with such transactions, which are carried out anywhere in offices of the Social Insurance Board. In general, the audit would be carried out by means of a series of test checks, (say, 5 per cent. of all such transactions and processes) mainly of the correctness of the amounts received and paid out in respect of the various items but also of the authorities in support of these receipts and payments, e.g. the validity of the registration of the employer, the right to benefit of the insured person or other applicant for benefit, the authorisation by the Social Insurance Board in accordance with the regulations for certain items of administrative expenditure, etc.

982. Thus the Audit Section would audit:

- (i) the work of local offices and dispensaries in connection with the receipt of contributions and the authorisation and payment of benefit claims;
- (ii) the work of the various sections of Contributions Division, in so far as it relates to the collection of contributions, the authorisation of benefits, and the maintenance of records;
- (iii) the work of Medical Division and Cash Benefits Section in relation to the administration of benefits, including the provision of medical supplies; and
- (iv) the work of Staff Services Division in relation to the cost of administration.

983. A considerable part of this work will be carried out in the local offices and reference was made in paragraph 125 to the alternative possibilities of having either an auditor in each local office or a team of auditors who would operate from headquarters, each one being responsible for the audit of a group of local offices. The ultimate decision as to the organisation of this part of the work will depend of course, on the circumstances of the individual scheme which is under consideration.

Chapter 3. Actuarial Section

984. The need for a separate Actuarial Section will depend on the character of the scheme which is being administered, but it is almost certain that arrangements will have to be made to extract special statistics with regard to such matters as:

- (i) the age distribution of the insured population, divided according to the sex, marital status and possibly also the occupation and wage group of the insured person, and to the district in which he lives (or works) - especially where the scheme applies to well separated districts;
- (ii) the incidence and duration of sickness benefit claims, within a given period, divided according to the age, sex and marital status of the insured person, the cause of incapacity, and possibly his occupation and the locality in which he lives;
- (iii) the incidence of maternity benefit claims within that period, divided according to the age of the insured person;
- (iv) the incidence and duration of each of the employment injury benefits divided on the same lines as for sickness benefits with particular reference to the type of injury, and with additional particulars with regard to the percentage degree of loss of capacity in the case of disability pension and to the survivors in the case of survivors' pension awards; and
- (v) the number of attendances for medical treatment at each dispensary, with additional information as to the medicaments supplied, periods of in-patient and out-patient treatment at hospital, extent of use of specialist advice, and results of medical examination in regard to doubtful incapacity, etc.

985. Most of this information will have to be obtained, probably on a sample basis, from the cash benefit and medical care records which will normally be held in the local offices and dispensaries, and in so far as the necessary particulars cannot be obtained from the various returns and notifications (e.g. Forms S.10A) sent by those offices to the head office, arrangements will have to be made for them to be extracted from those records at certain fixed times, such as at the end of the period for which benefit has been paid or at the end of a "benefit" or "calendar year" (sickness, maternity and injury benefits), or at the time of award or alteration to an award (disability or survivors' pensions).

986. Additional information will probably also have to be obtained as to contribution receipts, expenditure on the provision of benefits, including medical care and funeral grant, and the age at and cause of death in the case of funeral grant, etc., but much of this may be shown in current records or obtained by means of ad hoc counts when the need for the information arises.

987. The extraction work involved, which may be done centrally or by the sections or local offices concerned, will be carried out under arrangements made and controlled by the Statistical Records Section, but these arrangements will be subject to the direction of Actuarial Section, and test checks may have to be made by officers of that section to confirm that the work has been properly completed. The actual operations with the data so obtained will, of course, be carried out by the officers of the Actuarial Section.

Section 6

Staff Services Division

(See also paragraphs 1292 to 1312,
1313 to 1333 and 1334 to 1353)

Introduction

988. The need for a Staff Services Division and its place in the organisation is referred to in Part II, Section 1 of the plan. The functions of the division are manifold, since they virtually cover everything which cannot be assigned to one of the other specialist divisions.

989. Thus the division is naturally responsible for dealing with all general matters which are normally met with in connection with the administration of a large body of staff, such as those relating to the selection, appointment, training, promotion, dismissal, etc. of the staff, the provision and equipment of office accommodation, the consideration of staff suggestions, the provision and control of messengers, registry, typists and other similar common services, and the provision of office stationery. But in addition the division frequently has to undertake work which may affect all the other divisions or none of them directly, such as the extraction and circulation of statistical records and other information relative to the operation of the scheme, the preparation of regular or ad hoc reports on the scheme, work in connection with the appointment of members of the Social Insurance Board, appeal tribunals, etc., and the preparation of procedural instructions to the staff with regard to the work.

990. As will be appreciated a very considerable amount of preliminary work of this nature will have to be done before the scheme can be effectively brought into operation and at that stage the division may have to be strengthened above its normal staff level. Thereafter the volume of work will be reduced somewhat and the work will become more and more concerned with matters of maintenance and replacement. Some of the work of the division is regular, although the amount of it may vary from time to time, but much of it only arises spasmodically and it is not possible therefore to do much more than to indicate the sort of work which may have to be undertaken by each of the various sections without attempting to suggest that this covers the whole field of activities. It should be pointed out that the work has been divided into six sections solely for the purpose of assisting in the analysis of the duties, and it may well be that in practice some of these sections, e.g. 1 and 2, may be amalgamated.

Authority - the general provisions of the Social Insurance Act ...
and the regulations regarding the administration of the scheme.

Chapter 1. General Staff Section

991. The General Staff Section will be generally responsible for making the arrangements for such matters as:

- (a) recruiting staff, by advertisement or examination, including technical staff as necessary, e.g. medical and legal personnel;
- (b) general organisation of the office;
- (c) placement of staff;
- (d) maintenance of all staff records (with individual personal files), including the obtaining of periodical reports on each member of the staff from his superior officers;
- (e) organisation of promotion arrangements, including the provision of opportunity for appeal by dissatisfied non-promotees;
- (f) staff rules and regulations;
- (g) staff welfare;
- (h) staff suggestions;
- (i) discussions with staff representatives of all matters arising in connection with the staff and general administration;
- (j) negotiations in connection with the appointments and re-appointments to membership of the Social Insurance Board, appeal tribunals, etc.; and
- (k) general control of any negotiations and contracts, in conjunction with divisions concerned with outside bodies for the provision of special services in connection with the administration of the scheme, e.g. with public health authorities, hospital authorities, pharmacies, etc.

Chapter 2. Local Staff Section

992. This section is dependent of course, on there being any local offices, dispensaries, etc. (see in this connection Note 1 in Part V). Where there is only a very small local staff the work in connection with that staff may be included with that of the General Staff Section.

993. Otherwise the Local Staff Section will be responsible for such matters as:

- (a) the appropriate staffing of local offices (and dispensaries), including transfers between one local office and another;
- (b) the local recruitment of such staff as may be needed temporarily in times of emergency, e.g. during the periods when contribution cards are due for exchange;
- (c) the collection of particulars with regard to the work of each local office and determination of any staff adjustments which may be needed in the light of this information;
- (d) the oversight of the general organisation of work in local offices; and
- (e) arrangements for periodical general consultations between managers of local offices and headquarters with regard to the work of local offices, and preparation for the carrying out of new work.

Chapter 3. Staff Training and Instructions Section

994. This section, as its name implies, will be responsible for

- (a) the preparation of plans for the initial training of the staff to be engaged in the administration of the scheme (see Part II, Section 2);
- (b) the preparation of more detailed training courses for subsequently recruited staff and promotees, and of regular revision courses for other staff;
- (c) the preparation and maintenance, in consultation with the relevant divisions, of codes of procedural instructions for the carrying out of the work, including particularly the work of local offices; and
- (d) the preparation of staff and duties lists showing the nature of the work to be performed by the individual grades of officers in the various offices.

Chapter 4. Common Services Section

995. The Common Services Section will cover a very wide field of duties relative to the provision of general services such as:

- (a) the provision, maintenance and equipment of adequate and suitable office accommodation, both for headquarters and local offices, including dispensaries;

- (b) the provision of suitable office furniture, including such items as index cabinets and filing racks;
- (c) the provision of any office machinery which it may be decided to install to assist in the administration of the scheme; see in this connection Note 9 in Part V;
- (d) the repair and replacement of the equipment, furniture and machinery supplied;
- (e) office cleaning, heating and telephone services;
- (f) the establishment and control of typing and messenger services, both centrally and locally;
- (g) the provision of appropriate office supplies - pens, ink, pencils, paper, erasers, envelopes, paper clips, etc.;
- (h) the control of arrangements with regard to technical supplies, e.g. medical supplies, etc.; and
- (i) the arrangements for printing necessary forms, contribution cards, insurance stamps, etc., and the storage and control of stocks of these documents; in this connection account should be taken of the remarks contained in Note 10 of Part V.

Chapter 5. Statistical Records Section

996. This section will be responsible for the collection of general statistical records regarding the operation of the scheme which are needed in order to measure the flow of work and to supply the general information which will form the basis of periodical reports as to the operation of the scheme.

997. In the main, this information will be obtained from the work returns which will have to be furnished regularly at weekly, monthly or longer intervals by the various sections and local offices (see paragraph 993(c) above), in regard to such matters as the number of registered employers, and insured persons, the number of attendances at dispensaries for medical treatment, the number of claims for each type of benefit allowed or disallowed, the number of current beneficiaries, the number of cases where a second medical opinion as to incapacity for work was sought, and the result of the examination, the number of appeals allowed or disallowed, etc.

998. In addition the section will be responsible for arranging and controlling, under the direction of the Actuarial Section of Finance Division, the collection of the special statistics needed by that section for the purpose of forecasting the probable future progress of the scheme, and the cost of extending it to cover more insured persons or to provide further benefits (see Chapter 3 of Section 5).

999. The section may also be called upon to collect special statistics to assist research, normally of a medical or social character. Such statistics may only have to be extracted at irregular intervals whenever occasion demands. But in that connection it should be borne in mind that in some instances there may be little difference in cost between the maintenance of the regular extraction of figures by means of some form of automatic reporting which would yield a continuous picture of the development of the situation, and the setting up of special arrangements for the extraction of certain information as at a particular date, or over a limited period, which would only give the picture at that date or period and might have to be supplemented by a further extraction at some later date or period before reliable conclusions could be drawn from the statistical data originally obtained.

1000. Much of the material obtained by the section will be used in the published reports, normally annual, as to the work of the Social Insurance Board, for the preparation of which this section will be responsible. In addition it would probably stimulate interest among the staff of the Social Insurance Board if copies of charts prepared by the section to show the progress of the work of the Board, (e.g. of the amounts received in respect of contributions and paid by way of benefits, or of the number of visits for medical care, each month or quarter over a period, at each local office or dispensary, or, initially, of the registrations of employers and insured persons) could be distributed to the various offices with explanatory commentaries.

Chapter 6. Registry

1001. This section will be responsible for the setting up of a proper procedure for the registration and indexing of correspondence, etc. and its subsequent distribution to the appropriate sections for action.

1002. It cannot be overstressed that, if this procedure is inadequate, the whole office machine may break down, not only because of the delays which are liable to result from the inefficiency or over-complication of the distribution arrangements, and the excessive accumulation of papers at certain points in those arrangements, but because of failure to connect up letters, etc. with earlier related papers as a result of poor indexing arrangements or ineffective tracing. Reference in this connection should be made to Note 11 in Part V.

1003. The type of registry plan is so much dependent on the scheme of administration that it is impossible in advance to suggest any model which would be suitable for general adoption.

PART IV

Index to Procedures

References are given in the form 1/2, where the first number indicates the relative Section of Part IV, the second number indicates the relative paragraphs.

The Section numbers are as follows:

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Section 2. Cash Benefits Division
Section 3. Contributions Division
Section 4. Legal Division
Section 5. Finance Division
Section 6. Staff Services Division.

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PART V

General Notes

The Purpose of the Notes

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| Note 1 | General Organisation |
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Part V. General Notes

The Purpose of the Notes

1101. As has already been stated in Part I it has been necessary, in order to provide a foundation for the Regulations (Part III) on which the Administrative Procedures (Part IV) were to depend, to make certain basic assumptions with regard to the content of the social insurance scheme, to which this handbook was to be related.

1102. In the General Notes the arguments for and against certain of these assumptions are discussed and indications are given as to why one particular assumption has been made rather than an obvious alternative. In many instances the particular scheme to be brought into force will differ in many ways from that which has been envisaged for the purposes of the Plan, and while it would obviously be impracticable to deal fully with all the possibilities which are likely to arise, the Notes include some general suggestions as to how the draft regulations and procedures as set out in the Plan might be adapted or altered to meet the needs of the individual scheme under consideration.

For example, Note 2 deals inter alia with the questions of the provision of medical care, the qualifying conditions for its grant, and the period for which it should be given.

1103. Similarly, while there may be many ways in which a particular part of the administrative procedure may be carried out, even in relation to a scheme based wholly on the regulations contained in Part III, it has in general been necessary to restrict the descriptions in Part IV to individual courses of procedure, leaving the possibility of any alternative procedures to be dealt with in these Notes. Thus in Note 2 the basic procedure suggested for the provision of medical care is through clinics and dispensaries directly under the control of the Social Insurance Board, but reference is also made in paragraph 1132 to the possibility of making arrangements with individual doctors to give medical care in accordance with the social insurance scheme.

1104. In some of the Notes certain aspects of general administration are discussed with a view to indicating why particular procedures have been suggested in Part IV and to giving guidance in regard to possible methods for the treatment of problems which are likely to arise in connection with the introduction of a scheme of social insurance. Thus Note 5 deals with the general question of the methods of registering and indexing employers and employees while in Note 7 some special problems relating to the use of contribution cards and stamps for the payment of contributions are discussed.

1105. Finally Notes 9, 10 and 11 are designed to give general advice on certain matters of office administration and are intended primarily for assistance in places where there may only be a limited amount of experience in regard to such matters; but it is possible that they may also serve as useful aides memoires in other cases.

1106. It will be readily appreciated that these General Notes could not deal with all the eventualities which may arise in practice but it is hoped that they will help in regard to a fair proportion of those eventualities and suggest lines of approach in relation to others which are not actually covered by the Notes.

Note 1. General Organisation
(See paragraphs 101 to 128)

1107. The staffing of a social security administration must depend on the nature of the scheme and the extent of its coverage; but, since the ultimate object must be to provide benefits for insured persons, the key to the organisation must be the offices which have to deal with the individual claimants, and it is also from these offices that contact can best be made with the local employers to secure prompt payment of contributions.

1108. In view of the necessity to settle the claims for benefit without undue delay, especially those such as sickness and unemployment benefits for which claims cannot be made until the contingency insured against has actually arisen, it is desirable that the benefit papers should remain in the local office, at any rate so long as benefit continues to be payable, and that the contribution records of the insured persons should be readily available for reference, if required, in order to confirm title to benefit.

1109. Where the scheme is a very limited one and the employers and employees are concentrated within a relatively small area, it might be possible to operate the scheme through a single office which would accommodate the whole of the contribution and benefit records and the staff for the examination of claims, maintenance of records, inspection staff to visit employers, and similar duties as well as the administrative and supervisory staff.

1110. Where, however, the number of insured persons is fairly large, it is probable that a number of local offices will be needed, sited so as to be reasonably available to give adequate service to the bulk of the insured persons; this will certainly be the case if the scheme is initially applied on a regional basis, for example to persons working for employers situated within a number of distinct and widely separated areas. In such circumstances, it will be necessary also to have a central office responsible for deciding matters of the general policy to be followed in administering the scheme, to co-ordinate and exercise control over its administration and to see that each local office is working properly and is adequately accommodated and staffed. In addition, it will probably be found convenient to maintain at this office the contribution records of the insured persons, provided it is possible to supply any necessary details to the local offices quickly, and also certain basic benefit records such as details of completed sickness benefit claims. These records will assist in the preparation of general statistics in relation to the operation of the scheme as a whole and also will enable the Central Office to obtain comparable figures relative to the functioning of each of the individual local offices for the purposes of its general surveillance of the work of those offices.

1111. Where the scheme necessitates the setting up of a large number of local offices over a wide area, it may be found desirable to interpose "regional" offices between the Central Office and the local offices to take over the general control of the administration, staffing and accommodation of the local offices, thus leaving the Central Office more free to deal with general questions of policy and centralised functions such as the control of finance and collection of general statistics. How far the "regional" office should take over the contribution and benefit records of insured persons living within its area would depend on the local circumstances in the country concerned, such as the extent of movement and consequent need for transfer of records from one region to another.

1112. For the purposes of the model plan it has been assumed that initially the scheme will be a limited one administered by a central office through a number of local offices but it would be relatively simple either to adapt the plan to provide for administration through a single office combining the functions of central and local offices under one roof or to extend it by devolving certain of the central office's functions to regional offices.

Note 2. Provision of Medical Care and
its Relation to Cash Benefits

(See paragraphs 235 to 349 and 513 to 651)

1113. The satisfactory provision of short-term cash benefits, other than unemployment benefit, which is not normally included in the early stages of a social insurance scheme, is dependent to a considerable extent on the arrangements made with regard to the furnishing of medical certificates of incapacity, etc. as a basis for the claims, and of reports of medical examinations of claimants with a view to supervising the provision of these benefits, or to determining the degree of disablement in the case of employment injury benefit.

1114. It is possible to enter into arrangements with medical practitioners, either individually or as a whole, for the sole purpose of furnishing the required certificates, but it is more satisfactory if the scheme also includes the provision of medical care, i.e. of medical treatment and medicines, and for the certificates of incapacity, etc., to be issued as part of the routine procedure, when the claimant attends the doctor to receive treatment under the scheme.

1115. Moreover, the agreements with the doctors to give treatment in accordance with the scheme can then include provisions to secure their co-operation in connection with any subsequent medical examinations which may be required to be made in connection with the supervision and control of the cash benefit claims.

1116. In most new social insurance schemes the provision with regard to medical care has to be limited, normally because the number of qualified medical personnel available would be too small to allow of the provision of a complete medical health service, even in the industrial areas to which the schemes are to be applied.

1117. The form of the limitation generally follows the lines set out in Articles 11 and 12 of the I.L.O. Social Security (Minimum Standards) Convention, No. 102, i.e. that, subject to such qualifying period as may be considered necessary to preclude abuse, benefit in respect of a condition requiring medical care of a preventive or curative nature "shall be granted throughout the contingency covered, except that in the case of a morbid condition¹, its duration may be limited to 26 weeks (13 weeks, where a declaration in virtue of Article 3 of the Convention is in force) in each case, but benefit shall not be suspended while sickness cash benefit continues to be paid". The Convention also provides that there shall be power to extend the limit for prescribed diseases recognised as entailing prolonged care.

¹ The alternative is pregnancy and confinement and their consequences.

1118. The Convention does not define the expression "a morbid condition", other than to refer to it as one requiring medical care, nor what is meant by "in each case". In a number of schemes, when determining the limit of the period for which the benefit may be provided, account is taken only of periods of treatment for the same morbid condition, but this may result in considerable complication of the scheme. Thus the question must frequently arise as to whether or not the morbid condition during a particular period is to be regarded as the same as that during an earlier period notwithstanding that it is described differently. It is presumed that this has to be left to the doctor dealing with the case to decide; but in that event it would clearly be necessary to draw the doctor's attention to his responsibility in this matter, not only in order that the period of the insured person's title to receive medical care can be properly determined, but also in relation to the cause of incapacity as shown on certificates issued by him for the purpose of claiming sickness cash benefit in those schemes where the provision of that benefit is subject to the same condition as is applied to medical care.

1119. A similar difficulty must arise where there is a change in the description of the nature of the illness in the course of a period of incapacity, but the change would no doubt be accepted as due to a different diagnosis of the same morbid condition, e.g. on the basis that the first diagnosis was only provisional, unless the doctor had indicated definitely that the person's incapacity as a result of the first condition had ceased, but that he had become incapacitated by some supervening condition.

1120. In the absence of any provision to the contrary the same position presumably arises where a person is receiving medical care during a period when he is not incapacitated, but, if the limiting period of entitlement is applied in such cases, it is probably assumed that there has been no change in the morbid condition, in the absence of a statement to the contrary by the doctor who is attending him.

1121. The position might be simplified to some extent by the adoption of a standard classification of diseases and injuries, e.g. the special list of 50 causes for tabulation of morbidity for social security purposes (see Appendix A to Part III, Section 3, Benefit Regulations) and by treating all conditions coming within any specific item of the classification as being the same morbid condition for these purposes. Some latitude would have to be allowed, however, where the two conditions were clearly connected although differently described, such as "influenza" (C.30) and "bronchitis" (C.32), or where the classification was too broad to admit of the two conditions being regarded as identical, such as an accident (C.50) occurring before treatment for an earlier and quite different accident had ceased, or the two conditions fell to be classified in the miscellaneous group (C.49).

1122. One effect of all this is that, if a person ceases to require treatment for one morbid condition before the period of his entitlement to such treatment had been exhausted, he would still retain a residual right to receive further treatment for that condition in the future, notwithstanding that, if in the meantime he requires treatment for another morbid condition he would start, and might even exhaust, an entirely new period of treatment for the latter condition. If, however, this second period of treatment were not exhausted, then, as a result of the "linking up" provisions referred to below, the insured person might accumulate a series of residual rights to treatment for a number of different morbid conditions.

1123. This is all very unrealistic and impractical and it is considered that in a new scheme with limited resources, the regulations relating to medical care should be made as simple and straightforward as possible, e.g. by providing that in determining the limit of the period for which the benefit has to be provided, regard should be had to all periods for which treatment has been given notwithstanding that it may not all have been for the same morbid condition; it is thought that such a provision would not run counter to the requirements of Article 12 of Convention No. 102.

1124. Certain difficulties arise with regard to the determination of the exact period during which a person has received medical care. In some cases the person may have attended for treatment on a single occasion only, but the treatment given may in fact have covered some days; for example, if he was given some medicine to be taken, or some liniment to be applied over a period, or he may even have been told to return in a week but failed to do so. In the circumstances, it would seem reasonable for duration purposes to regard each treatment as covering a period of at least a week from the date of the treatment. Where the doctor directs the person to return for treatment after a longer interval than a week, the treatment should be regarded as covering the whole period up to the next visit for treatment.

1125. The difficulty in the case of the person who does not return for treatment is most likely to arise, however, where he is not incapacitated for work, or having been incapacitated, has recovered sufficiently to return to work although still needing medical treatment.

1126. A person who is capable of work and is in fact employed, and paying social insurance contributions accordingly, may nevertheless need medical treatment over a considerable period, e.g. for diabetes, and it would appear unreasonable to withdraw his title to treatment while he was still in employment and paying contributions to cover the provision of this benefit. The withdrawal of title might well drive him to abstain from work and claim sickness benefit, with the consequent resumption of title to

medical care and this would be to the mutual disadvantage of the Social Insurance Fund, the employer and the insured person himself. It is accordingly suggested that title to medical care should continue without limit so long as contributions are being paid and any contribution condition attaching to title to the benefit is satisfied.

1127. It is unlikely that the cost of such a concession would in practice prove to be of any magnitude. The great bulk of incapacitating illnesses last for no more than a few weeks and it is probable that the average duration of non-incapacitating illness is even less and that such illnesses are generally separated by periods which are greater than the maximum interval within which they would be treated as continuous for duration purposes (see paragraphs 1128 and 1129 below). As a result, the concession would in the main only apply to certain long-term illnesses, such as diabetes, which do not necessarily incapacitate the insured person, and the additional cost would be negligible compared with the advantages to be derived from it, including the saving of the work of recording all the various periods of treatment against the odd chance that there might be a further claim for treatment within a few weeks.

1128. Finally, there is the question of "linked up" illnesses. The general rule is that, where a person requires treatment (or, in the matter of title to sickness cash benefit, is incapacitated) for a second period, the two periods shall be treated as continuous if the interval between the two periods was less than a certain period, frequently six or eight weeks. In that event any conditions which have to be satisfied to give title to benefit would be applied as at the commencement of the first period, and so far as sickness cash benefit was concerned, no waiting period would be applied. The duration of the first period of treatment, or incapacity, would count towards the limited duration (26 or 13 weeks) of the period for which medical care or sickness cash benefit, as the case might be, was to be provided.

1129. Where, however, an interval of more than that duration (six or eight weeks) had elapsed between the two periods, then whatever the interval, a new period of entitlement to 26 or 13 weeks' benefit should start from the date of commencement of the second period, subject to the satisfaction as at that date of any contribution condition as to title, and in the case of sickness cash benefit the application of a new waiting period.

1130. The regulations governing entitlement to medical care and sickness cash benefit have been drafted on the basis of the suggestions made in this note. They also include regulations for the provision of medical care for the dependent wives and children of the insured persons as laid down in Convention No. 102 but in this case, while the qualifying conditions have to be satisfied by the insured person himself, the period for which the benefit is to

be allowed must be determined in relation only to the period for which treatment is required by the dependant. If, as is possible, the new scheme does not include provision in regard to dependants the relevant regulations will need to be amended. A number of provisions in the regulations have been included tentatively and placed within square brackets for adjustment, as necessary, to accord with the actual provisions of the scheme and the arrangements which are made for its administration.

1131. These arrangements will, of course, depend to a great extent on the medical facilities available for the provision of medical treatment, which may at first be limited to a number of hospitals, clinics or dispensaries which have been provided in the more industrialised districts in which the initial scheme is to operate. The procedure outlined in the plan is based on the assumption that treatment is in general only to be given through clinics and dispensaries where clerical staff for determining title to the benefit will be available.

1132. As time goes on, medical care may be given by individual doctors who are practising in the areas to which the application of the scheme is extended, but this may give rise to certain special problems, such as the basis on which these doctors are to be paid, especially if, as will normally be the case, they are to receive not a fixed salary but some amount based either on the number of persons for whom they undertake to provide treatment or on some measure of the treatment actually given to those persons or on some combination of the two. Moreover, special arrangements will have to be made to enable the doctors to be certain that the person who attends for treatment is entitled to medical care under the scheme.

1133. Under either procedure, it will be necessary to attach the person to a particular clinic, dispensary or doctor for his treatment even though in the last-mentioned case it may be possible to allow the person to choose the doctor from whom he wishes to receive treatment.

1134. So far as the content of medical care is concerned, certain standards are laid down in Articles 10 (normal sickness) and 34 (employment injury) of Convention No. 102, but in paragraph 3 of the latter article it is provided that where a declaration in virtue of Article 3 of the Convention is in force, the scope of medical care for the purposes of Article 34 in relation to sickness may be the same as for Article 10. The scope as set out in the Benefit Regulations accordingly follows Article 10, but it is appreciated that the facilities available may be insufficient to permit of the provision of medical care at this level.

1135. Article 10(2) of the Convention envisages the possibility of the beneficiary being required to share in the cost of the medical care received by him; but no reference to this has been included in the Regulations.

1136. In the case of maternity benefit, Convention No. 102 contemplates the provision of medical care for the wives of employed men as well as for employed women (Article 48) so long as it is needed by reason of pregnancy or confinement or their consequences (Article 49), but this may be subject to the completion by the employed person of a qualifying period (Article 51).

1137. For maternity cash benefit payable during a period when an employed woman is absent from work for some weeks before and after her confinement, the imposition of a qualifying test of, say, 26 or even more weeks of employment during the 52 weeks prior to the date of commencement of benefit is not unreasonable. The imposition of such a test for the provision of medical care for this condition would, however, be very unrealistic in relation to cases where treatment is needed during the early months of pregnancy, and the introduction of another test solely for such cases would unduly complicate the matter. It is accordingly suggested that there should be no condition attached to the grant of maternity medical benefit other than that the woman must have been an insured person. But if this is done, it is doubtful whether the social insurance scheme could also undertake the provision of medical care on the same basis to the wives of employed men and accordingly no provision for their medical care has been made under this heading in the regulations.

Note 3. Rates, Periods and Conditions
for the Provision of Cash Benefits
(See paragraphs 235 to 349).

A. Rates of Cash Benefit

1138. The rates of cash benefit to be provided as well as the periods for which they are to be paid will naturally depend to a great extent on what it is considered reasonable to expect the contributing parties to pay by way of contributions. The minimum rates of benefit laid down as desirable in Convention 102 (Minimum Standards of Social Security) in the case of the following benefits, inclusive of any family allowances payable concurrently, are:

Sickness Benefit

for man, wife and two children 45 per cent. of wage

Employment Injury

Incapacity for work

for man, wife and two children 50 per cent. of wage

Survivors

for widow with two children 40 per cent. of wage

Maternity Benefit

45 per cent. of wage

and it is desirable that the benefits under the proposed scheme should reach at least these percentages of the wages. For the purposes of the Benefit Regulations it has been assumed that the percentages will be 50 per cent. in each case except for survivors where 40 per cent. has been quoted for a widow with two children, but it must be understood that these figures are purely tentative and are inserted solely to make the Regulations look more realistic than they would do if no figures at all were given. Generally the wage used for these purposes is the average taken over a certain period prior to the event, but the exact method of determination must be such that it can be readily applied in the light of the information available, e.g. in connection with the collection of contributions, and without having to require employers to furnish too much detailed information whenever benefit is claimed.

1139. Where contributions are paid in relation to a notional wage for each wage class (see paragraphs 1241 and 1242 and without regard to the actual amount of work done or wages earned during the unit contribution period, provided there has been some work done, the rate of benefit is also related to the notional wage, or to the average where there has been a change of wage class during the averaging period, or there have been contribution periods in which no work was done and no contributions paid.

1140. The position is more difficult where the amounts of contributions paid vary according to the amount of work done, or wages earned, and the rate of benefit is determined in relation to the wages earned over the averaging period (ignoring periods for which benefit is paid, and possibly general holidays) on the assumption that the average wage thus ascertained represents the normal means of livelihood derived by the person from his employment.

1141. No serious difficulty is likely to arise where the insured person is employed full time throughout the whole, or a considerable part of the averaging period, but where the amount of work done in that period is small, the average earnings may also be small and the appropriate rate of benefit may be too small to be worth paying.

1142. In such circumstances it may be felt that it would be politically advisable to give the person the minimum rate of benefit which is considered practicable, possibly with a proviso that no benefit at all should be paid unless the average wages reached at least a minimum figure.

1143. This, of course, would mean that where this minimum rate of benefit was paid, it would not be fully supported by the contributions received for the averaging period, but possibly allowance could be made for this factor in the actuarial basis of the scheme especially as the cost of providing medical care is proportionately so much larger than that of providing cash benefits that small variations in relation to the latter are not likely to make any serious difference to the over-all level of the contributions.

In this connection it may be pointed out that medical care is to be provided irrespective of the amount of wages earned, and subject only to the person having been employed during a specified period.

1144. If, however, cases in which the average wages are below the minimum figure are likely to be too numerous to justify a concession on the lines suggested in paragraph 1142 and it is considered that minimum contributions commensurate with the minimum rate of benefit must be paid in such cases, a slight difficulty might arise because the employer would not know until the end of each unit contribution period, how much the person's earnings for that period would amount to, and before then the person may have left the employment without having paid his full share of the contribution necessary to cover the provision of benefit at the minimum rate. This could be solved by placing on the employer the responsibility for paying the difference between the minimum rate of contribution and the total of the employer's and employee's shares as based on the wages actually received by the employee. This would still not fully cover the position where the averaging period included contribution periods when no wages were earned and no contributions paid, but there would not appear to be any solution that would provide completely for all possible cases.

1145. It will be noted that under the Convention the minimum rate to be paid in respect of incapacity due to employment injury is fixed at a higher figure than for other incapacity, and this disparity is present in a number of current schemes.

1146. But in a number of the more recently introduced schemes the same percentages are applied to both benefits, and there is a definite advantage to be derived from adopting this course.

1147. Thus, where there is a disparity between the rates of the two benefits, an effort is sometimes made to try to obtain the benefit which is payable at the higher rate even though on occasions this may involve deliberate misrepresentation, whereas when the rates are identical this temptation is not present. There will, of course, be genuine cases where the claimant refers to an accident at work on his application for benefit; but, if the same form of application is used for both benefits, the employment injury aspect can be covered by one or two simple questions on it. e.g. as to whether the incapacity was due to an accident at work, and, if so, how it happened. If the rates of the two benefits are identical then, where the replies indicate that there may have been an accident at work, no special action would need to be taken on the point until title to sickness benefit had been exhausted or did not exist. Much time would thus be saved in the great majority of employment injury cases since, except in a relatively small proportion of the cases, the incapacity lasts only for a few weeks and no permanent disability results from the injury. It is assumed for this purpose that the method of determining the average wage will in general be the same for the two benefits, but special provision will probably have to be made for cases where the "average wage" as determined for sickness benefit purposes is less than the actual rate of wages at the date when the employment injuries occurred. (See also in this connection the Schedule to the Benefit Regulations.)

1148. Where, of course, there is no title to sickness benefit, or title has been exhausted but incapacity continues, or medical treatment is still needed after incapacity has ceased, or the person has died, any possible title to employment injury benefit will then have to be investigated, but the number of such cases will not be numerous and it may be possible to anticipate the need for such investigation by arranging that, when the person first attends for treatment for incapacity obviously due to an injury although not necessarily received while at work, the doctor, when making his examination of the person, should ask him the cause of the injury and make a suitable note on the medical record if employment injury is alleged. Reference could then be made to this note if later the circumstances appeared to warrant further action.

1149. For statistical purposes, but for those purposes only, it might suffice to treat as employment injury cases all those where employment injury is alleged on the claim form but not investigated.

B. Periods for which Benefits are to be Provided

1150. Since the benefits are intended to be in replacement of lost wages, payment should be limited to periods of suspension of earnings.

1151. It is suggested that, as in the case of medical care, the normal period of entitlement to sickness benefit would be 13 weeks and that since it is obvious that medical care should be given at least for all periods for which sickness benefit is payable, the same "linking up" provisions should be adopted for the two benefits - see Note 2, paragraphs 1128 and 1129.

1152. Moreover, in most schemes provision is made for payment of sickness benefit and employment injury benefit to start only as from the fourth day of incapacity. This avoids the necessity of making a large number of very small payments for periods of incapacity lasting only three days or less, and it is considered that the money thus saved to the Social Insurance Fund is better used in providing benefit for the more serious cases, and that the insured persons themselves are unlikely to suffer any real hardship by reason of the non-payment of benefit for these odd days.

1153. In those cases where the employer continues payment of wages at half rate (i.e. the benefit rate) or more during the first three days or longer of absence from work due to incapacity, payment of benefit should be made in respect of all days after payment of wages stops. Where wages are paid but at less than half rate, it would be reasonable to make up the deficiency by way of benefit, provided that no payment is made for any of the first three days of incapacity.

1154. As regards maternity benefit the normal provision is for payment to be made for a period of abstention from work without pay with a maximum of six weeks before and six weeks after confinement, 12 weeks in all, or such longer period of abstention from work as may be required by law. Since, however, the commencement of the period prior to confinement can only be determined in relation to the expected date of confinement, and this may in the event prove not to be correct, so that that part of the period of abstention from work may extend to more than six weeks, it is suggested that, following Article 3(c) of the Maternity Protection Convention 1919 (C.3), the pre-confinement part of the benefit should in such cases be continued up to the actual date of confinement. At the same time it may be considered desirable, or even be required by law, that the woman should stay away from work for six weeks after confinement, and on that basis the period of benefit might be defined as continuing, subject to absence from work without pay, from six weeks before the expected date of confinement to six weeks after the actual date of confinement. This would mean that where

the birth was premature, the period of benefit might be less than 12 weeks in all; but if in fact the woman was incapable of work at the end of the six weeks following confinement, she would normally then be qualified to receive sickness benefit. Some provision would, however, be necessary to secure that, in applying the test for title to sickness benefit the period for which maternity benefit was paid should be disregarded.

1155. Employment injury benefit should continue (after the first three days of incapacity due to the injury) so long as the incapacity for work continues, and should thereafter be replaced by a pension related to the degree of disablement, if any, resulting from the injury.

1156. It is desirable, however, that the question of title to disablement pension should not be left undetermined until after the period of total incapacity has come to an end. Moreover, once it is clear that there is some permanent disablement, it is preferable to grant a pension, which will normally only be subject to review at intervals of six months or more, rather than continue to require the submission of medical evidence of incapacity at much more frequent intervals.

1157. It is customary therefore to limit the period for which incapacity benefit is payable to a maximum, and 52 weeks is fairly commonly adopted for this purpose. Thereafter, or when incapacity ceases, if within the maximum period, a disablement pension proportionate to the degree of disablement is granted; but if the degree of permanent disablement is assessed at less than 20 per cent. it is generally cleared by the payment of a lump-sum equivalent approximately to three years of payment at the pension rate appropriate to the degree of disability.

C. Conditions for the Grant of Benefit

1158. In all social insurance schemes employment injury benefits are granted to insured persons without any contribution or period of employment tests, but for sickness benefit (including medical care) and maternity benefit it is generally accepted that there must be such tests in order, as Convention 102 puts it, "to preclude abuse".

1159. Since the scheme is designed to provide such benefits to replace, at least partially, earnings lost owing to incapacity for work, or to circumstances which justify abstention from work, the most appropriate condition is a straightforward test as to whether the person was normally in employment up to the date on which work ceased - the usual type of test is that he must have been employed during a certain proportion of the last so many weeks before that date. For sickness benefit, a suitable test is that

there was employment during at least 13 contribution weeks (including weeks for which benefit has been paid) out of the previous 26 weeks, or three contribution months out of the last six, where contributions are paid monthly; but for maternity benefit, which normally continues for 12 weeks, a rather more stringent test is generally adopted, such as 26 weeks of employment out of the last 52 (or six months out of the last 12) prior to date when benefit is due to commence.

1160. It is, of course, desirable both from the administration point of view and for ease of understanding by the insured person that these contribution conditions should be as simple as is reasonably possible. Where contributions are paid on the basis of employment in each week, whether they are fixed for all insured persons of a particular sex or age, or are fixed only within certain wage groups, the contribution conditions for determining title to benefit can most simply be related to the contributions paid, or to the weeks for which they are payable, and this could, if desired, hold good for long-term as well as short-term benefits.

1161. Where, however, each payment in respect of contributions merely represents a proportion of the wages (however calculated) for the period in respect of which they are paid, it is not possible, without keeping more elaborate records than the employers would be anxious to supply, to relate the contribution payment to particular weeks in which each employee was in fact employed. In the case of the short-term benefits, this difficulty might still be met by obtaining information with regard to the actual periods of employment only when the claim for benefit had been received.

1162. For the long-term benefits, however, a different approach to the matter would be preferable; namely, to base the condition for title on the whole period since entry into insurance, with a certain minimum requirement, and on the average amount of contributions paid (and thus on the average amount of wages received) during that period or of a defined portion of it. This course could equally well be adopted for long-term benefits in those cases where contributions are related to notional wages within wage groups and there has been a change of wage group within the period covered by the "average" test.

1163. In a number of schemes where title to benefit is conditional upon a certain number of contributions being paid or of weeks of insurable employment, provision is made for weeks of incapacity for work or of inability to obtain employment to be taken into account, or to be disregarded, when applying this condition. Clearly this is desirable in relation to weeks for which benefit is actually paid and of which there will be a record in the office; but, if this concession is to be applied to weeks for which benefit is not payable, it may involve requiring the production of evidence of incapacity after title to medical care has been

exhausted, or of inability to obtain employment when there is no title to unemployment benefit, and it may be difficult to test the genuineness of such evidence, especially if it is not furnished until some time after the end of the period to which it is related. So long, therefore, as sickness benefit, and unemployment benefit if included, are only to be paid for relatively short periods, it is thought that account should only be taken of weeks for which benefit is paid. Possibly account can be taken of the non-recognition of other periods of sickness and unemployment when the financial basis of the scheme is being determined; e.g. by fixing the annual average of contributions needed to secure long-term benefits at the full rate, at a somewhat lower figure than would be fixed if all weeks of sickness and unemployment were to be counted for that purpose.

D. Funeral Grant

1164. This grant is not referred to in Convention No. 102, possibly because its cost is too small for its inclusion in or its exclusion from an individual scheme to affect the "standard" of the scheme either way. Nevertheless, it is a useful benefit to have as it seems only right and proper that, where a person dies after having been ill and in receipt of medical care, the Social Insurance Fund should make some payment towards the cost of his funeral; if the justice of this is admitted, it would not be possible to limit the payment only to such cases, and the payment would have to be given in the case of the death of any other person who immediately prior to his death was qualified to receive medical care.

1165. It is accordingly suggested that the qualification for entitlement to this grant should be the same as that for medical care and for sickness benefit, thus avoiding the necessity to introduce a different set of conditions to be remembered by the officers responsible for administering the benefit and to be understood by the insured persons themselves. It would, of course, mean that funeral grants would also become payable in respect of the deaths of dependants, when the provision of medical care was extended to those persons.

1166. As regards the amount of the grant this would depend largely on the average cost of a normal funeral in the individual country concerned. It is desirable, however, that the determination of the amount payable should not involve an intricate calculation, and tentatively it is suggested that the amount should be three or four times the weekly wage on the basis of which the rate of cash benefit is calculated, or the actual cost of the funeral, if that should be less. Alternatively a maximum amount could be laid down for all cases for the sake of simplicity.

E. Long Term Benefits

1167. It is perhaps early to enter into the question of what will be required when the scheme is extended to cover the provision of the long-term benefits such as invalidity benefit, old-age benefit and survivors' benefit, but it is as well to know what the inclusion of these is likely to involve in the future.

1168. Invalidity benefit, which is in the nature of a continuation of sickness benefit, is not likely to be adopted until the maximum provision for sickness benefit has itself been extended at least to 26 and maybe even to 52 weeks, under the normal conditions as outlined above. In such circumstances the number of cases for which invalidity benefit would have to be provided would be relatively small.

1169. The benefit would take the form of a monthly pension payable so long as the person was rendered incapable of all but a minimum amount of gainful occupation, and title to the benefit would be subject to the satisfaction by the insured person of certain qualifying conditions.

1170. Old-age and survivors' benefits would similarly be payable, in the form of monthly pensions for life in the case of the former, or in the case of the latter during widowhood, or for the children of the deceased person, so long as they are under a specified age. Title to benefit would also be subject to the satisfaction by the insured person of certain qualifying conditions.

1171. These conditions relate in general to the insurance record of the insured person, e.g. he must have been insured against the particular contingency over a minimum period of a certain number of years at any time. This period may be anything up to 20 or 30 years for old-age benefit or up to 15 years for invalidity or survivors' benefits, but in a new scheme it is generally considered desirable to introduce easier conditions with rather lower rates of benefit during the transitional period until the scheme has been in force for at least the time necessary to complete the basic qualifying conditions. Thus the transitional qualifying conditions might be five years' insurance for old-age benefit and three years' insurance for invalidity and survivors' benefits, while the rates of benefit might be 20 or 25 per cent. of the average wage taken over the whole period of insurance (or over the qualifying period, if it is considered that that would give a more adequate rate of benefit) as against 40 to 50 per cent. for those who in due course can satisfy the basic conditions.

Note 4. Adjudication on Appeals and Disputes
(See paragraphs 405 to 433)

1172. It is necessary, and particularly so where persons are being required by law to pay contributions in order to secure benefits either for themselves or for their employees, that there should be proper provision for the determination of questions arising in connection with the social insurance scheme. These questions will normally be raised with and have to be settled by the local officials of the Social Insurance Board in the light of the information as given to them by the persons concerned.

1173. It is desirable that in the first instance there should be the minimum amount of formality, and that, only if the person affected expresses dissatisfaction, should steps be taken formally to obtain evidence and to give an authoritative decision. This does not mean that the local official should not initially seek to obtain better evidence if he is not satisfied with that first submitted to him; but that, when considering any question before him, he should be prepared to act on the evidence submitted provided it appears to be in order and he has no reason to question its accuracy.

1174. Where dissatisfaction is expressed the action to be taken will depend on the nature of the question that has been raised. Broadly these questions fall into two groups:

- (a) those which, although they may relate to the position of one person, may nevertheless have to be applied to a large number of persons in similar circumstances, such as questions as to whether a particular employment is insurable, as to what rate of contribution is payable in certain circumstances, or as to who is to be regarded as the employer where there are two stages of control over the work; and
- (b) those which are quite personal to the individual, such as that of his title to a particular benefit.

1175. In dealing with questions of type (a) the issue depends frequently on the interpretation of certain facts, and it may be sufficient to obtain in writing from the person who has raised the question a formal statement as to his contentions, and after submitting this for comment to any other person who may appear to be interested in the matter, possibly the employer or employee of the dissatisfied person, the designated authority (probably the Social Insurance Board) will generally be able to give their decision on the basis of the statement and the comments. Where, however, there is still a conflict of evidence, which cannot be disposed of by further correspondence, the designated authority will have to direct that an inquiry should be held before someone appointed by them to hear the evidence in person and to submit a report to them as to his opinion of the matter.

1176. The decision of the Social Insurance Board should be final on questions of fact (subject to review, of course, if new facts not previously before them are subsequently submitted) but there should be a right of appeal from the decision on any question as to the proper interpretation of the law in relation to the matter. Such a question would have to be submitted to an outside legal body, such as a court of law.

1177. Questions of type (b) involve quite different considerations, and in view of the essentially personal element in the matter and the fact that the decision which is to be given may have to be based on the opinion of the person giving it, it is essential that that person should be known to be independent of the Social Insurance Board, and that the person who has raised the question should be allowed to give his evidence in person and to call witnesses. Moreover since the decision, especially if it is concerned with title to receive payment of benefit, must not be unduly delayed and the cost of the adjudication should be kept at a reasonable figure, it is desirable that the hearing of the evidence should be held locally before people who may be expected to have knowledge of local circumstances and conditions. For these reasons it is essential that the proceedings should be kept informal and preferable for that reason that legal representation should be barred. A local tribunal of three persons, one representing the employers in the district, one representing the employees in the district and an independent chairman possibly with legal experience, if available, who would be responsible for giving the decision after consultation with his colleagues, would form a satisfactory tribunal for dealing with these matters and this has been adopted in drafting the model plan. There would be separate tribunals for each district covered by the scheme, and the area covered by each should be coterminous with the area or areas covered by one or more local offices.

1178. Whether provision should be made to allow a right of appeal against the decision of a local tribunal is a matter for consideration in relation to the position as it is revealed in the course of the administration of the scheme. There is much to be said in favour of the setting up of a central tribunal to consider such appeals and so to secure greater uniformity between the decisions of the various local tribunals, and it would be useful to have such a body to whom references might be made for guidance by local tribunals, or to whom the Social Insurance Board might appeal in order to secure the review of a local tribunal decision that was patently wrong. But the introduction of this extra tribunal in the initial stages would make the scheme appear unduly complicated at a time when the administration should be as simple as reasonably possible, and it would be better to leave the matter open until experience or demand showed that the need for such a body had become abundantly evident.

1179. There is one other matter on which a decision must be taken in connection with the question of adjudication and that is whether or not a fee should be charged to the person who has raised the question. Here again it would seem to be a matter which should be left for consideration in the light of experience. The main object of such a fee is to try to discourage the raising of frivolous questions, but clearly this result cannot be secured if the fee is so small as to be almost negligible, and, if it is raised to an appreciable amount, some unfortunate person who may have a genuine case will be debarred from applying because he has not the money available to pay the fee. In a scheme where insurance is compulsory, the insured person should be entitled to be given a decision without having to pay for it; but a case for action might arise if it were found in practice that the administration of the scheme was being unduly burdened as a result of the receipt of a large number of applications for the determination of frivolous questions. It is not easy to suggest even so what should be done since some form of fine where it is held that the question was frivolous seems to be the only possible action and that might prove more expensive to collect than the amount of the fine would justify. But it might be that the mere possibility of a fine might deter applications from persons who were not satisfied that they had a reasonable case.

Note 5. Registration and Indexing
of Employers and Insured Persons

(See paragraphs 772 to 825 and 826 to 844)

A. Procedure of Registration

1180. As benefits under the proposed scheme are to be provided on an insurance basis contributions will have to be paid and methods will have to be devised for their payment.

1181. At an early stage a decision must have been taken as to the benefits which are to be provided; but whatever they are and subject to whatever conditions they are to be granted, it will be necessary first to register each employer and insured person in order that they may be easily identified and that proper records may be maintained.

- (a) of the contributions paid by the employer and any necessary action taken if such payments should fall into arrear; and
- (b) of the contributions paid for each insured person or of his employment and of the benefits received by him.

In addition, each individual insured person will have to be furnished with some identifying document or token, which he can produce whenever he claims benefit.

1182. The first step to be taken, therefore, is to decide how the insured person is to be registered and what "certificate of identity" is to be given to him.

1183. In the case of an entirely new scheme it is probable that initially it would be limited to persons employed in industrial undertakings employing not fewer than a certain fixed number of persons, and in that event it would be relatively simple if the initial work of registration could be done by the employers concerned.

1184. A certain amount of advance publicity would have to be given to the scheme, setting out the provisions relative to the benefits and explaining to employers and employees what they have to do in regard to registration and the payment of contributions (see in this connection Part II, Section 3).

1185. It may be that records are already held with regard to the employers whose employees are to be insured, for example in connection with legislation relating to workmen's compensation, works inspection or the placement of workers, and in that case it will only be necessary to extract from these records the particulars needed for the social insurance scheme.

1186. In so far, however, as these employers have not already been registered, all that will be needed will be to obtain from each of them the full title and address of the undertaking, the nature of the work performed and the number of employees to be covered by the scheme.

1187. When each employer has been registered - see B of this note - he will be supplied with the required number of insured persons' registration forms and will be requested to arrange for one form to be completed by each employee and thereafter to return the completed forms to the Social Insurance Board. Where there is a possibility that a large proportion of the workers may not be able to read or to write, the employers should be asked to complete the forms on their behalf.

1188. On the registration form the following information will be required to be given:

- (a) the employee's surname
 - (b) his other names
 - (c) his date of birth
 - (d) his place of birth
 - (e) his marital status
 - (f) his present address
 - (g) the name and address of his employer (possibly by means of the firm's stamp)
- and possibly also,
- (h) the nature of his work,
 - (i) his mother's surname (if this will help in his identification), and
 - (j) his nationality (if this is material to his insurance status).

1189. If there is in force in the country any general system of registration of the population as a whole or of the working population, he should be asked for his registration number therein - but see in this connection B of this note. In addition, there should be spaces for his signature, if he can write, and for an imprint of his right thumb (see also C of this note). The question of the provision of a photograph is also for consideration, but this is open to the objection that it must be replaced at intervals as the person gets older.

1190. The registration forms for completion by the employers and employees should be so designed that they can be readily used in connection with the preparation (a) of two alphabetical indexes, one of employers and one of insured persons (b) of forms for informing the two parties of their registration numbers, and (c) of suitable registers for use in the collection and recording of contributions. Where the scheme is so organised that it functions in two or more widely separated districts, it may be found desirable to maintain separate indexes and registers for each district as well as or instead of centrally. (See paragraph 1110.)

1191. When subsequently the scheme is extended to cover other persons (a) if it is still limited to employees in industrial undertakings but with a lesser number of employees, the same procedure as set out above might be followed; but (b) if it is to cover all other employees it may be considered desirable to let the employees register individually at some local registration centre, which might be either one of the local Social Insurance Offices set up for the administration of the initial scheme, or a temporary office rented for the purpose, according to local circumstances.

B. Registration and Insurance Numbers

(See also Annex to Part IV, paragraphs 800 to 825)

1192. It is here assumed that there is no other current register of employers or of the population in operation. If there is such a register consideration should be given to the possibility of making use of the registration numbers for the purposes of the social insurance scheme. But care must be taken to confirm that (a) all the employers and insured persons will be covered by this register - sometimes, for instance, civil registration only takes place when the person reaches the age of 18, by which time he may already have become employed and registered for social insurance; (b) the registration numbers are permanent and cannot be changed in any circumstances, as a matter of procedure; and (c) the registration numbers are suitable for use for social insurance purposes, e.g. that they are unique in the sense that no two persons have the same number, and that they are capable of being used readily for sorting purposes and do not contain series of letters. If the existing registrations do not satisfy these conditions, they should be disregarded for social insurance purposes, and a special series of registration numbers for employers and insurance numbers for employees should be allotted as suggested in the following paragraphs.

1193. In general a straight succession of numbers is the easiest to allocate and least likely to give rise to confusion.

1194. In certain circumstances, however, it may be considered desirable to include, as part of the number, some codification of a particular factor in order to assist in some special feature of the administration, such as the extraction of statistics. For example, it would be relatively easy when registering any one firm to indicate, by means of the first two digits of the number, the nature of the industry in which they are engaged. If then all firms were given numbers of the same length and the records were sorted numerically, all those relating to a particular industry would automatically be brought together. Moreover, the number of firms engaged in any individual industry is unlikely to reach 100,000 so that the registration numbers would not exceed seven figures.

1195. In this case, however, the coded factor is a stable one which is unlikely to change; but care must obviously be taken not to introduce into the number factors which are liable to change, such as the nature of a person's occupation. If such codification is to be of any use, the number would have to be altered, e.g. if the nature of the occupation changed, and this would inevitably lead to confusion, particularly in the mind of the insured person, with a risk of misquotation of his number.

1196. Incidentally, it should, perhaps, be mentioned that, as the misquotation and miscopying of registration and insurance numbers is one of the greatest time-wasting features of social insurance administration and is very difficult to eradicate and correct, any action which may assist in reducing its extent is well worth taking.

1197. In considering the allocation of insurance numbers to insured persons it is to be anticipated that the number of insured persons in any new scheme will, even initially, run into at least five figures and probably six, and, looking to the future with its possible extension to all employed persons, may eventually reach seven or even eight figures. In this connection it must be noted that the use of a letter in place of one of the figures will increase the available range by about 150 per cent. and if two letters are used instead of two figures the increase will exceed 500 per cent.. It would be undesirable to go beyond two letters.

1198. Each extra digit, whether figure or letter, increases the scope for misquotation or miscopying, if only by adding to the number of opportunities for reversing the order of successive figures or letters, and furthermore it makes memorisation of the insurance number more difficult and, if punched cards are to be used for the extraction of statistics, takes up a column which may be needed for other purposes.

1199. It is necessary, therefore, to look askance at any proposal to introduce a coded factor which may increase the insurance number by another digit and this is always a possibility whenever full use is not made of all the values which have to be allotted for the purpose of indicating the factor; e.g. if it were decided to include a coded reference to the month and/or year of birth of the insured person, only 12 out of a range of 100 numbers would be used in coding the month, while even in coding the year of birth it would be many years before more than 60 or 70 out of the 100 allotted would be taken up.

1200. The main use which is made of the date of birth is, of course, to identify persons with the same names, but even for this purpose the year of birth alone is not of great value since it still leaves a 2 per cent., or thereabouts, chance of duplication. When dealing with a common combination of surnames and other names use

must be made at least of the day and month as well as the year of birth, and even that is not always sufficient for absolute identification. Obviously, all these factors could not be recorded as part of the insurance number but they can be shown on the alphabetical index slip together with any other particulars which may be thought necessary, such as the place of birth, and can be altered, if necessary, without giving rise to any difficulty. Similarly, the occupation and other details which may be wanted for statistical purposes can be entered on the insured person's record sheet.

1201. In all the circumstances, it is considered that a straight series of numbers should be used for the identification of insured persons. Two or more separate series could, of course, be used where a scheme is to be started in two or more distinct localities.

C. Thumb Prints as a Means of Identification

1202. There is some doubt as to the value of finger or thumb prints as a means of identification because of the need for special training in order to recognise the differences between apparently similar prints. It is desirable, therefore, that the limitations of the system should be understood.

1203. For the purposes of comparing one such print with another, the patterns which appear in the various prints have been classified broadly under four types, three with individual characteristics and the fourth containing some combination of the other three. So long as the two prints under consideration are of different types no doubt as to the position is likely to arise; but, where they are both of the same type, the actual differences between the prints may not be so easy to observe and, unless there is a clear difference between them, it would not be safe to decide that they were made by different persons without the technical advice of an expert, which is unlikely to be available in a local office.

1204. In general, therefore, it may be said that, while it is possible to recognise as identical two prints made by the same person, no question of identity should be raised where any apparent differences are slight; only if there are obvious differences should the person be asked to produce other evidence of his identity.

1205. The taking of finger or thumb prints, however, has a very considerable psychological effect. The possibility that the prints furnished at the time when an application for benefit is being made are likely to be compared with those furnished earlier by the insured person will normally be sufficient to prevent attempts at impersonation.

D. Indexes of Employers and Insured Persons

1206. The purpose of an alphabetical index is mainly (a) to secure that two registration numbers are not allocated to the same firm or insured person, and (b) to enable a registration number to be traced when either it has been quoted wrongly, and it is necessary to obtain the correct number, or it has not been quoted at all, e.g. when a worker enters a particular employment some time after the scheme has started and does not give an insurance number to his employer, and it is necessary to check that he has not been registered previously.

Alphabetical Index of Employers

1207. It would simplify the procedure if the employers' registration form could be used as the alphabetical index slip and in that event, while it should be large enough to be completed easily, it should not be too large to be used as an index slip; the larger it is, the larger and heavier the containers for the slips will need to be and the more expensive will be the cost of the whole outfit. A reasonable size would be about 6 inches by 8 inches (15 cm. by 20 cm.).

1208. In order to keep the size of the form within these limits, it is suggested that provision should be made for the official action to be taken in connection with registration to be shown on the back of the form. It is thought that the advantages to be derived from avoiding the copying of the details on to a separate index slip or on to an action sheet would easily outweigh the awkwardness of having to turn the form over in order to record the action taken.

1209. So far as the material is concerned, as the forms will get a fair amount of handling in the initial stage they should be made of stoutish paper or thin card. Cards, however, take up much more space and are heavier than paper slips. They must be kept in a drawer which may be heavy to lift about and there is always the danger that it may be dropped and upset, unless it is fitted with some safety device to keep the cards in place in the drawer. Moreover the drawers must be kept in cabinets. Paper slips, on the other hand, can be perforated and clipped into a locking binder, and are then easier to work with than cards filed in a drawer.

1210. Unless, therefore, there is any special reason why cards should be used for the purpose, it is thought that paper slips should be used and that they should be filed alphabetically in binders so that they can be turned over easily when tracing for a number or inserting a new slip.

Alphabetical Index of Insured Persons

1211. As the registration form to be completed by the insured person has to contain much more information than that to be completed by the employer, it is not likely to be suitable for use as an index slip and it will be necessary therefore to extract details from it to some form of index slip. There is likely to be considerably more reference to this index than to the employers' index, and it must therefore be made readily available to the index clerks, who will have to consult it in order to trace for insurance numbers which may already have been allotted and also to insert the index slips prepared for newly registered insured persons.

1212. There is a certain advantage in using index slips of the same size and pattern as those used for the employers' index so that the binders and other equipment can be used for either index.

Sorting of Index Slips

1213. Before the employers' slips are sorted the first surname or other word in the name of the firm should be underlined, "the" or "Messrs." being ignored, and the slips should be sorted alphabetically first on this word. Where two or more slips are found to have the same underlined word, they should be sorted on the Christian name or the next word in the name of the firm: thus

- (a) in Messrs. George Smith and Sons, underline "Smith" and if a slip showing Albert Smith and Co. is received, it should be sorted before Messrs. George Smith and Sons, while John Smith would be sorted after Messrs. George Smith and Sons;
- (b) in The Merchant Grocers Company, underline "Merchant", and sort it after The Merchant Adventurers Company, but before The Merchant Tailors Company Ltd.

1214. As there is not likely to be a great deal of reference to this index after the initial registrations have been completed, the index binders could be racked in alphabetical order on shelves away from the clerks' tables, but handy for consultation when necessary.

1215. In order that they may be sorted more easily, the binders should be numbered and the range covered by each binder should be shown on its cover: thus (1) A to ARK, (2) ARL to AZ, (3) B to BEA, (4) BEB to BRO, etc., and the label should be written in a distinctive colour (say, red) to distinguish the binders from those used for the insured persons' index.

1216. The insured persons' index slips should be sorted alphabetically according to the surname, and those with the same surname should be fine sorted according to the first other name, generally in the same way as the employers' index slips.

1217. Slips on which the surname and first other name are identical should be sorted into the order of their year of birth, the youngest being placed first, thus 1930 would be placed before 1912. It is better not to sort on the second other name before sorting on the year of birth, because many people are inconsistent about writing their names even when asked to give them in full and, while they almost always give their first other name, they may sometimes quote and sometimes omit the second such name. So far as the year of birth is concerned, many of the searches in the index will relate to persons newly entering into insurance, and, as these will normally be young persons, it will save time in operating the index if the slips for younger insured persons are placed in front of those for older persons.

1218. The binders should be labelled and numbered in the same way as those used for the employers' index but the writing should be in black.

Guide Cards

1219. It may be found helpful in tracing to use "Guide Cards" in the index binders, i.e. cards which are the same size as the index slips but with a small projecting flap (about three-eighths of an inch or one cm. in height) which shows above the slips when inserted in the binder.

1220. These cards should be inserted at suitable points in the binder to show where a particular part of the index begins and that part should be shown on the projecting flap; e.g. in binder 1 (see above) there might be a card with "ANDERSON" entered on the flap and inserted just before the first index slip bearing that surname.

E. Notification of Registration to Employers and Insured Persons

1221. The purpose of registering employers is, of course, to enable the Social Insurance Board to maintain control over the payment of contributions by employers, and accordingly it is necessary that the employer should be advised of his registration number so that he may be able to quote it on all correspondence with the Board, such as notifications of changes in his staff and particularly in connection with the registration of new employees.

1222. The notification in the case of an employer need, therefore, be no more than a statement that a particular registration number has been allotted to him.

1223. The position is more complicated in the case of the registration of an insured person. The insurance number is first required to serve as a link between the employer and the Board and the insured person's contribution record, to ensure that he receives credit for the contributions paid in respect of him by his employer.

1224. The insurance number must, therefore, be recorded on the document (contribution card or schedule) which is to be sent to the Board by the employer on the appropriate date. Accordingly the employer must be advised of the insurance numbers allotted to his employees when the scheme starts and, later, when he engages a person who has not previously been registered. The employer will also need to have the number in connection with various processes relating to benefit claims made by his employees.

1225. The insurance number must also be notified to the insured person himself in order that (a) he may give it to his new employer when he changes his job and (b) he may quote it when he applies for benefit and confirmation of his title may have to be obtained from his contribution record.

1226. So far as cash benefits are concerned the claims will be made in writing to the Social Insurance Board and all that would be required for that purpose would be to give the employee a simple statement of his insurance number, which he could then copy on to the claim form.

1227. In the case of medical care, however, the insured person would normally make his application in person by visiting the dispensary from which he is to receive treatment, and it is necessary that he should be supplied with a more formal certificate of identity which he could produce in support of his application. This document should show the insured person's name, address and sex, the insurance number allotted to him and the dispensary to which he had been assigned and contain advice as to the need to produce the card when claiming benefit and when entering new employment. Space should also be provided on the card for the insured person's signature and thumb print, so that it would be possible to confirm that there was no question of impersonation involved.

1228. If contributions are to be paid by means of contribution schedules, it may be necessary on occasion to refer to these schedules in order to confirm the satisfaction of the qualifying conditions of employment and, in that event, it would be of assistance if provision were made for recording details of the person's employment on the identity card.

1229. In the event of the provision of medical benefit being extended to the dependent wife and children of the insured person, a similar card would have to be provided for production by the relative to the dispensary when attending for treatment. The risk of impersonation would appear to be considerably greater in this case, and it would seem desirable that the "family" identity card should not contain details of the family, but that any check should be left to the dispensary who would have to be supplied with details of the dependants as furnished on the "family" registration form. Another advantage of this is that no alterations have to be made on the card when a new dependant is registered or one ceases to be dependent.

1230. It is desirable that these identity cards should be made of material which is sufficiently stout to enable them to remain in use for a number of years without replacement, and possibly to stand up to tropical conditions.

F. Effect of Tropical Climates

1231. Paper or cardboard is extensively employed in connection with office procedures all the world over, but, where such materials are exposed to much handling in hot, humid conditions, they are liable to become limp and unserviceable.

1232. In social insurance administration this applies with particular emphasis to

- (a) the insured person's identity card, and
- (b) stamped contribution cards.

1233. As regards the former in E above the use is recommended in normal circumstances of a stout material which will withstand a certain amount of rough treatment, and it is also suggested that the administration, particularly of the benefits, would be greatly helped if the insured person's employment record could be shown on the card. The possibility must be envisaged, however, that the person may have no suitable receptacle, such as a coat pocket, in which to keep the card, and that, even if he had such a receptacle, it might when carried about in a tropical climate gradually disintegrate and in any case the entries on it would in such conditions become virtually illegible.

1234. It might be possible to protect the card with a metal or plastic covering, but even so, it would be subject to damage when it was withdrawn from its container, and there would still remain the question of where the insured person is to keep it - he could hardly tie it round his neck.

1235. The only possible solution to the problem seems to be to use a simple metal or plastic disc, on which the National Insurance number could be engraved or punched, and which could be hung round his neck. If this were done the inclusion of employment particulars on the identity documents would have to be abandoned and the procedures described in Part IV considerably modified accordingly.

1236. So far as contribution cards are concerned, it is probable that in a very humid atmosphere the insurance stamps would not remain affixed to the card throughout the period of its currency if the usual water-soluble adhesive material were used, but it might be found that in countries where such conditions exist some other form of adhesive material, which is used for somewhat similar purposes, might be found to be suitable for backing the insurance stamps. (See in this connection paragraph 1254(b)).

Note 6. Methods of Payment of Contributions
(See paragraphs 350 to 404 and 845 to 910)

A. General Remarks

1237. The method of payment of contributions will depend to some extent on the basis on which the rates of contributions are determined.

1238. In the case of those schemes in which the contributions for each individual person normally remain constant, e.g. are the same for all men, although different values may be fixed for women, for boys and for girls, the simplest method of payment is by means of stamps of the constant value affixed to appropriate spaces on contribution cards, or by means of some modification of this method. These contribution cards can only have a limited period of currency, dependent on the number of stamp spaces which can be provided on the cards, and, at the end of that period, must be exchanged for new cards to be stamped in respect of further employment.

1239. Obviously it is desirable from the work point of view that this exchange of cards should not have to be undertaken too frequently; on the other hand the period of currency must not be too long as this may lead to loss of contact between the Social Insurance Board and the insured person, to undisclosed non-payment of contributions continuing over long periods, to wastage of cards in the case of persons who enter into insurance towards the end of the period of currency and to increased possibilities of loss or destruction of the cards before the contributions have been entered on the insured persons' records. A period of currency of one year is thought to be the most suitable in the circumstances.

1240. Where, however, the amount of the contribution is fixed at a certain percentage of the actual wage of the insured person each week or month, so that the amount payable may vary from week to week, or month to month, and from person to person, it would be quite impracticable to collect the contributions by means of fixed value stamps affixed to contribution cards. In such circumstances the contributions would have to be paid on a schedule system, and the total amount of the contributions paid in a certain period, whether by one or more employers, would be a measure of the average earnings during the period from which the rate of benefit payable could be determined.

1241. In some instances the awkwardness of having to deal with week-to-week or month-to-month fluctuations in wages, especially for certain types of employment such as that of dock workers, where the work is very irregular, is overcome to some extent by basing the contributions on a notional standard wage for the particular employment or grade of employment.

1242. In some schemes this standardisation is carried a stage further by breaking down the insured population into a series of groups, each group comprising persons whose earnings fall between certain fixed levels, and then having a fixed contribution rate for each group determined in relation to a notional average wage for the group; the rates of benefit are similarly related to this notional wage.

1243. For example, if 1,000 monetary units were the earnings of the highest grade of worker for whom it was considered essential to make provision under the scheme, the wage groups might be fixed somewhat as follows:

<u>Notional Average Wage</u>		
Group I	Less than 200 monetary units;	150 units
Group II	200-399 monetary units;	300 units
Group III	400-699 monetary units;	550 units
Group IV	700-999 monetary units;	850 units
Group V	1,000 and over monetary units	1,000 units

1244. Persons earning more than 1,000 units would thus be covered only to the extent of the provision made for the minimum wage earner in the highest group; if these persons wish to increase the extent of their coverage they must do so through voluntary insurance, if available.

1245. By adopting this system it is possible to vary the percentage contribution rate from group to group so as to ease the burden on the lower paid workers while still maintaining for all the groups the same percentage relationship between the notional average wage and the corresponding rate of benefit. The same result could also be attained by increasing the employer's share of the contribution for the lower paid worker and reducing that of the worker himself. These variations would not be easy to include in a system where the contributions are related directly to the actual wages.

1246. While it is obviously desirable to avoid complicating the system by having too many wage groups, the number of such groups must depend on the range of the wages actually obtaining in the country for which the social insurance scheme is designed, and consequently on the number of benefit levels which must be provided.

1247. Where the wage group system is used the contributions and benefits would in effect be uniform for each group and it would therefore be possible to collect the contributions either by means of stamps of the values appropriate to each group affixed to contribution cards, or by means of a schedule system.

1248. This element of uniformity of contributions and benefits is one of the chief objections raised to this system of administering the scheme, it being claimed that persons remunerated at rates above the notional average receive inadequate benefits, and those remunerated below that average have to bear an undue burden by way of contributions, and that only those persons who are in fact being remunerated at exactly the notional average rate are receiving proper treatment. This objection could only be met within the wage group system by narrowing the wage levels of the various groups and increasing their number, and this might complicate the system to an extent which might make it impracticable.

1249. Another major difficulty in relation to the wage group system is that, where wages are tending to rise generally, owing to increases in the cost of living, there will be a steady movement of insured persons from one group to the next higher one. While this would not matter in the groups other than the highest, a time might come when the benefit rates for the highest group would be inadequate, having regard to the increased living costs, and it might then be considered necessary to introduce a still higher group. In the example given above, this might be done by limiting the wage levels for Group V to 1,000 to 1,199 monetary units with a notional average of 1,100 units and introducing a Group VI for persons receiving 1,200 units or over with a notional average of 1,200 units.

1250. In those cases where the contributions are based on the actual wage, some adjustments may have to be made in respect of items such as free lodgings or meals, or of amounts allowed for expenses before the amount of the percentage rate of contribution is determined.

1251. In the model plan suggestions are made for the collection of contributions by stamped cards and by the schedule system, both notional and actual.

B. Payment of Contributions by Means of Stamps

1252. A contribution stamp as such, serves two main purposes. Initially when such a stamp is sold to an employer it is in effect an acknowledgment of the receipt by the Social Insurance Fund of an amount equal to the value shown on the stamp. Subject to any interim transactions which may have to take place, the total amount derived from the sale of these stamps finds its way into the Social Insurance Fund, and then becomes available for use in the provision of benefits and to meet the cost of administration.

1253. Secondly when the stamp is affixed to the contribution card (or book) of an insured person, it constitutes evidence of the payment of a contribution in respect of him by his employer and, subject to the surrender of the card in due time to the Social Insurance Board, helps to establish his satisfaction of the prescribed contribution conditions, if any, for the receipt by him of social insurance benefits.

1254. If social insurance contributions are to be paid by means of stamps affixed to cards, arrangements for the printing and distribution of the stamps and cards will have to be put in hand some months before contributions first become payable. During that period:

- (a) designs for such stamps must be prepared and in general these stamps should show their purpose (social insurance), their value, which should show up plainly against a clear background, and possibly some emblematic decoration symbolising the object of the scheme; the use of a fairly detailed design may help to prevent fraud by forgery;
- (b) the stamps must be printed, with adhesive backing and preferably in sheets, possibly of 120 or 240 stamps, with perforations between adjacent stamps; (see in this connection paragraph 1236);
- (c) until they are issued to the "retailers" the sheets of stamps must be stored in some specially safe place, and proper tallies of the stocks and issues must be regularly maintained and checked;
- (d) provision must be made for the stamps to be distributed for purchase only at certain recognised places, which generally should be some government offices, such as the local social insurance offices or the post offices, with adequate facilities for safe storage; and rules must be made forbidding the sale of stamps in any other way. Where such offices are not available in sufficient numbers, it may be necessary to find other "retailers", such as banks, with adequate storage arrangements and subject to special financial guarantees; but this is obviously a matter for local consideration and negotiation in the light of the conditions of the individual country or district in which the scheme is to be introduced;
- (e) special rules must be made with regard to the form of the contribution cards to which the stamps are to be affixed, the arrangements for their issue and exchange at the end of their period of currency, the time at which the stamps are to be affixed to them, the cancellation of the stamps, the responsibility of the employer for the custody of the cards and his liability to produce them for inspection on request by the insured person or by an insurance inspector.

C. Payment of Contribution by Schedule System

1255. Under this system the employer pays contributions monthly (or in respect of a longer period such as a quarter, etc.) the amount of the payment being the total of the contributions due for that period as determined from a schedule, prepared by extraction from the payrolls of the firm, giving the name and insurance number of each employee, the amount of his wages (or if a group system is in force, the number of his wage group) and the amount of the contributions payable for the period, i.e. a fixed percentage of the actual wage, or the total of the contributions due in respect of the total of wages or of that particular wage group. The schedule should also show the dates of commencing and ending employment during the contribution period.

1256. Much of this information may already have to be extracted from the payrolls of the firm for some other purposes, e.g. for the payment of certain taxes, and in that event all that would be necessary is to add to the payrolls such additional information as would be needed for the preparation of the social insurance schedules. From the employers' point of view this method would probably be simpler than the stamped card system, even if that system were available, e.g. under the wage group arrangement, notwithstanding that the schedules must be prepared four or twelve times during the year; but difficulty may arise when the Social Insurance Board - for the purpose of long-term benefits - comes to extract from each schedule the particulars relating to each insured person named thereon and transferring them, e.g. twelve times a year, to that person's record.

1257. An alternative to the schedule system is the following: the employer does not furnish each month a schedule with the corresponding value for the contributions due, but instead pays a deposit to the Social Insurance Board equivalent to the amount of the contributions for which he will be liable in respect of his employees during a month (or quarter) and thereafter makes monthly (or quarterly) payments by cheque of the contributions actually due for the past period. In addition each year the employer furnishes to the Board a list showing the name and insurance number of each person who has been employed by him during the year and the number and rate of the contributions paid in respect of that person, and the total value of the contributions as shown on the schedule are checked against the total payments made during the year. If it were desired to keep

an individual record of the contributions paid for each employee, a separate document for each person showing his name and insurance number should be supplied to the employer in order that he may enter thereon the number and rate of contributions paid and the period of employment if less than the whole year, and return the document at the end of the year with the schedule.

Note 7. Contribution Cards and Stamps
(See paragraphs 852 to 869)

A. Exchange of Cards

1258. The general question of the use of contribution cards and stamps in connection with the payment of social insurance contributions has been discussed in A and B of Note 6 and in paragraphs 1238 and 1239 reference has been made to the arrangements for the periodical exchange of expired contribution cards for new ones.

1259. It may be considered that the exchange of all the contribution cards within one short period in each year may put too great a strain on the local office staffs at that period, even if suitable temporary staff are available to help with the work.

1260. The alternative is to spread the exchange of cards throughout the year, by arranging that a fixed proportion of the cards shall terminate at a number of different dates in the year. This process obviously cannot be carried too far, since a spread involving the exchange of small packets of cards at intervals of anything less than a month would inevitably lead to some confusion however the spread was organised, and it is doubtful whether such confusion could be reduced to reasonable proportions with less than two-monthly intervals.

1261. In this connection consideration must be given to the basis on which the contribution cards for the different periods are to be distributed. It is clearly desirable that each insured person should retain his initial contribution period throughout his insurance history, partly because of the confusion which would be caused by an alteration of the period, but mainly in view of the possible inclusion in the scheme, either initially or subsequently, of benefits whose rates are to be calculated on a yearly average of contributions (or wages).

1262. On the other hand, each employer would naturally prefer to have to deal only with contribution cards relating to one such period, so that he could exchange the cards for all his employees at one time; but, while this ideal might be realisable if his employees never changed their employment, it is not likely to be attained generally in practice. Even if it were agreed that, initially, all the employees of a firm should be supplied with contribution cards for one period only, but that, where a new employee was taken on, his contributions should continue to be paid on cards for the period originally issued for him, the movement of labour might be such that, within a few years, very many employers would find themselves having to deal with a fair

proportion of contribution cards for each of the different periods, and would in the interim have had to accommodate their individual arrangements to the changing pattern. Such a device would, of course, be of no use unless the number of local offices at which the exchange of cards had to take place was at least as great as the number of different contribution card periods.

1263. Moreover, it has to be appreciated that, while it would simplify matters for the employer if he had only to deal with contribution cards for one period, this would not produce the necessary spread of the work for the local office, unless the different contribution cards were distributed, among the separate employers for which the local office was responsible, in such a way as to produce an even flow of cards for exchange at the end of the successive periods - this would, of course, not be possible in any area where the bulk of the workers were employed by one or two firms. The organisation of such a spread might give rise to further difficulties, and in any case the fact that the different firms in an area had started with different period cards would hasten the dissemination of these cards to all employers as suggested in the previous paragraph.

1264. A possible method of dealing with the matter would be to use one particular period card for all the employers working to an individual local office, and so arranging the distribution of the cards, as between the local offices, that a team of trained clerks could be sent from one local office to another to deal with the exchange of contribution cards as the successive periods ended. It would, of course, require very careful organisation to secure that the amount of work involved in the exchange of cards was roughly the same at each local office, and was sufficient to keep the clerks occupied until they were due to move on to the next office on the rota; but, on the other hand, since one of the main purposes of the exchange is to supply the new cards to the employers as soon as possible after the commencement of the new period, in order to prevent as far as possible any delay in the regular stamping of the cards, and the second is to make the old cards available for reference as early as possible, it is necessary that the whole process of the exchange should be completed quickly.

1265. In all this it must be realised that this work of exchange will react in due course on the other work of the Social Insurance Board in connection with the stamped cards, including that of Records Section, particularly where, as for long-term benefit purposes, the number of contributions paid on the contribution card has to be recorded on the insured person's record sheet. Since, in the initial registration of insured persons, all the employees of any one firm will receive consecutive insurance numbers, the clerk in Records Section who deals with that particular block of numbers will receive all the cards for that block at one time, instead of having his recording work spread over the year.

1266. These difficulties would be largely eliminated if the issue of the various different contribution cards could be made at random so that each employer, each local office and each Records Section clerk would receive a steady flow of work during the year, and this too might assist in the extraction of statistics on the basis of samples, which could then be taken from the whole range of the insured person's records without any question arising as to possible bias in the make-up of the samples.

1267. It will be appreciated that, for the assistance of everyone who is to have any dealing with the contribution cards, it must be readily possible to distinguish between the cards for the different periods and between those for successive years. Thus, if it were decided that there were to be four different cards to be issued in each year, starting, for example, in February, May, August and November, these four cards would have to be different from one another in some obvious way, such as in colour, and each of the corresponding cards starting in the next year would have to be distinguishable from its counterpart in the present year; i.e. if colour were to be the distinguishing feature, eight differently coloured cards would be necessary to cover a full two-year cycle. In the third and fourth years there would be a return to the colours used for the first and second years and similarly for the fifth and sixth years and so on.

1268. A particular point to be noted is that, as the social insurance scheme would presumably start as from a single date for all the employed persons to which it is then due to apply, the first contribution cards to be issued would have to have different periods of currency according to the particular dates on which they would be due to terminate. Thus, if the scheme was due to start in July of a particular year and it were decided that there should be, as in the example given in the previous paragraph, four different cards due to end in February, May, August and November of the following year, their periods of currency would be seven, ten, 13 and 16 months respectively.

B. Perforation of Stamps on Cards

1269. There is a further point for consideration which relates to the stamped contribution cards after they have been surrendered, and that is that, at some stage in the process, arrangements will have to be made to render the stamps on the surrendered cards unusable, while at the same time not defacing them to the extent that the number and values of the stamps affixed to the card cannot be seen. One method is by perforating the stamps with a series of small holes, and machines for this purpose are on the market. As the purpose of this mutilation of the stamps is to ensure that they shall not be removed from the cards and re-used after they have been returned to the Social Insurance Board, it is desirable that the perforation should be

done as early as possible after the surrender of the cards. It may be preferred, however, that the despatch of the cards to Records Section should not be delayed any more than is necessary, since they may have to be made available for action in connection with current benefit claims, and that the perforations should be made centrally. This would certainly simplify the matter by reducing the number of perforating machines and ensuring that they would each be more fully used.

C. Loss of or Damage to Contribution Cards
and Stamps

1270. Provision is included in paragraph 387(d) (Contributions Regulations) for credit to be allowed in respect of spoiled stamps.

1271. Such allowance is to be at the discretion of the Social Insurance Board, but obviously at a time when it is desirable to encourage the co-operation of employers in the administration of the scheme, it would be in the Board's interests to be as impartial as possible and not to insist on too high a standard of evidence in support of the application where there is no reason to doubt its bona fides, or to limit its allowances solely to spoiled stamps.

1272. At the same time it should be made obvious to employers that the Board expects to receive such evidence as is reasonably available, and considers the certificate as to the correctness of the information given to be a matter of some importance and not to be regarded as a mere formality.

1273. Accordingly, subject to such information as may be available with regard to the employer's standard of compliance, e.g. the regularity of his purchase of stamps, or the prompt exchange of his cards, applications should be allowed without question if they relate to damaged stamps which are enclosed, either unused or affixed to contribution cards.

1274. On the other hand applications for credit in respect of unused stamps which are alleged to have been destroyed need careful investigation, in view of the possibility that they may not have been destroyed at all, e.g. they may have been stolen by a clerk. In such a case the decision may turn on the employer's reputation for good observance of the requirements of the scheme. Clearly a further application by the same employer would be looked on with some suspicion. It is not thought that any application should be considered in relation to unused stamps alleged to have been lost; the employer must accept the responsibility for the loss.

1275. Between these two extremes there are varieties of cases likely to arise, and in most of them it will probably be considered desirable to arrange for an inspector to make inquiries with a view to testing the statements made on the application form, especially in the early days of the scheme, when it might provide a suitable opportunity to impress on the employer his responsibility for taking proper precautions with regard to care and control of the cards and stamps.

1276. There must always be a certain element of doubt, however small, as to the bona fides of any application in respect of cards which are alleged to have been lost or completely destroyed; and even when, for example, burnt remains of the cards are produced, they should be carefully scrutinised to see whether there is evidence to indicate that stamps had not in fact been affixed to the cards for weeks for which they were due.

1277. Once, however, all evidence reasonably available has been obtained, there should be no undue hesitation or delay about deciding whether or not an allowance should be given, and, as a general principle, the employer should be given the benefit of any doubt.

D. Stamp Irregularities

1278. Stolen cards come into a special category and, while it may be considered that credit should be allowed to the employer from whom the cards were stolen, it must not be forgotten that he is responsible for the care of the cards while they are in his custody, and that the person who has obtained possession of the cards may alter the names and insurance numbers on the cards, or remove the stamps from them, and then either affix them to other cards or try to sell them, notwithstanding that these are all indictable offences under the rules and subject to severe penalties.

1279. In this connection it may be mentioned that, in due course, it may be found advisable to make special arrangements for the regular scrutiny by a specially trained person of a proportion of the stamped cards, in order to identify for closer inspection any stamps which look as if they might have been removed from another contribution card, or about which any other suspicions are felt.

Note 8. Records of Insured Persons' Contributions
(See Part III, Section 4)

1280. The maintenance of a record of the contributions paid in respect of each employed person is only necessary in so far as such a record is required in order to decide whether the person has satisfied the contribution conditions governing title to benefit or to determine the rate of benefit payable.

Contribution Conditions for Benefit

1281. The contribution conditions for benefit should be as simple as possible and benefit should in general only be payable if those conditions are satisfied; that is to say, the conditions should be relatively easy to fulfil, so that there can be no case for paying partial benefit rates where the conditions are not fully satisfied. (See in this connection Note 3C.)

1282. It is necessary, however, to distinguish between the conditions for sickness, employment injury and maternity benefits and funeral grant, for which provision will be made initially, and eventually possibly unemployment benefit and the "long-term benefits", invalidity, old-age and survivors' benefits, for which provision will probably not be made until later.

Initial Benefits, including Medical Care

1283. The normal test for these benefits (other than employment injury benefits) is that the person must have been employed during a certain proportion of the last so many weeks before the date as from which benefit is claimed.

1284. The satisfaction of this condition could be determined most simply by requiring the insured person to produce his identity card containing the record of his various employments and a certificate by his latest employer showing the date up to which he was working and also for what period, if any, since that date wages continued to be paid. This certificate could also show the rate of pay if this information should be required in order to determine the rate of benefit payable.

1285. In some schemes the provision of sickness insurance is extended to self-employed persons but in view of the difficulty of determining whether or not certain of these persons are continuing to derive financial benefit from their self-employment during the period of sickness, it is considered that they should not be included in a scheme in which the benefit for employed persons is given only when their earnings have been suspended. Different conditions related more definitely to the regular payment of contributions would in any case have to be applied in respect of self-employed persons.

1286. Employment injury benefits are normally payable without any contribution or employment conditions except that the insured person's incapacity, disablement or death must have resulted from an accident (or an industrial disease if such diseases are covered by the scheme) which occurred in the course of and as a consequence of his employment. All that is needed, therefore, in order to determine title to benefit is a certificate by the employer that the insured person was in fact working for him at the time the accident occurred and giving the circumstances of the accident. As with sickness and maternity benefits, the rate of pay should also be given on the certificate if necessary.

1287. For the limited purposes, therefore, of considering the question of title to these initial benefits a record of the insured person's various periods of employment as completed by his employers and supplemented by an appropriate certificate from his latest employer would be sufficient, and no actual individual record of the contributions paid in respect of him would be needed. Properly, it is the fact of the employment and not the actual payment of contributions that should determine the title to benefit and any failure on the part of the employer to comply with the requirements as to the payment of contributions should be dealt with as a separate matter.

1288. Control over the proper payment of contributions could be exercised through the employer's record of payment of contributions and a system of test checks on the certificates furnished by employers in connection with the benefit claims would bring to light any failure to pay contributions in respect of the employment referred to on the certificates. Payment of benefit should not, of course, be delayed while such checks were being made.

Long-Term Benefits

1289. The possible inclusion in the scheme of provision for long-term benefits at a later date must, however, be taken into consideration. The grant of these benefits will no doubt be subject to the payment of the appropriate contributions for not less than a certain number of years and the rate of benefit will depend upon the total (or average) number of contributions paid during the whole period of insurance or a certain number of years at the end of the period of insurance and probably also on the wages paid during such periods.

1290. It will, therefore, be necessary to keep some form of continuing record for each insured person of the actual number and rates of the long-term benefit contributions paid in respect of him throughout the whole period of insurance if invalidity or survivors' benefit is provided. It is presumed, however, that no account will be taken, in this connection, of contributions paid for short-term benefits either before or after the extension of the scheme and no useful purpose would therefore be served by setting up this record until the extension is about to come into operation.

1291. The form of this record will depend to a great extent on the method which is then adopted for the payment of these contributions. Where contributions are paid by means of stamps affixed to cards, a simple record of the contributions paid on each card as it is surrendered would be sufficient, but where contributions are paid on a schedule system at intervals during the year, a record showing the number of contributions paid on each occasion over the whole insurance life of the insured person would be somewhat unmanageable and an alternative arrangement is suggested in the Contributions Regulations (Part III, Section 4) in connection with the payment of contributions by this method.

Note 9. Mechanised Procedures
(See Part IV, Section 6, Chapter 4)

1292. When considering the question of mechanising procedures in connection with social insurance administration it has to be recognised that the processes to which mechanisation might be applied range from the simplest of copying or numbering processes, for which typewriters or automatic numbering stamps might be adequate, to complicated accounting arrangements the extraction of detailed statistics, for which very intricate and expensive power-driven machinery might be used.

1293. So far as the first-mentioned are concerned, they would form part of the normal equipment of any modern office, but the use of the last-mentioned can only be justified where the amount of essential work to be done in connection with these processes is so great that it would be almost impossible to do the work otherwise than mechanically. But, of course, there is a steady gradation of useful mechanisation between these two extremes.

Registration

1294. Starting with the simpler processes, there is the hand-numbering stamp which can be used to number a batch of forms, such as index slips or record sheets with the appropriate successive serial insurance numbers, or can be arranged so that it will print the same insurance number on one set of forms (for instance, registration form, index slip, record sheet, medical index slip and identity card) and then print the next higher number on a further set of forms and so on.

1295. A somewhat more elaborate stamp can be obtained which will print certain fixed details relative to the particular process in hand, including the date and, with the incorporation of a movable numbering arrangement in the stamp similar to that already mentioned, will also print a succession of numbers - this sort of stamp is particularly useful in dealing with correspondence which has to be registered in a special series and have the date of receipt recorded, thus

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These stamps incorporate an inked pad which functions automatically, thus avoiding the use of a separate pad for the purpose.

Copying

1296. There are various methods available for copying particulars, such as name, address, insurance number, etc. on to a series of forms, otherwise than in manuscript, which should be avoided if possible since there is a risk of errors or illegibility on each and every form on which the details are written. Where this copying only has to be done once, e.g. when a person is registered and given an insurance number, the simplest method is to arrange the forms in such a way that the particulars are to be entered in exactly the same position and order on each form. If this is done, and the forms are arranged in the proper position with carbon paper in between, the particulars can be typed directly on to the whole series and a separate copy of the details can, if desired, be retained for reference, e.g. for statistical purposes. If it is desired to omit some of the details from some of the forms, e.g. the date of birth or occupation or industry code number might be omitted from some of the forms although shown on the index slip or record sheet, this can be secured by carbon backing the actual forms, instead of using separate carbon papers, and arranging this backing in such a way that the details are copied selectively on the successive forms. It is desirable for this process that each form should be relatively thin, in order that good copies may result.

1297. Where the particulars have to be copied on to considerable numbers of forms or at intervals over a long period, the use of a more elaborate mechanical process may be justified. This consists of the stamping (embossing) of the particulars on to a metal plate, which is thereafter used to print the details on to the forms as and when required. These processes necessitate the use of special machines.

1298. Firstly, there is the embossing machine, which holds the metal plate while the particulars are copied on to it, and may be operated by hand but preferably by electric power.

1299. Secondly, there is the printing machine, which feeds in the metal plates in such a way that they are inked and brought into contact with the forms on which the particulars are to be reproduced. It is preferable that this machine too should be power-driven.

1300. The advantages of this method are that:

- (a) the copying can be done much faster, even taking into account the fact that each copy has to be made separately;
- (b) it is not necessary to reproduce the particulars on exactly the same place on each form, although it is desirable to use guide lines on the printing surface to secure that the print is squarely placed in relation to the edges of the form;

- (c) by using "cut outs" part only of the details may be copied on particular forms;
- (d) it is easy to run off copies in list form of either all the particulars copied from a particular series of plates or, by using "cut-outs", of certain items only so as to form a schedule of those items for some specific purpose, e.g. statistics;
- (e) by suitable adjustments to the printing machine, prints can be made on materials of widely different thicknesses, e.g. on forms, cards or even books containing a number of payable orders.

1301. There are, however, certain points which must be taken into account in relation to the use of these machines:

- (a) while the metal plates will last indefinitely so long as the details shown on them remain unchanged, and it is possible to stamp out existing details and re-emboss new ones on one or two occasions, a new plate must be used if any further alterations have to be made; if, therefore, it is likely that frequent alterations, e.g. as a result of changes of address, may have to be made on the plates, allowance should be made for the expense of the wastage of old plates and embossing of new ones in evaluating the advantage to be derived from the use of these machines;
- (b) another item of this type for which allowance has to be made is that, as with all intricate machines, they are liable to breakdown at intervals and serious delay may occur before they can be repaired, especially if the repair experts have to come from a considerable distance or the machine has to be taken away for the repair to be carried out; it is necessary, therefore, to have more machines than may strictly be needed to do the work;
- (c) the metal plates must always be kept in a specific order, not only when in use, but also when not in use, and arrangements must be made to ensure that they are not subject to any unauthorised handling; when not in use they have to be kept in drawers in special cabinets;
- (d) it is not economical to use this method unless details have to be copied on each occasion from the back of the plates contained in each drawer; it is possible to indicate by means of a signal "tab" affixed to a plate that the details thereon are not to be copied on a particular occasion, but, if there were a large number of "tabbed" plates in the drawer, much time would be wasted in identifying the relatively few plates from which copies have to be made;

- (e) the cabinets containing the drawers take up a considerable amount of room, and table space, and an embossing machine must be provided near them in order that alterations in the particulars may be recorded either by amending the existing plates or embossing new ones (see (a) above); moreover, unless these cabinets can also be placed quite close to the printing machine, special trolleys have to be used to transport the loaded drawers, which are heavy to carry about, from the cabinets to the printing machines and back - it would probably be uneconomical to associate a particular batch of cabinets with each printing machine (see in this connection (b) above);
- (f) in any scheme involving the use of a number of these machines, their collective weight would probably be such that it might be found necessary to house the whole outfit on the ground level of the building in which they are installed.

1302. Another type of copying machine is one which is in effect a simplified form of printing machine for use when a number of copies of documents are required, but the number is not large enough to justify formal printing. There are a number of such machines available, but the general principle of them is the same. The material to be copied is typed on to a waxed stencil which is then placed in the machine over an inked pad. Absorbent sheets of paper are brought mechanically into contact one by one with the stencil and thus receive an imprint of the typed original.

Payments of Benefits by Payable Orders

1303. In connection with any scheme in which benefit is to be paid by means of payable orders, it will be necessary to prepare the orders showing the particulars of the payee and the amount payable, and also to prepare, for accounting purposes, schedules of the amounts of benefit so issued.

1304. In the case of individual payments of varying amounts, such as have to be made in respect of sickness, maternity or other short-term benefits, it may be convenient to use orders printed in numbered strips of six or so with perforations between successive orders, and made up into pads interleaved with plain strips on which copies of the particulars entered on the orders may be reproduced with the aid of carbon paper. When the names and insurance numbers of the payees and the amounts of the payments have all been entered by hand or typewriter, the orders in the strip can be broken down at the perforations and despatched to the payees, while the plain strip, which backed the orders and now shows the separate amounts issued, can be totalled and used as the schedule of payments.

1305. Where long-term benefits are involved, however, the rate of benefit, weekly or monthly, will normally be constant, although varying as between different beneficiaries, and it would be possible to issue books of dated orders covering a period of a year or more, to be cashed at weekly or monthly intervals during that period. If only a limited number of rates of benefit are payable, dated orders for each of these rates may be printed and bound up in books ready for issue, the name and insurance particulars of the beneficiary being entered on the cover of the book by one of the methods referred to earlier, when the time comes.

1306. But where there are many different rates of benefit it may not be economical to print dated orders for each of these values, particularly as special security arrangements, with strong rooms, etc., will have to be made for the safe custody of these order books. In such circumstances, therefore, it would be preferable to print undated orders with no amounts shown and to bind them into books of the required size for use in making payment at the less frequent rates. When such a book is due to be issued to a beneficiary, his particulars could be entered on the cover of the book by hand or mechanically (as indicated above) and with the aid of a special machine the appropriate amount and the relevant payment date could be printed on each of the orders in the book before issue. Schedules of the books issued, showing the insurance number, the weekly rate of benefit and the number of orders, would have to be prepared separately, and this could be done most easily when the particulars of the beneficiaries were entered on the front of the books.

Computation

1307. In connection with the calculation of the total amounts due from employers in respect of contributions or of the amounts of benefit payable, it may be possible for the clerks to work with special arithmetical tables prepared for the purpose, but they will probably work more quickly and accurately if they are supplied with calculating machines. Certainly such machines should be used where any considerable number of calculations based on percentages is involved, particularly in regard to the checking of the calculation.

1308. There would also be a case for using adding machines for totalling the amounts shown in schedules of payments either of contributions or benefits, and for checking such totals.

Statistics

1309. It is essential that proper arrangements should be made for the extraction of statistics relative to the operation of the scheme. In a very small scheme it might be sufficient to

do this by making a periodical examination of the records of the insured persons' contribution and benefit payments, and extracting the desired information on to extraction sheets. This method would, however, become irksome and unreliable if applied to a scheme covering more than a few thousand persons, and in such circumstances it would be preferable to extract the required details on to cards which could then be sorted and totalled according to the various items extracted.

1310. The data could be recorded on the card by means of holes punched in the central part of the card, either by means of hand punches, or where much larger numbers of persons are involved, of power-driven machines. These cards could then be sorted according to the positions of the holes, with the aid of other machines designed for the purpose and the information extracted from the cards could also be tabulated mechanically. It must be realised, however, that these machines will only justify the cost of outlay if regular use is made of them and they are not left standing idle for most of the time, and there is also the possibility of breakdown to which reference has been made earlier in connection with addressing machines. If it is likely that there will not be sufficient work to justify the purchase (or hire) of a power-driven sorting machine and still less of a tabulating machine, solely for the purposes of the social insurance scheme, it may be possible to share the use of such machines with other organisations which may be able to make use of them when they are not needed for the social insurance scheme, e.g. in connection with the extraction of data derived from a census of the population.

1311. In all this matter of the use of machines, it must be remembered that they may easily be put out of order if they are mishandled by unauthorised persons, and there may be difficulty in getting them repaired quickly. There is also the possibility that, while the machines are able to do an amount of work which would otherwise involve the employment of a number of clerks, the economic situation of the country may be such that it would be considered more desirable to employ clerks, if they are available, to do the work.

Accounting

1312. The use of accounting machines in connection with the administration of a social insurance scheme will depend to a great extent on the complexity of the scheme and, in particular, on the number of benefits provided under it. Such machines have considerable value when used in conjunction with punched cards (see the reference to statistics above) to prepare schedules of payments to be made, whether of benefits to be provided under the scheme or of salaries payable to the staff of the Social Insurance Board, or of contributions due to be collected from employers.

Note 10. Forms

(See Part IV, Section 6, Chapter 4)

A. Use of Forms

1313. The draft forms included in the model plan are intended to serve as a guide only. The wording is, of course, not to be regarded as fixed; it must be adapted to suit the particular needs of the scheme and the probable attitude of the persons who will have to complete the forms.

1314. The purpose of using printed forms is in general to save the time which would be wasted if everything had to be written or typed, and to standardise the wording so that where questions are asked the same form of question is always used and a mere record of the issue of a certain form is sufficient indication of what exactly has been sent.

1315. So far as forms of application, e.g. for registration or for benefit, are concerned, the form must contain clear and direct requests for all the information likely to be needed in order that the application may be satisfactorily dealt with in the office, and may also ask for a strictly limited amount of additional information which may be needed by the administration, either immediately or at some future date, e.g. for identification or statistical purposes.

1316. Supplementary requests for information which was not given because of the omission of a necessary question or to the bad wording of the questions may give rise to justifiable criticism of bureaucratic methods.

1317. Subject to the observance of these conditions, such forms should be kept as simple in form and content as possible and requests for information for which there is no obvious need should be rigidly excluded; questions which would be applicable in only a very small proportion of the cases (say 1 per cent. or less) might also be excluded provided that the cases can be identified from the information given on the application form, and the further particulars obtained by direct questions separately - such cases might possibly be those where a divorced wife claims benefit as the dependant of her former husband, or a claim is made for a dependent child over the limiting age for such children, etc. and information is then needed as to the special circumstances of the claim.

1318. In those cases where a claim is received with certain essential questions unanswered, it may be sufficient to put a special mark (X) against these questions and to return the form

to the applicant with a simple request that the form should be completed where marked (X) and returned, rather than to write a letter asking for the missing information.

1319. So far as ordinary letters are concerned, whether issued in reply to inquiries or otherwise, (e.g. follow-up letters, rejection notices, etc.), stock letters are very useful in order to save drafting or copying for each individual case, and, where the need justifies it, such letters may be printed, or duplicated in some other way.

1320. Care must, however, be taken not to overdo this by trying to produce a printed form to meet each possible set of circumstances. When dealing with an unusual type of case it may be possible to alter one of the standard forms in manuscript, or, if too much alteration is involved, to use the amended stock form as a draft only and type the reply from the amended form. It may even be possible to standardise such alterations so that a note may be kept as to the particular alteration made, or where a letter has to be typed, the instruction to the typist need merely indicate the particular alteration to be introduced.

1321. A composite form covering a number of different sets of circumstances is liable to give rise to confusion, and, although one might be used to cover two, or exceptionally three, standard variations, no form should try to cover any more.

1322. In dealing with general inquiries regarding certain aspects of the scheme much time may be saved by issuing a simple reply merely inviting attention to marked paragraphs of the appropriate leaflet in which the position is explained in detail.

B. Stocks of Forms

1323. It is desirable that all printed and mimeographed forms should be numbered for ease of reference and direction and that the forms dealing with any particular aspect of the scheme should be numbered in the same series. It is often helpful to use different coloured paper for forms dealing with different subjects or for different forms dealing with the same subject but requiring different types of action (e.g. in the case of certificates of incapacity for sickness benefit claims where payment is not made on the first certificate but is made on all subsequent certificates) or for different copies of the same form destined to follow different procedural courses.

1324. It is also desirable that all stocks of the forms should be maintained centrally and that stock tallies should be kept showing the number and date of each issue, with a running record of the stock in hand so that fresh supplies may be ordered when stocks are running low.

1325. In ordering stocks, especially of new forms, the number ordered should be very considerably in excess of the number expected to be used, particularly where they are to be distributed to a number of different offices; there is always a certain amount of wastage in such circumstances and allowance also has to be made for the fact that each clerk will probably hold a small personal reserve quite apart from the office stock from which he draws supplies. In fact initially it is better, even, to order double quantities rather than risk having to face a shortage in the early stages and having to resort to ad hoc copying to bridge the gap until fresh supplies can be obtained. After a time experience will show to what level the stocks may be safely allowed to fall before fresh supplies are ordered.

1326. Before ordering a fresh supply of any form, inquiry should be made of the staff using the form as to whether (a) any impending changes in the law or the procedure are likely to make the form obsolete in the near future - and, if so, what stock should be ordered to cover the period up to the date of such change; (b) if no such change is impending, there are any circumstances which would warrant a change, up or down, in the minimal level of the stock; and (c) any change in the wording is desirable on reprint and, if so, whether existing stocks of the form should be used up or scrapped. Such an inquiry should be made a sufficient time in advance of the date as at which the order for fresh supplies will have to be made, so as to allow for replies to the inquiry to be received before that date.

1327. When it is decided that a form is obsolete or that old stocks should be scrapped, all stocks of that form must be called in for destruction, and each office should be required to make sure that no further stocks are held by the clerks; if this is not done out-of-date copies of the form will keep turning up for months, and maybe even years, after the destruction date, and, if used, may lead to considerable confusion and misunderstanding.

C. Storage of Forms

1328. In any office which has to deal with such a wide subject as social insurance, covering as it must registration, collection of contributions, payment of benefits, and other lesser processes, it is inevitable that, if its administration is to be effective and smooth running, it must make use of very many different forms, preferably numbered in series according to the particular subject to which they relate.

1329. Proper arrangements must be made for the storage of these various forms, those in each series being grouped together generally in numerical order within the series, so that copies when needed may be drawn easily, and without disarranging

the remaining supply of the particular form or of other forms in the series. Failure to make such arrangements will almost certainly lead to much spoiling of forms, and to unjustifiable demands for further supplies beyond the proper needs.

1330. The nature of these arrangements will depend on the number of copies of the individual form which is to be stored. Where only a small supply is likely to be held, e.g. in a local office or section, where the use of the form, although not negligible, is small, the supply of the form should be filed in a suitable sized envelope or between cardboard sheets, with the form number clearly marked so that it can be readily seen on the outside or flap of the envelope, or on the top sheet of cardboard, possibly on a projecting flap provided for the purpose. The envelope and cardboard sheets should be rather larger than the form itself, but not too large, and it would assist in this matter if in general, the forms, and consequently the envelopes and cardboard sheets, could be of standard sizes.

1331. The envelopes, or cardboard sheets, containing the forms, should be stored as far as possible in numerical order of the form numbers, either horizontally in pigeon-holed racks designed for the purpose so as to make available one pigeon hole for the supply of each form, or vertically in suitable containers to be kept on the clerk's tables in order to facilitate their use. It would, of course, be preferable to keep together all containers of forms of the same size, which would mean that, where the series of forms to be stocked in the local office or section are not all of the same size, the strict numerical order of the form numbers could not be maintained, and the stocks of the larger forms would have to be stored separately from those of the smaller ones.

1332. The position in regard to the central stocks of forms is essentially the same in principle, except that, by reason of the larger numbers of copies involved, larger racks with large pigeon holes will have to be provided and it may be found suitable to hold the supply of each form in a pigeon hole, without a special container, with a stock tally placed on top of the forms so that all issues from or additions to the stock of the form can at once be noted on the tally. It is suggested that, in order to assist in the easy identification of forms when stored in pigeon holes, the form number should be shown in the bottom left-hand corner of the front of the form.

1333. Great care must be taken to keep apart stocks of old and new prints of a form which are not identical with one another, but nevertheless it is intended that the old print should be used up before the new one is brought into use.

Note 11. Registration and Indexing of Papers, etc.
(See Part IV, Section 6, Chapter 6)

1334. Reference is repeatedly made throughout this plan to the registration, indexing and filing of various papers and it is thought that some general notes on this very important subject would be of assistance.

1335. In any business which is constantly having to deal with letters, claims and other papers, it is imperative for the satisfactory administration of the office that there should be a properly organised registration system. This means that arrangements have to be made whereby, as soon as possible after a letter or other document is received in the office, it is connected with any other papers already in the office to which it relates; where it is the first letter or document on the subject and there are therefore no previous papers with which to connect it, it must be registered in an appropriate series, and indexed in order that any subsequent papers on the same subject may in their turn be connected with the first.

1336. Going back, therefore, to first principles, as soon as an office begins to function there will be no earlier papers with which its first packet of mail can be connected and this will all have to be registered and indexed, after it has been sorted according to the various subjects with which it deals.

1337. Thus, in the new Social Insurance Office the initial post will probably consist mostly of employers' registration forms (Form R.1) which will be passed to the Registration Section; but in addition there will no doubt be many letters making inquiries with regard to general matters relative to the scheme, such as the rates of contributions payable, the persons who will be responsible for payment, how they will be paid, etc. - these will be for Contributions Division - the rates of benefit, the conditions of title, and how they will be administered. - these will be for the Benefits Division - with, possibly, some applications for appointments on the staff of the Social Insurance Board - for Staff Services Division.

1338. While it would be possible to register all this correspondence in a single series, it will be found more satisfactory to use separate series for each subject which can be treated as a whole, especially if the volume of correspondence is large; in fact, as the volume of correspondence grows, so the subdivision of the registration will similarly have to be increased. It is accordingly desirable that the possible developments of the registration arrangements should be anticipated right from the start, as the subdivision of a registration series at a later date may be found difficult and liable to lead to confusion.

1339. Broadly the grouping of correspondence for registration purposes should be linked to the organisation of the office, in order to assist the smooth flow of papers from Registry to the various sections and vice versa and, on that basis, the main subdivision into subjects might be:

A. Letters dealing with the contribution aspect of the scheme

- (i) scope of the scheme, policy with regard to insurability;
- (ii) collection of contributions, employers' duties;
- (iii) miscellaneous matters - prosecution, lost or destroyed cards or stamps, bankrupt employers, etc.

B. Letters dealing with the benefits of the scheme

- (i) medical care, scope and administration;
- (ii) cash benefit rates, method of payments, appeals, etc.;
- (iii) miscellaneous inquiries.

C. Letters dealing with the general administration of the scheme

- (i) headquarters or local office organisation;
- (ii) statistical information;
- (iii) miscellaneous matters.

D. Letters dealing with the general finance of the scheme

- (i) financial basis of the scheme;
- (ii) accounting arrangements.

1340. In addition there will almost certainly have to be some provision for the setting up of internal files dealing with the internal administration of the office, e.g. there will have to be a personal file in respect of each member of the staff, a file dealing with the setting up and equipment of each local office, files dealing with staff training programmes, and with many of the other matters which are the concern of Staff Services Division (see Part IV, Section 6), while there will also have to be separate files dealing with various matters of policy in relation to the various other divisions of the office, such as the consideration and preparation of new legislation and regulations and amendments of rules, etc.

1341. It is not, of course, possible to anticipate all the matters for which registered files may be needed, but, if a different series is provided for each main subject, the subdivision of the subject can be covered by means of sub-series within the main series.

1342. Once the main subjects have been determined, each one should be given a distinguishing prefix, such as A for General Administration, B for Benefits, C for Contributions, etc., with the addition of a second letter to identify each subdivision of the subject. The registration number would then be completed by the addition of a serial number and the whole would serve to identify the particular item of correspondence, etc., to which it relates. In choosing the particular registration series, care must be taken to avoid confusion with other registration numbers which may be in use within the office, such as employers' or insured persons' registration numbers, if for any reason it were decided to prefix these with letters.

1343. As soon as the registered number has been allotted steps must be taken to ensure that subsequent relative correspondence is connected with that already registered, and to this end it must be indexed. The index card, or slip, used must show the registration number of the papers and adequate identification particulars, such as the name and address of the correspondent and a brief note of the subject including particulars of any person mentioned in the correspondence. Form R.8 illustrates an index slip of this nature. The index card, or slip, should be filed alphabetically under the name of the correspondent and, if necessary, a separate slip should also be prepared and filed under the name of the person to whom the correspondence relates. A separate index should be maintained for each main subject.

1344. Unless it is clear that the correspondence will be quite brief, e.g. that it can be answered by the issue of a leaflet, it should be tagged and put into a suitable jacket showing on its cover the same particulars as are given on the index slip. The cover of the jacket should make provision for indicating the movements of the papers within the office and for the addition of special notes, e.g. B.F. dates. Form R.3A is an example of a jacket of this type. In many cases it may be sufficient, for economy reasons, to use only a single sheet instead of an actual jacket, tagged on the front of the correspondence, while in others, where the correspondence may be lengthy, or may have to be kept for a number of years, a substantial jacket with accommodation for a considerable number of documents must be used.

1345. In addition a record should be kept in numerical order of all registrations showing the name of the correspondent, and the sections to which the file is sent and the date of transit. Form C.11A is an example of a register sheet, designed for a specifically limited purpose.

1346. On receipt in the office all correspondence should be carefully scrutinised and sorted as follows:

- (a) that dealing with the contributions payable by an individual employer will be passed direct to Contributions Section;
- (b) that dealing with the record of an individual insured person will be passed to Records Section;
- (c) that dealing with a benefit claim of an individual insured person will be passed to the appropriate benefit division;

(If in any case the registration number of the employer or insured person is not quoted, the correspondence will have to be routed via Index Section for this number to be traced, and, if there is no trace there of such a number, it should come back to the Registry for registration under its particular subject);

- (d) all other correspondence will be marked with its identifying prefix (see paragraph 1342) and passed to the appropriate registry clerk.

1347. The registry clerk will look in the appropriate index to see whether there are any earlier papers to which the new letter refers. If there are he will enter the registered number on the letter, consult the register and note also on the letter the last marking of the file. If the file is in Registry, he will attach the letter to it and pass the file to the relevant section, noting the transit in the register. If the file is not in Registry, he will send the letter to the section to which the file is marked.

1348. If there is no trace of a previous file in the index, the new letter should be registered and indexed as in paragraphs 1342 and 1343.

1349. If in the course of action an inquiry is issued, the file should be held in the Registry to await the receipt of the reply. The person who was responsible for the issue of the letter should indicate whether the file should be B.F. (brought forward) and, if so, on what date, or P.A. (put away). This action will depend on whether or not it is essential that a reply should be received to the inquiry; if it is, e.g. where the registration of an employer or of an employee, or a payment of benefit, is involved, the file must be marked B.F. and the registry clerk will be responsible for seeing that the file is brought forward and sent to the appropriate section on the due date if no reply has been received before that date.

1350. If it is not essential that a reply should be received, e.g. where the final reply to a letter from a correspondent depends on the receipt of further information which he is being asked to furnish, the file should be put away and only brought out again when the correspondent's reply is to hand.

1351. In general, the aim of all officers who are dealing with correspondence should be to give a direct reply dealing with all the points raised in the letter as quickly as possible and not to delay action by asking for further information which it is not essential to have in order to deal with the inquiry. All correspondence files should be put away as soon as all action on them has been completed; they should not be marked "B.F." for some weeks ahead "in case something else should turn up in the meantime" - this only adds to the work of the Registry and clogs the machine.

1352. Files that are marked "B.F." or "P.A." should be filed in numerical order of the registration numbers in two separate runs, and those marked "P.A." should be inspected periodically in order that those due for destruction may be weeded out - a minimum period for the retention of files after the P.A. date must be laid down after consultation with interested parties; the actual period fixed being obviously related to the maximum period during which it may be necessary to make reference to the papers at a later stage. Certain papers, containing important documents such as those relating to drafting of legislation or to precedent decisions, may have to be marked for permanent retention.

1353. Proper racking accommodation must be provided for the filing of papers while they are held in registry, or in the case of papers, such as Staff Files, which necessarily have a very limited circulation, in the particular division or section concerned.

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