



ФОНД ЗА ЗДРАВСТВЕНО
ОСИГУРУВАЊЕ НА МАКЕДОНИЈА
www.fzo.org.mk

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ANNOUNCEMENT

People with low incomes will not need to come at the Fund for re-registration in order to exercise their right to health insurance

At the beginning of each year, data on the average and the minimum salaries are published by the State Statistical Office. According to the Law on social contributions, the Fund shall publish the limits of generated income required for re-registration of the low income persons in order to have continuity in their health insurance. Since last year there is an increase in the minimum salary, which is one of the parameters for increasing the legal limit, this year there are higher limits on health insurance, according to the net income of the insured, generated as a family in 2015.

Each year in the period between February 1st and March 31st, low income people are obliged to come and make a statement at the teller windows of the Fund in order to extend their right to health insurance, covered by the state through the Ministry of Health. In 2015, we have made changes to this Law and created a system for automatic re-registration of low income people. The data on the amount of net income is received from the Public Revenue Office, since our software is interconnected and we exchange data on a daily basis.

This year, the automatic re-registration continues, and we would like to inform the low income people, who have generated net income below 115 080 denars last year, that there is no need for them to visit a branch office of the Fund to re-register, and their health insurance will be automatically extended. We should inform that the limit at which the citizens exercise this right has been steadily increasing from 96 600 denars in 2014 to 115 080 denars today, as a result of the growth of the minimum salary.

Also, the Fund will automatically re-register the persons, who in the last two months of 2015 have generated income less than 19 180 denars, and are in the category of insureds, who have generated income between 115 080 and 193 608 denars last year. The other two categories of insureds paying 50% or 100% of the healthcare contribution on the average salary, if within the limits of 115 080,00 and 193 608,00 denars, also need not re-register at the teller windows of the Fund's regional offices.

The insureds who will automatically receive extension of their health insurance, will not receive new resolutions via mail. People, whose health insurance will not be extended, due to income higher than the



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mentioned limits, will receive a resolution via mail and will have to come to the regional offices and regulate their health insurance.

Persons, who have not exercised this right and are not in the Fund's database, and are in these income categories should come and report on the teller windows of the Fund's regional offices. Also, the people, who have applied for health insurance for the first time during the month of January, should come to the teller windows of the Fund and re-submit their request, in accordance with the current published legal limits, as they increased in 2015, thus ensuring their right. The number of people who have filed the first request in January is 3 374 persons, and they need to make a visit and re-register. Also, individuals with changes in their net income should come at the regional offices of the Fund in the period between from February 1 to March 31 this year, and bring documents for a new re-registration.

We emphasize that family income includes personal income and the income of the family members of the health insurance holder (spouse, children).

The new limits on health insurance according to the net income generated in 2015 are as follows:

- Up to 115 080, 00 denars – the health Insurance is borne by the state, i.e. the Ministry of Health pays the healthcare insurance contributions; this year increase of the legal limit for this category compared to previous year is 9 480 denars.
- Between 115 080,00 and 193 608,00 denars if the income generated in the last two months is less than 19 180,00 denars – the health insurance is borne by the state, i.e. the Ministry of Health pays the healthcare insurance contributions; this year increase of the legal limit for this category compared to previous year is 9 480 denars.
- From 115 080,00 and 193 608,00 denars – the healthcare insurance is paid by the insured in the amount of 50% of the average salary, that is to say, pays 1 178,00 per month contribution;
- Above 193 608,00 denars – the healthcare insurance is paid by the insured in the amount of 100% of the average salary, that is to say, pays 2 356,00 denars per month contribution.

The Fund continuously checks the PRO data received via electronic means for net income of the insureds, including their family, and if it is ascertained that the insured belongs to another category with higher means, and has not reported income and used healthcare services, the Fund will adopt, ex officio,



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resolution for termination of the insured capacity, thus revoking its rights for mandatory health insurance, excluding the right to emergency medical assistance.

For further information related to the Project for registration/re-registration of unemployed persons, the insureds may contact the free info line 080033222 or via e-mail: info@fzo.org.mk and the web-site www.fzo.org.mk regarding the re-registration of low income people.