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Advice case title: Non-recognition of incapacity and disability at work along the Franco-German border

Full official name of the advised entity: CRD EURES / Frontaliers Grand Est

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1. Executive summary

The region Grand Est in France shares borders with four countries: Belgium, Luxembourg, Germany and Switzerland. It has a very high flow of cross-border workers: in 2019, 183,000 inhabitants of the Grand Est were working in one of the four neighbouring countries. In case of invalidity, frontier workers are, in general, entitled to invalidity benefits in both their country of work and their country of residence, in application of the European Regulation (EC) No 883/2004.

However, Frontaliers Grand Est - an association providing information and advice to frontier workers - has had to deal with a number of cases where people have been recognised as an invalid person in their country of residence but not in their country of employment - or vice versa - which can cause great financial and personal difficulties for the people concerned.

This *b-solutions* report deals with this issue at the border between France and Germany. The main objective was to study the possibility of automatic recognition between France and Germany - i.e. to make sure that the decision taken by one of the two countries is binding for the neighbouring one. To achieve this, the assignment suggested either amending European regulation (EC) No 883/2004, or a bilateral agreement between States.

An analysis of the regulatory framework showed first of all that the European Regulation (EC) No 883/2004 already included an article providing for automatic recognition between States (see Article 46 Paragraph 3). The effective application of this article in the relationship between two States depends, however, on the two States recognising the concordance of their legislation on invalidity in Annex VII of the Regulation, which is currently not the case between France and Germany.

The authors of this report then assessed whether it would be conceivable for the two countries to mutually recognise the concordance of their legislation. At present, this seems difficult to imagine, given that French and German legislation are based on very different approaches. The only way to achieve automatic recognition would be for the two countries to harmonise beforehand their national legislation regarding invalidity.

The mandate also raised the question of recognition of disability in a cross-border context, again with the idea of allowing automatic recognition between countries. But here again, the authors of this report have come to the conclusion that the differences between national legislations do not allow to envisage automatic recognition as things stand.

Even though the work carried out has not provided solutions in terms of “automatic recognition”, it has identified ways of optimising a number of related problems or obstacles.

2. Description of the obstacle with indication of the legal/administrative provisions causing the obstacle

2.1. Context of the assignment

Frontaliers Grand Est is an association aiming to facilitate cross-border professional mobility between the region Grand Est (France) and its neighbouring countries, namely Germany, Belgium, Luxembourg and Switzerland. One of the organisation's main tasks is to provide information and advice to cross-border workers (and other users) on the law applicable to a whole range of issues relating to cross-border work: social services, taxation, unemployment insurance, sickness, maternity, retirement, etc. The organisation also provides advice on other issues relating to cross-border employment such as monitoring the labour market and promoting cross-border vocational training. The association's target groups are:

- Cross-border workers;
- Entrepreneurs wishing to hire staff from abroad or planning to start a business across the border;
- Students looking for an internship or a job across the border;
- Pensioners/former cross-border workers wishing to claim their rights;
- Jobseekers.

As part of its information and advice role, Frontaliers Grand Est has had to deal with a number of cases of cross-border workers facing difficulties in obtaining recognition of a disability or invalidity in a cross-border context. Frontaliers Grand Est has brought these problems to the attention of the AEBR aiming at taking them into account as part of the *b-solutions 2.0 initiative*. The AEBR commissioned various experts to analyse this issue at the different borders of the Grand Est region:

- Franco-German border: Eddie Pradier and Anne Dussap (TRISAN / Euro-Institut)
- Franco-Belgian border: Petra Wilson and Isabelle Andoulsi (Health Connect Partners)
- Franco-Luxembourg border: Jean-François Devemy (InterRegioNovation)
- Franco-Swiss border: Eddie Pradier and Anne Dussap (TRISAN / Euro-Institut)

This report focuses on the Franco-German border. Two points need to be clarified here:

- Certain parts of this report will take as their point of reference the whole Grand Est region (borders with the four neighbouring states), and not just the Franco-German border. Indeed, as the problem arises on all the borders, it seemed

more relevant for certain parts of the report (presentation of the area, statistical parts, etc.) to offer the reader a more global view of the phenomenon. However, the analysis of the problem and the search for possible solutions were carried out specifically for the Franco-German border and the results are not necessarily relevant for other borders.

- As the AEBR suggested, the experts assigned to the various borders of the Grand Est region got in touch with each other right from the start of the mandate and exchanged views on a regular basis as the work evolved: exchanging points of view, brainstorming, passing on information and interview reports, etc. Some interviews were even conducted jointly.

Regarding the methodology, the work is based on an analysis of legal texts, the reading of various articles and publications, and interviews with representatives of the competent authorities. A list of the interviews conducted is given in part 6; the publications consulted are also mentioned.

The report sometimes refers to the words of some of the experts interviewed, by direct quotation or indirectly. It should be noted that the report has not been proofread by the respective experts. The contents of this report, including quotations, are the sole responsibility of the report's authors.

The title of the assignment given by AEBR encompasses two subjects: invalidity and disability. It is clear that the two subjects have a certain thematic proximity and partly affect the same groups of people. For example, a person who becomes hemiplegic as a result of a road accident may obtain an invalidity pension. Conversely, a person recognised as disabled but who is still able to work may obtain the disabled employee status in France. However, despite the obvious links between the two issues, invalidity and disability are, both in France and Germany, two very distinct fields, in terms of the applicable legal framework, the entitlement to benefits and the competences of the actors involved. Furthermore, according to the authors' understanding of the assignment, the issues are not the same in these two fields: in terms of incapacity for work, the questions that arise mainly concern the right to receive financial benefits (invalidity pension), whereas in the field of disability, the questions relate more to facilitating the access to the labour market. For these reasons, this report will deal with the fields of invalidity and disability separately:

- The core of the report (see chapters 2 and 3) will be devoted to the issue of recognition of invalidity, which was clearly highlighted in the assignment instruction.
- The subject of disability will be dealt with more succinctly in chapter 5 of the report.

2.2. Brief presentation of the region in its cross-border context

As mentioned above, the Grand Est region shares borders with four countries, from north to south: Belgium, Luxembourg, Germany and Switzerland (see Map 1). As far

as the Franco-German border is concerned, the Grand Est region borders three German *Länder*: Saarland, Rhineland-Palatinate and Baden-Württemberg. The Grand Est region covers the entire Franco-German border.

The Grand Est region is part of two major cross-border cooperation areas (see Map 2): the Greater Region to the north (France, Germany, Belgium and Luxembourg) and, further south, the trinational Upper Rhine Region (France, Germany and Switzerland). The cross-border cooperation conducted by the Grand Est region with its neighbours has historically been built up on the scale of these two territories, each of which has its own political bodies, such as:

- At the level of the Greater Region: the Summit of the Greater Region.
- At the level of the Upper Rhine Region: the Trinational Upper Rhine Conference and the Upper Rhine Council.

Map 1:
The Grand Est region, neighbour to 4 Member States



Source: Website of the Grand Est Region
(<https://www.grandest.fr/decouvrir-richesses/presentation/>)

Map 2: Two major cooperation areas of the Grand Est region: the Greater Region and the Upper Rhine Region



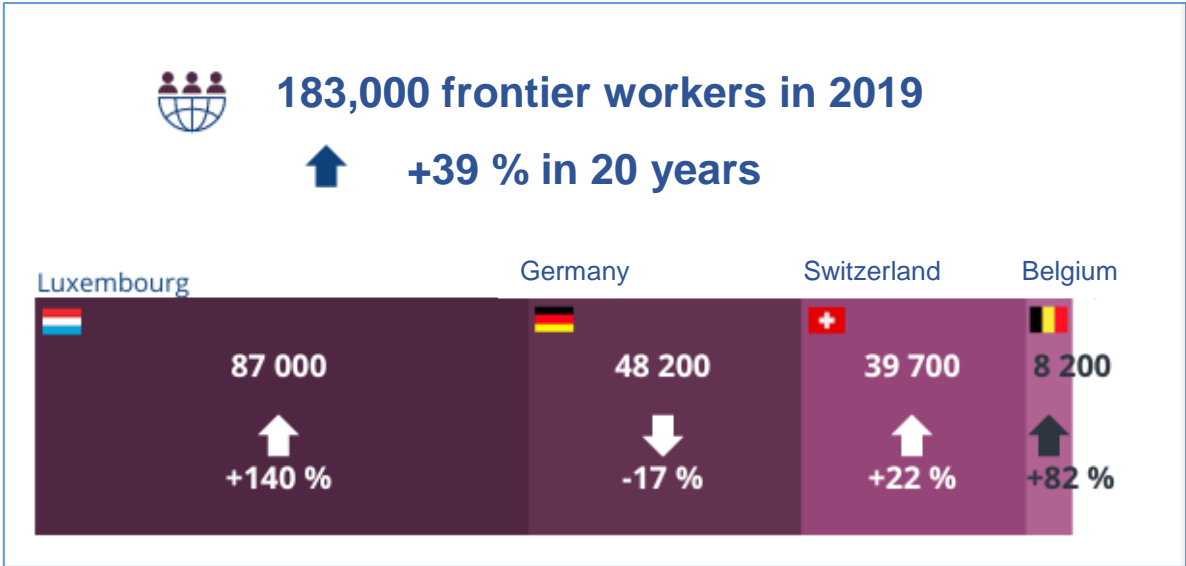
Source: Mission opérationnelle transfrontalière

The issues raised by Frontaliers Grand Est mainly concern commuters, which is why it is worth mentioning the importance of the flows of cross-border workers between the Grand Est region and its neighbouring countries.

According to a study published on 2 October 2023 by INSEE¹, 183,100 people living in the Grand Est region work in one of the region's four bordering countries, representing 8,1% of employed people living in the Grand Est region. Flows are more or less significant on the different borders: of the 183,000 frontier workers recorded, 87,000 work in Luxembourg, 48,200 in Germany, 39,700 in Switzerland and 8,200 in Belgium (it should be remembered that the Grand Est region does not cover the whole Franco-Swiss nor the whole Franco-Belgian border).

The number of residents of the Grand Est region with frontier worker status has risen considerably over the last 20 years: INSEE records a 39% increase across all borders between 1999 and 2019. Once again, there are significant differences depending on the border considered. The number of cross-border workers increased very strongly towards Luxembourg and Belgium (+140% and +82%), but less towards Switzerland (+22%). Flows of cross-border workers to Germany fell by 17% over the same period.

Figure 1: Flows of cross-border workers living in the Grand Est region and working in one of the four neighbouring countries



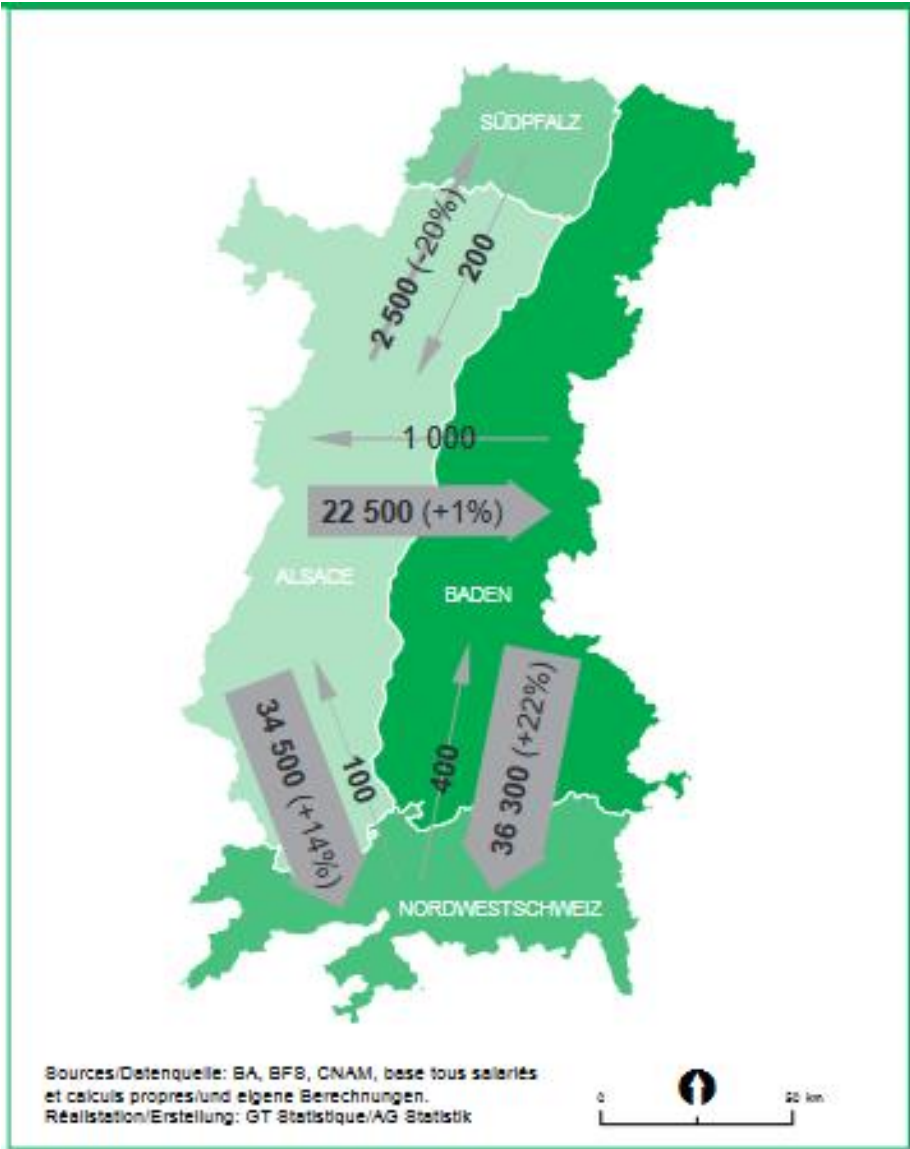
Source: INSEE (<https://www.insee.fr/fr/statistiques/7677385#onglet-2>)

The INSEE study referred to above focuses exclusively on frontier workers living in the Grand Est region and working in one of the four neighbouring countries. To get a more global vision of the situation, it is necessary to take into account the flows in the opposite direction, i.e. into the Grand Est region from neighbouring countries. These flows are extremely small. The figures available for the Upper Rhine area help to illustrate this: According to figures from the “Statistics” working group of the Franco-

¹ <https://www.insee.fr/fr/statistiques/7677385#onglet-1>

German-Swiss Upper Rhine Conference, in 2020 there were 24,000 cross-border workers from France to Germany in the Upper Rhine area, compared to only 1,200 in the opposite direction (see Map 3). In other words, flows from France to Germany represent 95% of the flows observed at the Franco-German border. On the Franco-Swiss border, the imbalance is even more visible: there were 34,500 cross-border workers from France to Switzerland, compared to only 100 in the opposite direction.

Map 3: Flow of cross-border workers in the Upper Rhine region in 2020 (evolution 2010-2020)



Source: “Statistics” working group of the Franco-German-Swiss Upper Rhine Conference

Given this nature of cross-border worker flows, the issues addressed in this report almost exclusively concern people living in the Grand Est region and working in one of the neighbouring countries. This is why this report will focus on these groups, particularly with regard to the statistics to be presented later.

2.3. Description of the problem

As previously mentioned, the Grand Est region is an area heavily influenced by cross-border employment: many of the region's inhabitants spend all or part of their careers in one of the four neighbouring countries. When incapacity for work occurs, the people concerned may - under Regulation (EC) No 883/2004 and subject to certain conditions - claim invalidity benefits in each of the countries in which they have been affiliated to social security.

In this context, Frontaliers Grand Est has had to deal with a number of cases of frontier workers who have been recognised as incapable of work (invalidity) in their country of residence, but not in their country of employment, or vice versa. Some of the cases dealt with by Frontaliers Grand Est are particularly striking and shocking, such as that of a woman suffering from triple cancer and several other pathologies (throat cancer, breast cancer, liver metastases, blood infection in her left arm, loss of the ability to speak, etc.), classified as category 3 invalid on the French side (the highest level of invalidity), but whom the competent institution on the Luxembourg side did not recognise as invalid.

Certainly, not all cases are this extreme. But this case highlights the problem: some people find themselves in a situation where they are considered incapable of work (invalidity) in one country, but not in the neighbouring country. The people concerned often find themselves in dramatic situations, as they are faced with three types of problem:

- Health problems serious enough to have led to a claim for invalidity benefits;
- Financial problems: faced with a loss of income because they are unable to continue working, people do not receive an invalidity pension in either of the countries in which they have paid contributions. In addition, receiving an invalidity pension in one of the two countries may result in the person being denied certain benefits in the neighbouring country (e.g. sickness or unemployment benefit).
- Administrative hassles: administrative obstacles in claiming invalidity benefits; new steps to be taken if the person wishes to appeal against the refusal to recognise their invalidity; etc.

In this context, the question that arises is: How can it be the case that one and the same person can be considered as invalid in one country but not in the neighbouring country?

2.4. Regulatory framework

Regulation (EC) No 883/2004² lays down the rules for coordination between Member States on the various areas of social security (sickness and maternity benefits, work accidents, pensions, etc.). Chapter 4 of the regulation (Articles 44 to 49) is devoted to invalidity benefits; it sets out the coordination rules that apply to persons who have been successively or alternately subject to the social legislation of two or more Member States during their lives and who become incapable of work (invalidity).

Firstly, the Regulation makes a distinction between “type A legislations”, legislations under which the amount of invalidity benefits is independent of the length of periods of insurance or residence (and which must be mentioned in Annex VII of the Regulation), and other legislations, known as “type B legislations” (see Article 44, Paragraph 1). This distinction is very important since the coordination rules set out in the Regulation differ depending on whether the person has been subject exclusively to type A legislation or whether they have been subject exclusively or at least in part to type B legislation:

- In the first case (person exclusively subject to type A legislation), the person is entitled only to the benefits provided in the country to which they were subject when their invalidity occurred (see Article 44, Paragraph 2). Although the person has been subject to the social legislation of several states during their life, their claim for an invalidity pension is processed by a single country. The question of “recognition of invalidity in a cross-border context” does therefore not arise here.
- In the second case (person subject exclusively or at least in part to type B legislation), the person may - under certain administrative and medical conditions - claim payment of an invalidity pension in each of the countries to whose social legislation they have been subject during their life (see Article 46 Paragraph 1).

For people who have paid contributions in France and Germany, the coordination rules for the second scenario apply. Neither country is mentioned in Annex VII of the Regulation, which lists type A legislation.

It needs to be asked then how coordination between states is carried out, and how far this coordination extends.

Part of the answer can be found in Regulation No 987/2009³, which lays down the procedures for implementing Regulation No 883/2004. This Regulation (see Title 3, chapter 4, Articles 43 to 53) stipulates that the insured person must submit a single claim for invalidity benefits, either in their last country of employment or in their country

² Regulation (EC) No 883/2004 of the European Parliament and of the Council of 29 April 2004 on the coordination of social security systems

³ Regulation (EC) No 987/2009 of the European Parliament and of the Council of 16 September 2009 laying down the procedure for implementing Regulation (EC) No 883/2004 on the coordination of social security systems

of residence. The institution to which the claim has been submitted, known as the “contact institution”, will then have a triple role to play:

- Decide on the claim in accordance with the legislation it applies;
- At the same time, forward the claim to the competent institution of the country or countries in which the insured person has been insured during their lifetime, so that they can take a decision on the basis of the legislation(s) they apply;
- Draw up a summary of all the decisions taken by each of the competent institutions and send it to the insured person and the other institutions concerned. It should be noted, however, that each institution notifies the claimant directly of the decision it has taken under the applying legislation.

Regulation No 987/2009 therefore provides for a single application procedure, with the need for the competent institutions in the various Member States to coordinate and exchange data.

But do the regulations stipulate coordination between Member States when it comes to taking decisions on the merits?

In this regard, it is necessary to go back to Regulation (EC) No 883/2004, Article 46(3) which states: *“A decision taken by an institution of a Member State concerning the degree of invalidity of a claimant shall be binding on the institution of any other Member State concerned, provided that the concordance between the legislation of these Member States on conditions relating to the degree of invalidity is acknowledged in Annex VII.”* The regulation therefore leaves it up to the Member States to provide for automatic reciprocal recognition of decisions taken. However, the Member States have made very little use of this possibility offered by the Regulation; only France, Belgium and Italy have, through Annex VII, mutually recognised the concordance of their respective legislations (at least to a very large extent).

There may also be specific coordination/recognition mechanisms provided for in bilateral or multilateral agreements between States, outside the scope of the Regulation. Article 8(1) of the Regulation states: *“This Regulation shall replace any social security convention applicable between Member States falling under its scope. Certain provisions of social security conventions entered into by the Member States before the date of application of this Regulation shall, however, continue to apply provided that they are more favourable to the beneficiaries or if they arise from specific historical circumstances and their effect is limited in time. For these provisions to remain applicable, they shall be included in Annex II.”* Article 8(2) states that *“two or more Member States may, as the need arises, conclude conventions with each other based on the principles of this Regulation and in keeping with the spirit thereof.”* Nevertheless, and after examination, no such agreement exists between France and Germany. It should be noted that, however, a bilateral agreement concluded on 10 March 1997 between Luxembourg and Portugal and referred to in Annex 2 to Regulation (EC) No 883/2004 provides for automatic recognition of decisions taken by one of the parties concerning the invalidity of a pension claimant.

Apart from those exceptional cases in which two States have agreed on automatic recognition (either on the basis of Article 46(3) of Regulation No 883/2004 or on the basis of bilateral agreements), the competent institutions each decide on the invalidity claim independently: the decision to recognise (or not) incapacity for work and to respond favourably (or not) to claims for invalidity benefits is taken on the basis of national legislation, and the decision of one of the States is not binding on the other State(s).

2.5. Competent institutions in France and Germany

In addition to presenting the regulatory framework, it is important to present the authorities responsible for implementation – especially as the preparation of this report was based in part on expert interviews with the competent authorities. Therefore, the competent authorities in France and Germany for the management of cases with a cross-border/international dimension will briefly be presented.

2.5.1. Competent institutions in Germany

In Germany, invalidity benefits are managed by *Deutsche Rentenversicherung*, a network of 14 regional pension funds and 2 federal pension funds (*Deutsche Rentenversicherung Bund* and *Deutsche Rentenversicherung Knappschaft-Bahn-See*). These 16 funds, which are therefore responsible for both retirement pensions and invalidity benefits, have divided among themselves the processing of applications with an international dimension.

Claims with a link to France are generally dealt with by the following funds:

- If the claimant lives in France (or more generally outside Germany): *Deutsche Rentenversicherung Rheinland-Pfalz* (Rhineland-Palatinate pension fund) or exceptionally by *Deutsche Rentenversicherung Saarland* (Saarland pension fund).
- If the applicant lives in Germany: *Deutsche Rentenversicherung Bund* (federal pension fund).

For frontier workers residing in the Grand Est, the competent institution will therefore generally be the *Deutsche Rentenversicherung Rheinland-Pfalz*. However, exceptions are possible, for example when the Rhineland-Palatinate fund has too many cases to process, cases are transferred to *Deutsche Rentenversicherung Bund*. In addition, for certain professions, such as seafarers or railway workers, claims are handled by *Deutsche Rentenversicherung Knappschaft-Bahn-See*.

2.5.2. Competent institutions in France

In France, the allocation of invalidity pensions is managed not by the pension funds, as in Germany, but by the health insurance bodies (health insurance, MSA, etc.).

For people living in the Grand Est (and covered by health insurance), the competent institution is the department “*Pensions d’invalidité à l’international*” (International Invalidity Pensions) of the *Caisse Primaire d’Assurance Maladie du Bas-Rhin* (CPAM 67). Attached to CPAM 67, this service is responsible for the whole of the Grand Est region (10 departments), following a reorganisation of the health insurance system in 2018 aimed at pooling certain tasks previously managed at the level of each CPAM (establishment of “*Pôles TRAM*”). It should be noted that the service “*Pensions d’invalidité à l’international*” is only responsible for the administrative part of the file. For the medical aspect, claims are processed by the medical services at departmental level (the insured person's department of residence).

For people living abroad, the competent institution is the *Pôle National pour les résidents étrangers* (National centre of foreign residents), which has been managed since January 2023 by the *Caisse régionale d’assurance maladie d’Ile de France* (CRAMIF).

It should be noted that, unlike in Germany, cases are allocated according to the place of residence, not according to the countries involved. This means that CPAM 67 can process claims involving any country other than France (not just neighbouring countries such as Germany or Switzerland). Conversely, certain cases involving Germany and/or Switzerland may be processed elsewhere in France, depending on the person's place of residence.

2.6. Analysis of the causes of the problem

As a reminder, the problem raised lies in the fact that some people are recognised as being incapable of work (invalidity) in one country but not in the other.

On the basis of an analysis of the regulatory framework, the discrepancies between the decisions taken in the two countries can be explained by a combination of the following two factors:

- The fact that the texts do not provide for automatic and reciprocal recognition of the decision taken by one of the states (at least not between France and Germany);
- And the fact that national decisions are taken not in accordance with harmonised / commonly defined conditions, but on the basis of conditions defined in national legislation, which may differ widely.

Some clarification is needed on this second point.

In each country, the decision is not based solely on an assessment of the person's degree of invalidity: the competent authority will first check whether the person meets the formal conditions for entitlement to benefits. In France, for example, payment of an invalidity pension is subject to age (insured persons over the statutory retirement age are not eligible), a minimum period of contribution and a minimum amount of contribution (or minimum number of hours worked). In addition, a person cannot claim an invalidity pension if they are still receiving sickness benefit at the time of their claim. If one of these conditions is not met, the claim will be refused administratively, even before the person's medical situation has been examined.

It may therefore happen that the divergence in the decisions taken by the competent institutions in the different countries is not explained by a different assessment of the degree of the person's invalidity, but by the fact that the person meets the formal conditions for entitlement to benefits in one of the countries but not in the other. For example, a 65-year-old person residing in France and working in Germany who becomes incapable of work will not be able to obtain an invalidity pension on the French side because they have already reached the statutory retirement age in France, but could receive invalidity benefits on the German side because the statutory retirement age in Germany is 67.

Beyond the purely administrative aspect, recognition of invalidity in France and Germany is based on very different assessment methods:

- In France, a person is considered as an invalid when their capacity for work or earning capacity is reduced by at least two-thirds (in relation to the normal remuneration of workers in the same category and working in the same region). The person is then entitled to an invalidity pension. To determine the amount of the pension, people incapable of work are classified by social security into 3 categories, depending on their situation:
 - 1st category: a paid work is possible;
 - 2nd category: it is absolutely impossible to carry out any kind of work;
 - 3rd category: it is absolutely impossible to carry out any kind of work, and assistance from a third party is required for the ordinary acts of life.
- In Germany, a person is considered as an invalid when their ability to work is less than 6 hours a day. A distinction is made between:
 - total invalidity (*volle Erwerbsminderung*): the ability to work is less than three hours a day.
 - partial invalidity (*teilweise Erwerbsminderung*): the ability to work is more than 3 hours but less than 6 hours a day.

It is important to bear in mind that the ability to work is not assessed in terms of the person's previous professions, but relates to any activity in the labour market in general.

French and German legislation are therefore based on completely different approaches. In France, the recognition of the invalidity status is based on the notion of loss of earnings in relation to a previous situation (level of income, occupation): a

person whose earning capacity is reduced by at least 2/3 will be considered incapable of work (invalidity) regardless of whether or not they will be able to carry out paid work in the future. It is only thereafter (assignment to one of the three categories; calculation of the pension) that the ability to work in the future is taken into account.

Conversely, on the German side, the person's previous situation (occupation, level of income) is not taken into account when deciding whether or not to recognise the status as an invalid person. The decision is based exclusively on the person's ability to engage in gainful employment for at least 6 hours a day in the future, in all occupations, i.e. including occupations that do not correspond to the person's education. For example, a construction worker whose health no longer allows him to lift heavy objects may no longer be able to continue in his profession. However, he will not necessarily be recognised as having an invalidity if it is theoretically possible for him to carry out another activity (e.g. caretaking, office work) for at least 6 hours a day. Only if the person is recognised as incapable of work (invalidity), their previous level of income is taken into account (to calculate the amount of the invalidity pension).

Information problems for insured persons

Differences in decisions between countries can also, in some cases, be linked to a problem of information for insured persons. Some ill-informed policyholders do not understand that even if they make a single application (in a single country), their file will then be processed by several bodies in different countries. This can have unfortunate consequences, as Sabine Fleschhut, head of the *"Pensions invalidité à l'international"* department at the Caisse Primaire d'Assurance Maladie du Bas-Rhin explains: *"When we process a claim sent to us by a foreign organisation, we often have to contact the insured person to obtain the additional documents we need to process the claim. However, some people do not reply to our letters, probably because they have not identified us as their contact and do not make the connection between the letter they receive from our department and the invalidity pension claim they have submitted in the neighbouring country. Or perhaps because of the language barrier. Unfortunately, after one or two unsuccessful reminders, we have no option but to close the case and issue a refusal."*

2.7. Statistical analysis

The above explanations show that it is not entirely surprising that some people are recognised as incapable of work (invalidity) in one of the two countries but not in the neighbouring country - which does not mean, however, that this situation is satisfactory for the people concerned. In this context, it seems useful to find out how many people are affected by the problem raised.

Unfortunately, it was not possible to obtain any figures on this point. However the *"Pensions d'invalidité à l'international"* department of the CPAM Bas-Rhin was able to provide some interesting statistical data on invalidity pension claims with an international dimension (i.e. involving France and at least one other Member State).

The first finding is that the number of people concerned is far from being insignificant: in 2022, the department received a total of 1,679 applications for invalidity pensions with an international dimension. A number of points need to be clarified here in order to truly understand the figures and avoid any misinterpretation:

- This figure covers only insured persons residing in the Grand Est region and covered by the health insurance scheme: it does not include people residing abroad (claims managed by the CRAMIF), people residing in other French regions (claims managed by other CPAMs), or people covered by other social security schemes (MSA, etc.).
- This figure relates to the number of applications (number of cases) and not to the number of claimants. It can happen that one and the same person makes several applications in the same year. An example of this would be a person who receives an administrative refusal because they are still receiving sickness benefit at the time of the application, and who submits a new claim after the sickness benefit has stopped. In such a case, the person will be counted several times.
- This figure includes both claims submitted in France and those submitted in a third country and forwarded to CPAM 67 by the competent institution in the country in question.
- This figure does not relate solely to the countries of interest in this report (Germany, Belgium, Switzerland and Luxembourg). Claims may involve any Member State in addition to France.
- It should also be noted that claims do not necessarily come from frontier workers. They may also involve people who have lived and worked in another country and then moved to France.

The second finding is that the number of claims processed by the service has risen steadily in recent years. From 839 claims in 2019 to 1,679 in 2022 (see Table 1), meaning the number of claims has doubled in 4 years. This trend goes along with the information obtained from the INFOBEST Vogelgrun/Breisach advisers, stating that they were assisting an increasing number of users on the subject of invalidity.

The upward trend is set to continue over the next few years, for two reasons:

- As mentioned above, the number of frontier workers on the borders of the Grand Est region has risen considerably over the last twenty years (39% between 1999 and 2019), and it can be assumed that this increase will, fairly automatically, be reflected in the future in the number of cross-border cases of invalidity that will need to be processed.
- Furthermore, the population of frontier workers is - like the rest of society - facing the challenges of an ageing population, with its consequences in terms of age-related pathologies.

Third finding: of the ten departments that constitute the Grand Est region, claims concentrate on four of them, those bordering a national border: Bas-Rhin, Haut-Rhin, Moselle and Meurthe-et-Moselle. Of the 1,639 claims, 1,578 (over 96%) come from one of these 4 departments (see Table 1).

Table 1: Number of claims received per year in the Grand Est region (by department)

Department	2019	2020	2021	2022
08	41	22	34	33
10	12	5	13	7
51	8	4	18	11
52	4	0	5	7
54	184	119	207	195
55	35	25	41	26
57	432	381	570	623
67	45	227	283	314
68	73	315	400	446
88	5	12	14	17
total	839	1110	1585	1679

Source of data and table: CPAM 67

Unsurprisingly, claims reflect the existing flows of cross-border workers at the various borders (see Table 2):

- Of the 446 claims registered in 2022 for the Haut-Rhin department, 368 (around 82.5%) relate to Switzerland;
- Out of 314 claims registered in 2022 in the Bas-Rhin department, 245 (around 78%) concern Germany;
- Out of 623 claims registered in 2022 in the Moselle department, 351 (approximately 56%) are for Luxembourg and 231 (approximately 37%) are for Germany.
- Out of 195 claims registered in 2022 in the Meurthe-et-Moselle department, 156 (around 80%) relate to Luxembourg.

Table 2: Number of claims received by country (in 2022, for the 4 departments of the Grand Est region with highest number of claims)

Department	Total	DE	CH	DE + CH	LU	BE	DE + LU	BE + DE	BE + LU
Meurthe et Moselle (54)	195	3	2		134	13	2		20
Moselle (57)	623	224	3	1	343	3	5	1	3
Bas-Rhin (67)	314	236	17	5	4		3	1	
Haut-Rhin (68)	446	41	348	22	5	1			

Caption: DE = Germany; CH = Switzerland; LU = Luxembourg; BE = Belgium

Explanation: Of 195 claims received in 2022 in the Meurthe-et-Moselle department, 134 involved Luxembourg alone (in addition to France), 2 involved both Luxembourg and Germany (in addition to France), etc.

Source of data and table: CPAM 67

Finally, as mentioned above, claims for invalidity benefits are subject to an initial check to make sure that the person is eligible from a purely administrative point of view (age, length of contribution period, etc.). The figures provided by CPAM 67 show that of the 1,595 claims already processed for 2022, no fewer than 410 have been subject to an administrative refusal, representing 25,7% of the claims processed so far (see Table 3). This rate seems fairly high and tends to confirm the hypothesis that insured persons are not always very well informed about their rights in terms of invalidity.

Table 3: Results of processing claims received in 2022

Department	Number of claims received	Number of decisions taken at 30/09/23	Percentage of decisions taken	Number of administrative refusals	Number of refusals for medical reasons	Invalidity pension granted
08	33	33	100,0%	6	6	21
10	7	7	100,0%	1	0	6
51	11	11	100,0%	1	0	10
52	7	7	100,0%	4	1	2
54	195	170	87,2%	33	32	105
55	26	23	88,5%	5	4	13
57	623	619	99,4%	146	115	358
67	314	300	95,5%	88	46	165
68	446	411	92,2%	122	119	170
88	17	14	82,4%	4	1	9

Source of data and table: CPAM 67

To conclude this section on statistical data, it should be noted that a significant number of people are concerned by claims for invalidity benefits with a cross-border dimension, that this number has increased in recent years and that it is likely to continue to increase in the years to come. The figures therefore underline the importance of the topic and demonstrate the importance of overcoming the difficulties and obstacles encountered in this context.

2.8. Additional problems

In addition to the problem raised by Frontaliers Grand Est (divergence of decisions taken by the countries), the interviews identified another problem relating to the length of time taken to process claims for invalidity benefits in a cross-border context. This report is an opportunity to highlight this problem, even if it is not directly related to the problem addressed in this report.

For the INFOBEST Vogelgrun/Breisach advisers interviewed, it often takes more than a year, sometimes even several years, between the submission of an application and the decision on the payment of an invalidity pension. In many cases, the people concerned no longer have any income due to the forced termination of their professional activity, and are therefore faced with major financial difficulties.

When questioned on this subject, the CPAM 67 indicates an average processing time for claims of 197 days for 2022, bearing in mind that this figure also takes into account the processing of the application by the other country concerned. However, this is only an average and includes the many cases of administrative refusal, which are presumably processed very quickly. The CPAM 67 confirms that in some cases the processing time is more than 1,000 days. Table 1 (see page 19) shows that of the 1,695 claims submitted in 2022, 84 had not been processed by 30 September 2023.

The reasons for the time taken to process claims are many and divers. Those interviewed (INFOBEST and the competent authorities) highlighted the following factors:

- The processing of claims requires the involvement of a large number of parties involved in several countries (*“Pensions invalidité à l’international”* of CPAM 67 for the administrative part; the medical department for the medical part; the competent services in the neighbouring country or countries; additional medical expertise, etc.). This in itself already means a certain amount of processing time.
- As mentioned earlier, the competent authorities in the different countries must forward to each other the claims they receive as contact institutions, and then exchange a whole range of data and information to ensure that the claims are processed correctly. The interviews conducted revealed that the times to forward and respond to information requests are sometimes quite long. However, each of the departments is (at least partly) dependent on the other

departments involved. Since recently, the competent authorities have been able to exchange information via the EESSI / RINA electronic platform, which should reduce transmission times. The use of EESSI is, however, not yet fully established. Some states are prepared to exchange medical documents via EESSI, while other states refuse to do so and continue to prefer sending paper documents, which adds several days.

- Some of the difficulties mentioned above can also be explained by the fact that many of the services involved are chronically short of staff. On the French side, this mainly concerns the medical services at departmental level, which have great difficulty in recruiting medical advisers. On the German side, the staff problem arises not only in the departments responsible for socio-medical assessment, but also in the departments responsible for administrative matters.
- On the German side, the competent authority has the option of postponing the decision and imposing medical treatments or rehabilitation measures (*Rehabilitation*) which could enable the person to improve their state of health and recover some of their working capacity. These rehabilitation measures are very often applied, which considerably lengthens the time between the submission of the claim and the decision. This is all the more true given that it often takes several months to obtain a place in a rehabilitation centre.
- Other factors play a role, such as the need for the competent authorities to translate medical and other documents drawn up in the language of the neighbouring country, or cases where documents are missing and the policyholder takes time to send them.

3. Description of possible solution(s)

The assignment received by the authors of this report suggests as a possible solution that, in the case of claims for invalidity benefits involving several countries, the decision of one country to recognise a person as invalid should be automatically recognised by the other countries concerned. To achieve this, it is suggested to “either make an amendment to European regulations 883/2004 and 987/2009, or stipulate bilateral social security conventions (e.g. Luxembourg and Portugal)”.

The analysis of the regulatory framework (see chapter 2.4) has shown that Regulation (EC) No 883/2004 already contains a clause providing for automatic recognition. Article 46(3) stipulates that *“a decision taken by an institution of a Member State concerning the degree of invalidity of a claimant shall be binding on the institution of any other Member State concerned, provided that the concordance between the legislation of these Member States on conditions relating to the degree of invalidity is acknowledged in Annex VII.”*

Thus, there is no need to revise the text of Regulation to allow automatic recognition between France and Germany: it would be enough for the two countries to recognise in Annex VII of the Regulation the conformity between their legislation.

A bilateral agreement - or a multilateral agreement, along the lines of the multilateral framework agreement on telework of 30 June 2023 - does not seem to make sense here. If a substantial amendment to Regulation (EC) No 883/2004 had been necessary, the option of a bilateral or multilateral agreement could have been very useful, as it would have made it possible to get around the difficulty of finding a consensus between all the Member States. But this is not the case here.

In this context, the main question is whether it would be possible for the two countries to mutually recognise the concordance of their legislation on invalidity. As matters stand, however, this seems hardly conceivable. As already shown (see chapter 2.6), French and German legislation on invalidity is based on very different approaches.

The experts interviewed share this analysis. The interviewee Erwinn Schmidt (*Deutsche Rentenversicherung Rheinland-Pfalz*) indicated that his organisation is fully aware of the major difficulties that may arise for the people concerned if the decisions taken by the two countries are not consistent. In the past, his organisation has already looked at ways of finding solutions - particularly in relation to a request from Portugal for a bilateral automatic recognition agreement. But despite the interest shown in the issue, no solution has yet been found. To emphasise his argument, Erwinn Schmidt points to the principle of equal treatment between frontier workers and other categories of people eligible for invalidity pensions. Introducing the principle of automatic recognition between France and Germany could, as things stand, leads to situations in which people who have worked in both countries would be favoured over people who have spent their entire career in Germany, simply because they have the option of submitting their claim in France.

Ultimately, the only way to achieve automatic recognition would be for France and Germany to harmonise their national legislation on invalidity beforehand. Considering that this problem does not only arise at the franco-german border, but that it potentially arises in any bilateral relationship between Member States (whether or not they border each other), this reflection to harmonise national legislation should even be carried out on a European scale. However, such harmonisation seems highly illusory.

The authors of this report are therefore not in a position to propose solutions that would make it possible to move towards automatic recognition of invalidity between France and Germany. However, they would like to make the following recommendations:

- As mentioned earlier, the non-recognition of the status of invalidity in one of the two countries is sometimes linked to a lack of information among the users, who do not reply to letters sent by one of the competent authorities because they do not understand the role of the authority. In this context, it would be advisable to provide more information to frontier workers on the conditions for obtaining invalidity benefits, for example by producing an information brochure on this subject. Structures such as Frontaliers Grand Est, the INFOBEST network and TRISAN could be used to inform the public in this way; the competent authorities could also take part. For instance, it might be a good idea for the competent bodies, when receiving a pension application with an international dimension, to send a letter to the person concerned informing them that their application will be processed by several bodies in several countries and that it will be important to reply to letters from foreign bodies.
- It could be useful for the competent authorities to meet regularly (e.g. once a year), at a local level (e.g. at Upper Rhine or Greater Region level), in order to get to know each other better, discuss their respective practices and gain perspective on their cooperation. Even if cooperation between the competent authorities seems already to be working well, such exchanges would undoubtedly further improve this cooperation in the interests of users. In the long term, such a framework could lead to solutions to the problems raised here, even if they are only informal solutions. The person interviewed from the *Deutsche Rentenversicherung Rheinland-Pfalz*, for instance, stated that on the German side, the final decision on whether or not to grant invalidity is not taken by the medical service: it is an administrative decision, which is surely based to a high extent on the results of the socio-medical assessment, but which, in contentious cases, leaves room for manoeuvre to the administration. In these cases, the interviewee said that the decision taken by the other country - if known - was taken into account in the German decision-making process: *“We know that a discrepancy between the decisions of the two countries can cause major difficulties for the people concerned. So if we have a contentious case and we see that France has recognised the invalidity, we will be encouraged to also recognise the invalidity. The other country's decision will never be the sole*

criterion for a decision, but in contentious cases it can tip the balance in the person's favour."

This example suggests that organising exchanges between competent authorities could help to develop and/or disseminate best practices that could provide solutions to the problem encountered on a case-by-case basis.

4. List of the legal provisions relevant to the case

Regulation (EC) No 883/2004 of the European Parliament and of the Council of 29 April 2004 on the coordination of social security systems:

- Article 8
- Chapter 4 (Articles 44 to 49)
- Annex II
- Annex VII

Regulation (EC) No 987/2009 of the European Parliament and of the Council of 16 September 2009 laying down the procedure for implementing Regulation (EC) No 883/2004 on the coordination of social security systems, Title III, Chapter IV (Articles 43 to 53)

Agreement between the Grand Duchy of Luxembourg and the Portuguese Republic on the recognition of decisions taken by the institutions of one Contracting Party by the institutions of the other Contracting Party concerning the state of invalidity of pension claimants, signed in Luxembourg on 10 March 1997

(Accord entre le Grand-Duché de Luxembourg et la République portugaise sur la reconnaissance des décisions prises par les institutions d'une Partie contractante par les institutions de l'autre Partie contractante au sujet de l'état d'invalidité des demandeurs de pension, signé à Luxembourg, le 10 mars 1997)

Treaty of Aachen on Franco-German Cooperation and Integration of 22 January 2019, Article 13

(Traité d'Aix-La-Chapelle sur la coopération et l'intégration franco-allemandes du 22 janvier 2019, article 13)

French Labour Code, Article L 5212-13

(Code du travail français, article L 5212-13)

German Social Security Code, Article 2 paragraph 2 of Book 9

(Neunte Buch Sozialgesetzbuch (SGB IX), § 2 Absatz 2)

5. Other relevant aspects to this case

This section will focus on the issue of disability and its recognition in a cross-border context. As explained in chapter 2.1, invalidity and disability are two quite distinct subjects and need to be dealt with separately.

Disability is a very broad field; policies for people with disabilities affect all areas of life (accessibility of public places, transport, education, employment, etc.). As this *b-solutions* mandate falls under the topic of “Labour Mobility”, this chapter will deal with the issue of recognition of disability in a cross-border context exclusively in relation to the question of employment.

In both France and Germany, national legislation provides for measures to facilitate access to employment (and/or job retention) for people with disabilities. There are numerous and various measures in place: compulsory employment, adaptation of workstations, career guidance, placement, occupation rehabilitation, training, financial aid, etc. The beneficiaries of these measures are either the people themselves or the companies that hire them.

In this context, the identified problem is as follows: Would it be possible to ensure that a person recognised as eligible for the measures in one of the two countries could, “automatically”, be recognised as eligible for the measures set out in the neighbouring country? This would avoid the person having to take steps to have their disability recognised in both countries, given that these steps are often long and tedious (requiring various medical reports, etc.).

This leads to a closer look at the conditions of eligibility for these measures in each of the two countries:

- In France, measures aimed at facilitating access to employment for people with disabilities are mainly reserved to people who have obtained an RQTH (*Reconnaissance de la qualité de travailleur handicapé* - Recognition of the status of disabled worker), but other groups listed in article L 5212-13 of the French Labour Code may also benefit from the measures. Applications for RQTH must be submitted to the MDPH (*Maison départementale des personnes handicapées* – Local centre for disabled people). It is examined by the CDAPH (*Commission des droits et de l'autonomie des personnes handicapées* - Commission for the rights and autonomy of disabled people), which takes the decision. It should be noted that obtaining the RQTH does not depend on a certain degree of disability: the RQTH is recognised “for any person whose possibilities of obtaining or keeping a job are effectively reduced as a result of the impairment of one or more physical, sensory, mental or psychological functions”.
- On the German side, measures to facilitate access to employment for people with disabilities are in general reserved for people with severe disabilities, i.e. who have been recognised (in Germany) as having a degree of disability of 50

or more. The bodies competent for recognising the degree of disability are the *Versorgungsämter* attached to the *Landkreise* (in the Land of Baden-Württemberg) or the *Landesämter für Soziales* (in the Länder of Saarland and Rhineland-Palatinate). By way of derogation, people with a degree of disability between 30 and 50 may apply for equal treatment (*Gleichstellung*) with people recognised as severely disabled if they are unable to find a job because of their disability. The claim must be addressed to the Employment Agency. If they are granted equal treatment, they will also be able to benefit from employment support measures.

As just explained, the conditions of eligibility for employment support measures for people with disabilities are very different in France and Germany: Whereas in Germany these measures are – in general- only available to people with severe disabilities, there is no such restriction linked to a degree of disability on the French side. As the law currently stands, an automatic recognition does not seem feasible. Given the major differences between the two legislations, an automatic recognition mechanism would be very questionable, as it could lead to inequality of treatment between frontier workers and other groups of people. As in the case of invalidity, automatic recognition would require prior harmonisation of national legislation, which seems very difficult to achieve.

This question of recognising a disability in a cross-border context was one of the central issues of the INTERREG “Participation 4.0” project, which aimed at setting up cross-border employment ways for people with disabilities in the Strasbourg-Ortenau Eurodistrict. As part of the project, a cross-border comparison of the French and German systems was drawn up, highlighting the systemic differences and the difficulty of finding bridges between the systems. Those involved in the project have sought to develop and test innovative ways of overcoming the obstacles identified, and have worked in particular on the question of the exportability of support. In the framework of the project, an agreement was signed with AGEFIPH (the main funding body of employment support measures for people with disabilities on the French side) enabling, as part of the project, disabled workers living in France to benefit from French support linked to their professional activity in Germany.

However, it was not possible to extend this derogation to AGEFIPH's support for companies: “Aid for companies is reserved exclusively for companies on French territory and cannot be allocated to German companies hiring cross-border workers from France, even under this derogation.” The partners of the “Participation 4.0” project then turned to the German Employment Agency (one of the main funding bodies of employment support measures for people with disabilities on the German side), but again without success: “The possibility of the Federal Employment Agency taking into account French recognition of a disability when allocating funding to German companies was discussed as part of the project, but is not possible, even as an exception.” Compensatory aid is often a crucial point for companies recruiting a disabled person.

While it seems difficult to implement automatic recognition between the two countries, it would be desirable to take better account of the cross-border context in the application of the recognition procedures specific to each country. The research and interviews in the framework of this assignment have identified a number of obstacles that seem possible to overcome.

Obstacles linked to the principle of territoriality

As there is no possibility of automatic recognition between countries, the person will have no choice but to apply for recognition of their disability in both countries. The first obstacle is that it is not always possible to have one's disability recognised in the neighbouring country.

- On the French side, RQTH applications to the MDPH are only possible for people living in France: a disabled person living on the German side but wishing to look for work on the French side will therefore not be able to obtain an RQTH in France. This will considerably reduce their chances of finding a job, as they will not be able to take advantage of the related benefits, and the company will not be able to benefit from compensatory aid either. One clarification: according to the author's information, there is no legal text indicating that applications for the RQTH would only be possible for persons residing in France. The application of the residence criterion stems from the fact that the CDAPHs have departmental jurisdiction, and are therefore not authorised to decide on claims from people living outside the department.
- In Germany, the criteria are less restrictive. According to Article 2 Paragraph 2 of Book 9 of the German Social Security Code (§ 2 Abs. 2 SGB IX), recognition of a disability is possible not only for people who are resident or ordinarily resident in Germany, but also for people who work in Germany. This means that a frontier worker living in France who is already working in Germany can obtain recognition. A young disabled person living in France and looking for work in Germany, however, will not be able to have their disability recognised in Germany. This situation (and its consequences) is very well described in the cross-border comparison drawn up as part of the "Participation 4.0" project mentioned above: "To initiate a disability recognition procedure in Germany, it is necessary to have signed an employment contract of at least 18 hours with a German company or to live there. The disability recognition procedure can therefore only be initiated after the employee has been hired. However, employers need to know in advance whether the person's disability will be recognised in Germany in order to know about the disability benefits of their future employee. In many cases, this is a decisive factor when it comes to recruiting a new employee."

These obstacles linked to the residence criterion seem very outdated at a time when various institutions, declarations and texts are establishing the concept of "cross-border living areas", which very often are above all cross-border employment areas. These obstacles could be removed by negotiating with the countries the possibility of

introducing local derogations to the principle of territoriality, justified by the particular situation of cross-border territories. In this context, article 13 of the Treaty of Aachen, which provides for the possibility of derogations to overcome obstacles at borders, could be used. It seems that all stakeholders would benefit from such a derogation:

- State of residence: a benefit in the fight against unemployment for people with disabilities; increased purchasing power for people who have found work on the other side of the border.
- State of employment and companies: Possibility of recruiting qualified staff in the neighbouring country, against a backdrop of labour shortages in many sectors.

Language barriers

The interview with INFOBEST Vogelgrun/Breisach advisers revealed a number of difficulties linked to the language barrier.

- **French side:**

On the French side, a person applying for RQTH must provide (among other documents requested) a medical certificate. However, according to the information obtained, the MDPH requires the medical certificate (and the medical reports that are usually attached to it) to be drawn up in French. This is a major problem in the Franco-German border region: it is not uncommon for frontier workers living in France and working in Germany to be treated by a doctor practising in Germany, the country in which they are covered by health insurance. As the MDPH does not accept documents in German, people have to pay for the translation themselves.

The fact that the MDPH requires documents to be in French does not seem to be legally “challengeable”. It is true that in 2016 the European Union adopted a regulation removing the obligation for citizens to produce a certified translation of certain types of document drawn up in another EU country, but medical certificates are not among the documents covered by this regulation. A change in the MDPH's practices on this point would nevertheless be welcomed, bearing in mind that the German *Versorgungsämter* (bodies responsible for deciding on applications for recognition of disability) accept medical reports in French.

In addition, the medical certificate to be submitted as part of the RQTH application takes the form of a standardised questionnaire (cerfa 15695*01), which the German doctors may find difficult to complete if they do not speak French. One very practical way of improving this would be to produce a bilingual version of this questionnaire. An example of good practice is the bilingual medical questionnaire by the *Deutsche Rentenversicherung* for the processing of cross-border invalidity claims.

These two approaches (to accept medical reports in a foreign language; to develop a bilingual questionnaire) would allow for a very concrete improvement for the people concerned, with measures that are not

expensive and simple to implement, and that do not require changes to the regulatory framework.

These measures could be carried out or supported by the departments (Collectivité européenne d'Alsace, Département de la Moselle), given that the MDPHs are managed financially and administratively by them.

As far as the territory of Alsace is concerned, these very practical measures seem to fit in perfectly with the "Alsatian Public Service" strategy. The strategy's stated ambition is to "build public policies that make a real difference to the daily lives of citizens, so that no one is left behind. Innovative services to provide a "tailor-made", closer and simpler service for residents, associations, companies, partners, local authorities and the State."⁴ Because of their cross-border dimension, these measures could also be integrated in the *Schéma Alsacien de Coopération Transfrontalière* (SACT), especially as disability falls within the remit of the departments.

- **German side:**

On the German side, the *Versorgungsämter* (services attached to the *Landkreise* and responsible for deciding on applications for recognition of disability) already accept medical reports in French and have them translated. However, the letters and questionnaires sent to doctors by the *Versorgungsamt* are in German only. When these letters are sent to French doctors, they often go unanswered, either because the doctor is unable to read them, or because he or she is unable to identify the *Versorgungsamt* or its role. The lack of response from doctors has an impact on the time taken to process claims. Here too, it would be advisable to draw up bilingual standard letters and questionnaires.

Former frontier workers: Time-consuming procedures to have a disability recognised in Germany

In accordance with Article 2 paragraph 2 of Book 9 of the German Social Security Code (§ 2 Abs. 2 SGB IX), only people who reside, ordinarily reside or are employed in Germany may be recognised as severely disabled. However, by way of derogation, people who do not meet any of these three criteria may obtain this recognition if it enables them to claim rights that are not linked to the above-mentioned conditions. This applies in particular to former frontier workers who have acquired pension rights in Germany and wish to claim them early because of a disability. German legislation provides for the possibility of early retirement for severely disabled people (degree of disability of 50% or more): the persons concerned can claim their pension rights two years before the statutory age, without deduction.

In this kind of case - i.e. when the person applies for recognition even though they do not meet the conditions of § 2 Abs. 2 SGB IX - applications are not processed by the

⁴ Collectivité européenne d'Alsace, *Service public alsacien, un projet au service des Alsaciens*, Rapport du Président, séance publique du lundi 31 mai 2021, N° CD-2021-5-8-7

Versorgungsämter at the place of residence/work, but by the *Landesamt für Soziales* in Saarland (at least for applicants residing in France). However, according to the information obtained during this research, the procedures put in place by this body are quite cumbersome. In the past, the applicant only had to tell the *Landesamt für Soziales* the reason for their application (to be able to retire early because of a disability) for it to be processed. Now, the *Landesamt für Soziales* only agrees to process the application if the applicant first provides proof that they have applied to the *Deutsche Rentenversicherung* for early retirement on grounds of disability. People therefore find themselves in the kafkaesque situation of having to apply to the pension fund for early retirement on the grounds of severe disability even before their degree of disability has been recognised by the competent body. These are clearly administrative obstacles that should be easy to overcome by changing practices.

6. References

List of interviews conducted (Franco-German border and Franco-Swiss border)

Person interviewed	Institution / function	Date and modality of interview
Julien Dauer	Directeur de Frontaliers Grand Est	28 August 2023 via ZOOM (30 minutes)
Sabine Fleschhut	Responsable du service "Pensions invalidité à l'international" Caisse Primaire d'Assurance Maladie du Bas-Rhin (CPAM 67)	13 October 2023 via ZOOM (90 minutes)
Delphine Carré et Oriane Lançon	Conseillères de l'INFOBEST Vogelgrun/Breisach	18 October 2023 via ZOOM (110 minutes)
Erwin Schmidt	Dezernat 3.8, Versicherung und Rente Rechtlicher und fachlicher Service Ausland Deutsche Rentenversicherung Rheinland-Pfalz	06 November 2023, via phone (40 minutes)
Elias Aziz	Responsable du domaine des Relations internationales Département fédéral des finances DFF Centrale de compensation CdC Affaires internationales et logistiques AIL	10 November 2023 via ZOOM (140 minutes)
Valérie Zinck	Référente insertion professionnelle GIP Maison Des Personnes Handicapées Alsace Collectivité européenne d'Alsace	13 November 2023 Via ZOOM (45 minutes)

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