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FINAL REPORT BY THE EXPERT

Advice case title: Non-recognition of incapacity and disability at work (Belgium-France)

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

Name of the expert contracted for the advice case: Health Connect Partners (subject matter experts: Isabelle ANDOULSI and Petra WILSON)

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I. Executive summary

a) Context

While Regulation on the Co-ordination of Social Security Systems, adopted at EU level in 2004, lays down common rules to protect social security rights of EU citizens when moving within the European Union (EU), and Iceland, Liechtenstein, Norway and Switzerland; it recognises that EU Member States decide on the rights of as the beneficiaries of their social security systems, levels of benefits and eligibility conditions. As a result there many differences between the French and the Belgian legislation on social security, which in turn leads to difficulties for cross-border workers who live on one side of the French/Belgian border and work on the other side.

b) Obstacles

A number of key legal and policy obstacles were identified which underpin the challenges cross-border workers face when seeking social security benefits:

- The absence of common definitions of the concepts of incapacity, invalidity and disability at work;
- The differences in the ways of assessing the degrees of incapacity, invalidity and disability at work;
- The differences in the conditions under which compensation is granted;
- The differences in the deadlines for applications and receipts imposed;
- The differences in the amounts of social security payment being granted;
- The differences in the years of social insurance contribution to be taken into account.

c) Possible solutions

- i) The conclusion of a new bilateral agreement (convention) specific to invalidity and disability at work for cross-borders workers in the French/Belgian border region
- ii) Amend Regulation 883/2004 to ensure that key terms such as incapacity and invalidity have a common EU wide interpretation

d) Main provisions

In France:

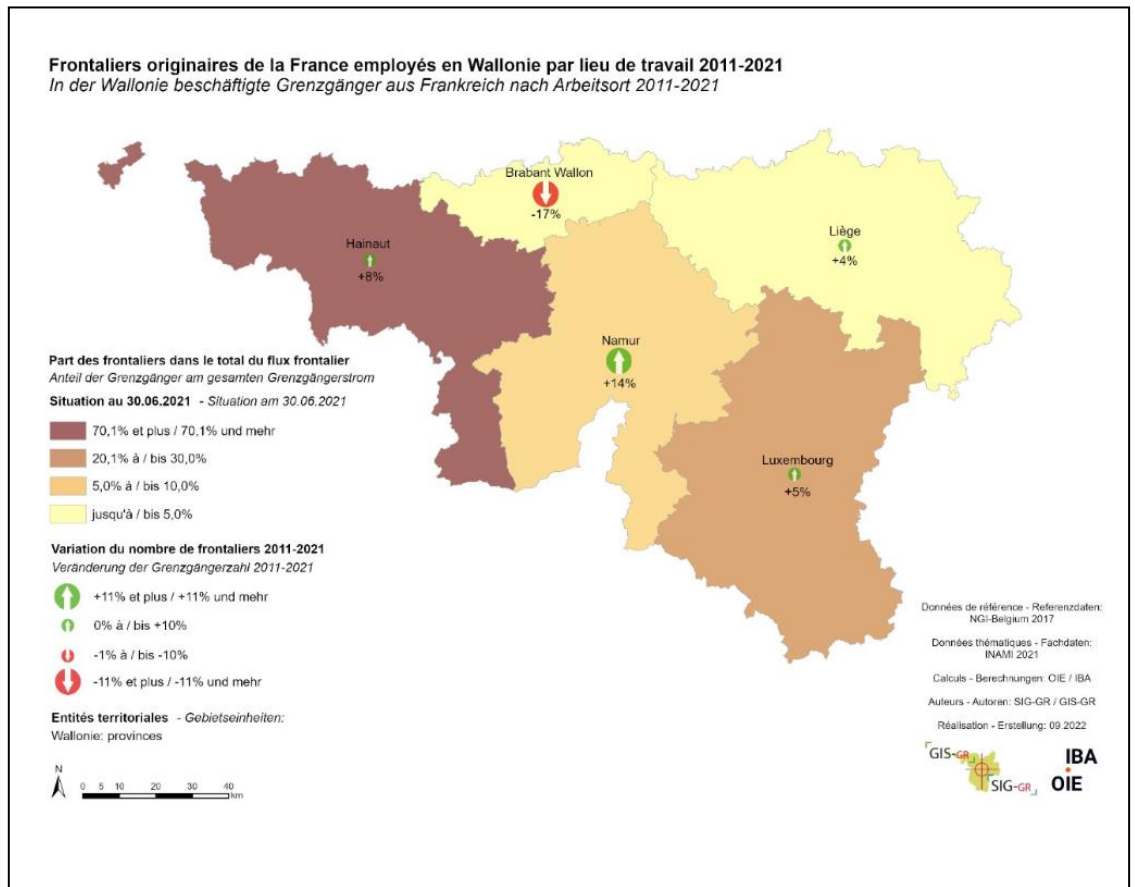
- Employment Code (Code du Travail of 2016)
- Social Security Code (Code de la sécurité sociale)

In Belgium:

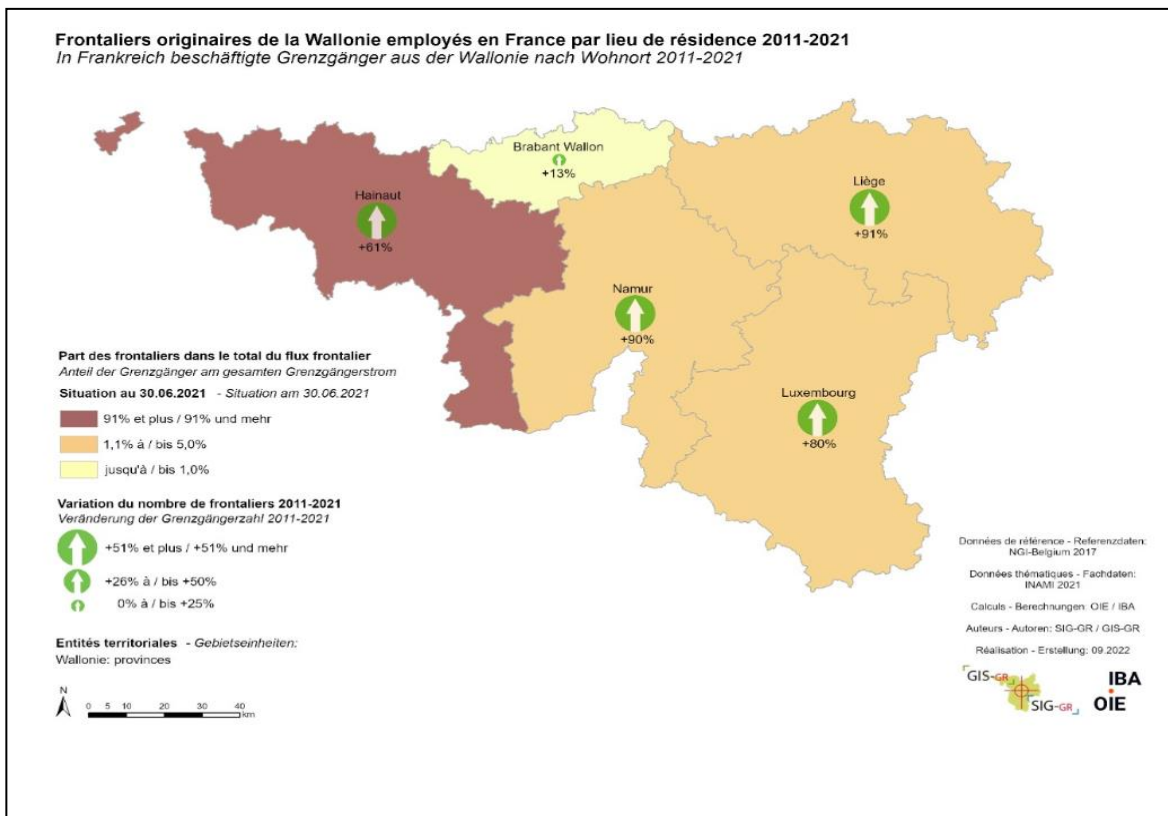
- Law of 10 April 1971 on accidents at work, published on 24 April 1971 (private sector).
- Law of 3 July 1967 on the prevention of or compensation for damage resulting from accidents at work, accidents on the way to work and occupational diseases in the public sector, published on 10 August 1967 (public sector).
- Coordinated Laws of 3 June 1970 on the prevention of occupational diseases and the distribution of damage resulting from them, published on 27 August 1970 (private sector).
- Law of 3 July 1967 on the prevention of or compensation for damage resulting from accidents at work, accidents on the way to work and occupational diseases in the public sector, published on 10 August 1967 (public sector).
- Coordinated Law of 14 July 1994 on compulsory insurance for medical care and payments, published on 17 August 1994 (private sector);
- Royal Decree of 3 July 1996 implementing the Coordinated Law of 14 July 1994 on compulsory insurance for medical care and payments, published on 31 July 1996 (private sector).

The Border Region and its worker flows

Worker flows from France to Belgium 2011-2021



Frontaliers originaires de la Wallonie employés en France par lieu de résidence 2011-2021
In Frankreich beschäftigte Grenzgänger aus der Wallonie nach Wohnort 2011-2021



Worker flows from Belgium to France 2011-2021

II. Description of the obstacle

a) Context

The subject of this study is the non-recognition of incapacity to work and disability rights related to working in the “Grande Region”.

The “Grande Region” is a territory that stretches across four European Union Member States (France, Belgium, Germany and Luxembourg), and which is made up of the five following regions: Lorraine, Wallonia, the German-speaking Community of Belgium, Saarland in Rhineland-Palatinate and the Grand Duchy of Luxembourg.

As this report is devoted to border flows between France and Belgium, we will concentrate on border flows between France and Wallonia, as border workers who live in Wallonia and work in France do not work in Lorraine region. Border workers from the German-speaking Community of Belgium, on the other hand, work in Germany (Saarland in Rhineland-Palatinate) and will therefore be the subject of another report.

The data of the social security agency INAMI reports that in 2022, of the 60,009 people living in Wallonia and working in a border country belonging to the “Grande Region”, 7,222 work in France. This represents 12%¹ of the people living in Wallonia and working in a border country belonging to the “Grande Region”. Over the last ten years, there has been a 28% increase in the number of Walloon residents working in France, or 1,580 people². Most of them come from the districts of Mouscron and Tournai.

Conversely, of the 32,698 people living in a border country belonging to the “Grande Region” and working in Wallonia, 31,657 come from France. This represents 97% of the people living in a border country belonging to the “Grande Region” and working in another country³. Over the last ten years, there has been a 9% increase in the number of French residents coming to work in Wallonia, or 2,618 people⁴. Most of them work in the districts of Ath and Mons.

b) Obstacles

While European regulations coordinate all branches of social security, incapacity and disability at work remain the branches where there is no automatic recognition between the Member States. Social security is an area in which cooperation exists between Member States. However, there is no harmonisation of the different national social security systems. This means that legislation governing social security systems and the different regimes amongst others of incapacity and disability at work vary from one Member State to another.

¹ Data for the year 2022 from INAMI (Belgium) and Grande Region.

² Between 2012 and 2022.

³ Data for the year 2022 from INAMI (Belgium) and Grande Region.

⁴ Between 2012 and 2022.

Thus, a person may be recognised as disabled in his/her country state of residence, and designated as unable to work, but the same physical or mental health circumstance of the same person may designate him or her as fit to work in the country where he or she carries out their professional activity.

Recognising the problems such divergence can create, France and Belgium signed an initial framework agreement on cross-border healthcare cooperation on 30 September 2005. This agreement allowed for the creation of "organised zones for access to cross-border healthcare" (ZOAST in French) and hence the elimination of a large number of administrative and financial obstacles to cross-border healthcare. However, this framework agreement is dedicated to healthcare services received by a patient, and not to the social security rights that might attach to the mental and physical health conditions for which cross-border healthcare may be obtained. Therefore detailed issues relating to incapacity and disability at work are neither addressed, nor resolved in this convention.

France and Belgium signed a second framework agreement on the reception of people with disabilities on 21 December 2011. However, this agreement aims at providing better support to people with disabilities and does not address the issue of incapacity, nor disability at work.

These two framework agreements are therefore of no help to solve the problems of incapacity and disability at work of people living in the border region of Belgium or France and working in the border region of the other country.

It is important to underline that there are major differences between the French and Belgian systems on the issues of incapacity and disability at work.

The main difficulties are:

- The absence of common definitions of the concepts of incapacity, invalidity and disability at work;
- The differences in the ways of assessing the degrees of incapacity, invalidity and disability at work;
- The differences in the conditions under which compensation is granted;
- The differences in the deadlines for applications and receipts imposed;
- The differences in the amounts of social security payment being granted;
- The differences in the years of social insurance contribution to be taken into account.

In France

In France, a distinction is made between **inaptitude** (unfitness) for work, **incapacity** for work, **invalidity** and **disability**. These are the four essential terms to be found in the legislation.

The term **inaptitude** is used when a worker is unsuitable for his/her position because of his/her state of health and because the job cannot be adapted or changed. In this situation, the worker is either reclassified or dismissed on the grounds of unsuitability.

This concept of inaptitude comes from the Employment Code⁵, and is not to be found in the Social Security Code.

The Social Security Code does refer to it in one place⁶, but only in terms of retirement pensions.

The term **incapacity** is used in two different situations, depending on whether it is temporary or permanent.

- The temporary incapacity is the situation where a worker cannot work for a certain period of time because of an accident or an illness (work-related or not). This incapacity can be partial or total.
- The permanent incapacity is the situation where a worker has suffered an accident or an illness of a work-related origin and can no longer work at all. This incapacity can be partial or total.

This concept is to be found in the Social Security Code⁷, and leads to a right to financial support in both cases (but under different conditions).

The term **invalidity** is used when a worker has suffered an accident or an illness of a non-work-related origin.

This concept comes under the Social Security Code⁸, and leads to a right to financial support called "*pension d'invalidité*" (invalidity pension) in order to compensate the loss of income. It is granted under the following cumulative conditions:

- the worker has not yet reached the legal retirement age (62 years old, or applicable age to the person in question);
- the capacity for work or the income of the worker is reduced by at least 2/3;
- the worker has been registered within the national social security system for at least 12 months at the time he/she stopped working or at the time his/her invalidity was diagnosed by the medical officer of his/her health insurance fund;
- during the 12 months prior to stopping work or being declared invalid by the medical officer of his/her health insurance fund, the employee has worked at least 600 hours in paid employment.

There are three categories of invalid person, which are used to determine the amount of the benefit (financial support) to be granted.

- Invalid people who are still able to work. The benefit is equal to 30% of average annual earnings, up to a maximum of 30% of the social security ceiling (i.e. €1,099.80 per month).
- Invalid people who are no longer able to work. The benefit is equal to 50% of

⁵ Articles L1226-2 and following.

⁶ Article L351-7.

⁷ Articles L411-1 and following.

⁸ Articles L3411 and following.

the average annual salary, up to a maximum of 50% of the social security ceiling (i.e. €1,833.00 per month).

- Invalid people who are no longer able to work and who need the assistance of a third party to carry out everyday tasks. The pension is equal to 50% of the average annual salary + 40% of this amount, up to a maximum of €3,025.55 per month.

Invalidity benefits are awarded on a temporary basis and may also be increased or supplemented by the so-called "*soins de longue durée*" (long-term care) allowances.

The terms and conditions vary depending on the situation. For information purposes, these may be :

- an increase for a third person ('MTP');
- a supplementary benefit for third-party assistance ('PC RTP');
- education allowance for disabled children ('AEEH');
- a disability compensation benefit ('PCH');
- a personalised autonomy allowance ('APA').

The term **disability** is used to define people with disabilities (the level of which is specified by decree), regardless of an employment relationship.

This concept comes under the Social Security Code⁹, and leads to a right to compensation.

In Belgium

In Belgium, on the one hand, the term **inaptitude** does not exist in the Social Security legislation or system and on the other hand, the terms **incapacity** and **invalidity** are not only used in different ways than described above for France, but also they do not have the exact same meaning in the different Belgian legislations.

There is no Social Security Code in Belgium. Social Security Law is therefore fragmented and the relevant provisions are to be found in numerous Laws and Royal Decrees, which are often very old and have been amended several times. There are many different schemes, each of which is subdivided into sub-schemes depending on the worker's status (employee, civil servant or self-employed).

Regarding incapacity and invalidity at work, which are the subject of this report, three main schemes can be identified. We will deal with these three schemes, concentrating on the situation of employees, but the legal provisions relating to civil servants and the self-employed will still be cited for information purposes.

The essential distinction between these three schemes is the cause of the incapacity to work: a work-related accident or illness OR a non-work-related accident or illness.

Work-related accidents (1) and work-related illnesses (2) are each covered by their

⁹ Articles L821-1 and following.

own scheme, while accidents and illnesses that originate in the private life of workers (3) are grouped together under the same scheme.

1. Work-related accidents¹⁰

- Conditions

This scheme covers both accidents at work and accidents on the way to work.

In order to determine whether an accident at work has occurred, it is necessary to check whether the accident took place during the performance of the employment contract (first condition of temporality) and as a result of the performance of the employment contract (second condition of causality).

In order to determine whether an accident occurred on the way to work, it is necessary to check whether the accident took place on the path between the employee's home and workplace.

This is a case-by-case assessment, which has given rise to a large body of case law.

- Compensation

Compensation differs according to the following situations, and here we find a first use of the concept of **incapacity**.

o Temporary incapacity

▪ Partial temporary incapacity

The employee may return to work part-time. He/she will be entitled to a daily allowance equal to the difference between the salary received before the accident and the salary earned when he/she returns to work.

▪ Total temporary incapacity

The employee cannot return to work immediately. He/she will be entitled to a daily allowance equal to (basic pay x 90%) / 365.

o Permanent incapacity

The worker's state of health has stabilised and he/she has not fully recovered. He/she will be entitled to a monthly financial support or an annual allowance, set according to the degree of incapacity and basic pay. The permanent incapacity can also be partial or total.

¹⁰ Employee: Law of 10 April 1971 on accidents at work, published on 24 April 1971.

Civil servant: Law of 3 July 1967 on the prevention of or compensation for damage resulting from accidents at work, accidents on the way to work and occupational diseases in the public sector, published on 10 August 1967; Royal Decree of 24 January 1969 on compensation, in favour of members of the public sector, for damage resulting from accidents at work and accidents occurring on the way to and from work, published on 8 February 1969; Royal Decree of 12 June 1970 on compensation for members of staff of public interest bodies, legal persons governed by public law and autonomous public undertakings for damage resulting from accidents at work and accidents occurring on the way to work, published on 18 June 1970.

2. Work-related illnesses¹¹

- Conditions

A work-related illness is a disease caused by the exercise of a profession. There is a list, established by Royal Decree¹², of more than 150 work-related illnesses for which a right to compensation is payable.

It is also possible to claim compensation for an illness that is not on the list, but the worker must then prove the causal link between the illness and his/her profession.

- Compensation

Compensation is based on the same rules as for work-related accidents, but with the following special features:

- Temporary incapacity

The leave from work must be for at least 15 days.

- Permanent incapacity

Depending on the amount, the annuity will be either monthly or quarterly.

3. Incapacity to work¹³

- Conditions

This is a residual scheme, which compensates workers who are unable to carry out their professional activities following an accident or illness that has occurred in their private life.

In order to claim compensation under this heading, the worker must :

- Have completed a 12-month waiting period as an insured worker¹⁴;
- Have worked for 180 days full-time or 800 hours part-time during this 12-month period¹⁵;
- Provide proof of payment of a minimum amount of social security contributions (set by Royal Decree and depending on a range of

¹¹ Employee: Coordinated Laws of 3 June 1970 on the prevention of occupational diseases and the distribution of damage resulting from them, published on 27 August 1970.

Civil servant: Law of 3 July 1967 on the prevention of or compensation for damage resulting from accidents at work, accidents on the way to work and occupational diseases in the public sector, published on 10 August 1967; Royal Decree of 5 January 1971 on compensation for damage resulting from occupational diseases in the public sector, published on 19 January 1971; Royal Decree of 21 January 1993 on compensation for damage resulting from occupational diseases for certain members of staff belonging to provincial and local administrations, published on 16 March 1993.

¹² <https://www.fedris.be/fr/liste>.

¹³ Employee: Coordinated Law of 14 July 1994 on compulsory insurance for medical care and payments, published on 17 August 1994; Royal Decree of 3 July 1996 implementing the Coordinated Law of 14 July 1994 on compulsory insurance for medical care and payments, published on 31 July 1996.

Self-employed: Royal Decree of 20 July 1971 instituting compensation and maternity insurance for self-employed workers and assisting spouses, published on 7 August 1971.

Disabled persons: Law of 27 February 1987 on allowances for the disabled, published on 1 April 1987; Royal Decree of 6 July 1987 on income replacement allowance and integration allowance, published on 8 July 1987.

¹⁴ Coordinated Law of 14 July 1994, Article 128; Royal Decree of 3 July 1996, Article 203, al. 1.

¹⁵ Coordinated Law of 14 July 1994, Article 128; Royal Decree of 3 July 1996, Article 203, al. 1 and 3.

- criteria)¹⁶ ;
- Being recognised as unable to work¹⁷.
- Compensation
- Here we find a second use of the concept of incapacity. In the first phase, we talk about an incapacity period and an incapacity compensation. In a second phase, we talk about an invalidity period and an invalidity compensation.
- **Incapacity**
It refers to the first year of incapacity to work. The amount of compensation depends on the status of the worker (regular or non-regular), gross daily pay of the worker, the month in which we are after the accident or illness and the worker's family situation (isolated, cohabitant, dependent family).
 - **Invalidity**
It starts from the second year of incapacity to work. The amount of compensation depends on the last gross daily salary and the worker's family situation (isolated, cohabitant, dependent family).

The term **incapacity** to work is used during the first year of incapacity to work, and the term **invalidity** is then used starting from the second year of incapacity to work. These two terms mean the same thing, but they are used to refer to different periods of time. In both cases, the worker is incapable to work but depending on the duration of this incapacity, the amount of the compensation will evolve.

In conclusion

The first problem for cross-border workers between France and Belgium, and vice versa, comes from the **terminology** used in the legislations of these two countries.

The same terms are used to define different situations/regimes on each side of the border.

The second problem comes from the fact that France and Belgium have **different conditions** under which a worker can ask for compensation, in each of their different regimes.

Moreover, all border workers are not under the same roof, since the amounts granted are not the same for a similar situation depending in which Member State they work.

¹⁶ Coordinated Law of 14 July 1994, Article 128; Royal Decree of 3 July 1996, Article 286.

¹⁷ Coordinated Law of 14 July 1994, Article 32 and Article 100, §1, al. 1.

III. Description of the possible solution

a) Conclusion of a new bilateral framework agreement (convention) specific to invalidity and disability at work for cross-borders workers in French/Belgian border region

As described earlier in the present report, the terms “incapacity” and “disability” are not defined in the same way in Belgium and in France and even designate different schemes in their national legislations.

Furthermore, France and Belgium while having different schemes in their respective national legislation, also have different criteria to assess the degree of incapacity, invalidity and disability at work, different conditions for compensations to be granted, different deadlines for demands and different amounts of compensation for the same situation.

A solution specific to France and Belgium could therefore be the conclusion of a convention between France and Belgium to adopt special definitional rules and guidance for workers residing in one country and working in the other. This could be adopted in a limited fashion to compensate to injuries in the workplace or could be adopted more widely. It could also be geographically limited to people living within a defined zone (eg 25 KM from the border, and could also be limited in applicability to people who have worked across the border for a specified time (eg more than 200 days).

b) Amendment of Regulation 883/2004 on the Co-ordination of Social Security

A legally more ambitious solution could be for the European Commission to propose an amendment to Regulation 883/2004 on the Co-ordination of Social Security¹⁸. The Regulation provides a basis in its chapter 4 on “Invalidity benefits” which at Article 46, paragraph 3 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 key issue here is the question of the “concordance” between legislations as reflected in the Annex VII. In the first version of the Regulation 883/2004, it is to be noted that the concordance between the legislations of Belgium and France on the conditions relating to the degree of invalidity was admitted in most cases when the decision is taken by an institution in France and binding for institutions in Belgium,

¹⁸ Regulation (EC) No 883/2004 of the European Parliament and of the Council of 29 April 2004 on the coordination of social security systems, OJ L 166, 30.04.2004, p. 1–123.

while it is less the case when the decision is taken by an institution in Belgium. In the last version of the Regulation¹⁹, the situation remains largely the same.

Therefore when there is no concordance between the legislations, beneficiaries have to face contradictory decisions of the respective institutions of Belgium and France as what regards their degree of invalidity.

Given this lack of concordance it may be time to revisit Article 46(3) and reassess if its approach based on concordance of legislation is fit for purpose in an age of significant professional mobility between EU countries.

While the easiest solution to the definitional issues identified in this report resides in the conclusion of a new framework agreement between Belgium and France specific to invalidity and disability at work for cross-border workers. We would however urge future EU Presidencies to open this issue and consider the possibility of legislative amendment to supplement Regulation 883/2004.

Indeed amending the Regulation by including a clear definition of the terms “incapacity” and “invalidity” would also have an impact on the legislation of all Member States which is incompatible with the repartition of competences between the Union and the Member States and the application of the subsidiarity principle.

In the new framework agreement to be concluded between Belgium and France, these two Member States should at first adopt a common definition of the terms “incapacity” and “invalidity” for cross-border workers.

The new framework agreement should then tackle the following problems:

- the differences in the ways of assessing the degrees of incapacity, invalidity and disability at work;
- the differences in the conditions under which compensations are being granted;
- the differences in the deadlines imposed;
- the differences in the amounts being granted;
- the differences in the years of contribution to be taken into account.

tried to address part of the problem, at least the question of the degree of invalidity of the claimant in its chapter 4 called “Invalidity benefits”.

¹⁹ Regulation (EU) No 2019/1149 of the European Parliament and of the Council of 20 June 2019 establishing a European Labour Authority, amending Regulations (EC) No 883/2004, (EU) No 492/2011, and (EU) No 2016/589 and repealing Decision (EU) No 2016/344, OJ L 186, 11.07.2019, p. 21–56.

IV. A full list of all legal provisions relevant to the case

European legislation:

FR

- Règlement (CE) n° 883/2004 du Parlement européen et du Conseil du 29 avril 2004 portant sur la coordination des systèmes de sécurité sociale, *JO*, L 166, du 30 avril 2004, pp. 1-123.
- Règlement (CE) n° 987/2009 du Parlement européen et du Conseil du 16 septembre 2009 fixant les modalités d'application du règlement (CE) n° 883/2004 portant sur la coordination des systèmes de sécurité sociale, *JO*, L 284, du 30 octobre 2009, pp. 1-42.
- Règlement (UE) n° 1231/2010 du parlement européen et du Conseil du 24 novembre 2010 visant à étendre le règlement (CE) n° 883/2004 et le règlement (CE) n° 987/2009 aux ressortissants de pays tiers qui ne sont pas déjà couverts par ces règlements uniquement en raison de leur nationalité, *JO*, L 344, du 29 décembre 2010, pp. 1-3.
- Règlement (UE) n° 465/2012 du Parlement européen et du Conseil du 22 mai 2012 modifiant le règlement (CE) n° 883/2004 portant sur la coordination des systèmes de sécurité sociale et le règlement (CE) n° 987/2009 fixant les modalités d'application du règlement (CE) n° 883/2004, *JO*, L 149, du 8 juin 2012, pp. 4-10.

EN

- Regulation (EC) No 883/2004 of the European Parliament and of the Council of 29 April 2004 on the coordination of social security systems, OJ L 166, 30.04.2004, p. 1-123.
- 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, OJ L 284, 30.10.2009, p. 1-42.
- Regulation (EU) No 1231/2010 of the European Parliament and of the Council of 24 November 2010 extending Regulation (EC) No 883/2004 and Regulation (EC) No 987/2009 to nationals of third countries who are not already covered by these Regulations solely on the ground of their nationality, OJ L 344, 29.12.2010, p. 1-3.
- Regulation (EU) No 465/2012 of the European Parliament and of the Council of 22 May 2012 amending Regulation (EC) No 883/2004 on the coordination of social security systems and Regulation (EC) No 987/2009 laying down the procedure for implementing Regulation (EC) No 883/2004, OJ L 149,

Bilateral framework agreements (or conventions):

FR

- Accord-cadre franco-belge sur la coopération sanitaire transfrontière, signé le 30 septembre 2005.
- Accord-cadre franco-belge sur l'accueil des personnes handicapées, signé le 21 décembre 2011.

EN

- Franco-Belgian framework agreement on cross-border health cooperation, signed on 30 September 2005.
- Franco-Belgian framework agreement on the reception of disabled people, signed on 21 December 2011.

French legislation:

FR

- Code du travail
 - Articles L341-1 à L342-6 (Assurance invalidité).
 - Articles L1226-1 à L1226-24 (Maladie, accident et inaptitude médicale)
 - Articles L5211-1 à L5215-1 (Travailleurs handicapés).
 - Articles L5213-1 à L5213-22 (Reconnaissance et orientation des travailleurs handicapés).
- Code de la sécurité sociale
 - Articles L321-1 à L325-3 (Assurance maladie).
 - Articles L341-1 à L341-2-6 (Assurance invalidité).
 - Articles L411-1 à L491-7 (Accidents du travail et maladies professionnelles).
 - Articles L821-1 à L821-8 (Allocation aux adultes handicapés).
 - Articles R341-1 à R342-6 (Assurance invalidité).
 - Articles R821-1 à R821-9 (Allocation aux adultes handicapés).
- Loi n° 2023-1250 du 26 décembre 2023 de financement de la sécurité sociale pour 2024, *JORF* n° 0299 du 27 décembre 2023, texte n° 1.
- Loi n° 2023-270 du 14 avril 2023 de financement rectificative de la sécurité sociale pour 2023, *JORF* n° 0089 du 15 avril 2023, texte n° 1.
- Décret n° 2022-700 du 26 avril 2022 relatif à la revalorisation de l'allocation aux adultes handicapés, *JORF* n° 0098 du 27 avril 2022, texte n° 56.
- Décret n° 2023-1216 du 20 décembre 2023 portant relèvement du salaire minimum de croissance, *JORF* n° 0295 du 21 décembre 2023, texte n° 27.
- Arrêté du 19 décembre 2023 portant fixation du plafond de la Sécurité sociale pour 2024, *JORF* n° 0301 du 29 décembre 2023, texte n° 101.
- Circulaire du 5 avril 2022 sur la revalorisation de la majoration pour tierce personne au 1^{er} avril 2022 (référence : 2022-09).

- Circulaire du 20 novembre 2023 sur la retraite anticipée au titre de l'inaptitude au travail à compter du 1^{er} septembre 2023 (référence : 2023-22).

EN

- Employment Code.
- Social Security Code.
- Law No. 2023-270 of 14 April 2023 on the rectifying financing of social security for 2023, Official Journal of the French Republic (JORF) No. 0089 of 15 April 2023.
- Law No. 2023-1250 of 26 December 2023 on the financing of social security for 2024, Official Journal of the French Republic (JORF) No. 0299 of 27 December 2023.
- Decree No. 2022-700 of April 2022 on the revaluation of the allowance for disabled adults, Official Journal of the French Republic (JORF) No. 0098 of 27 April 2022.
- Decree No. 2023-1216 of 20 December 2023 raising the minimum growth wage, Official Journal of the French Republic (JORF) No. 0295 of 21 December 2023.
- Order of 19 December 2023 setting the Social Security ceiling for 2024, Official Journal of the French Republic (JORF) No. 0301 of 29 December 2023.
- Circular of 5 April 2022 on the revaluation of the increase for a third party on 1 April 2022.
- Circular of 20 November 2023 on early retirement due to unfitness for work as from 1 September 2023.

Belgian legislation:

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- Code du bien-être au travail du 28 avril 2017, *MB*, 6 juin 2017, p. 60905.
- Loi du 9 août 1963 instituant et organisant un régime d'assurance obligatoire soins de santé et indemnités, *MB*, 1 novembre 1963, p. 10555.
- Loi du 3 juillet 1967 sur la prévention ou la réparation des dommages résultant des accidents du travail, des accidents survenus sur le chemin du travail et des maladies professionnelles dans le secteur public, *MB*, 10 août 1967, p. 8457.
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