

GUIDELINES FOR STICHTING WENCKEBACHFONDS 2019

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'Financial support' will be referred to hereinafter as 'assistance'.

All previous publications hereby cease to apply.

No rights can be derived from the published guidelines.

Thresholds amounts

A threshold amount applies per calendar year and per category for the costs of the following categories of treatment and medicine. Reimbursement is possible only if the costs for a particular category exceed the threshold amount.

A request for reimbursement can only be submitted once this threshold has been exceeded.

<u>Treatment / medication</u>	<u>threshold amount per calendar year</u>
Alternative therapy, treatment	€350
Alternative therapy, medicines	€350
Physiotherapy (incl. Mensendieck therapy)	€350
Psychological support	€350
Glasses/contact lenses	€150
Support soles	€100

1. General provisions

1.1 Assistance is provided if:

- the costs incurred result from a serious illness or accident, or from financial difficulties or extraordinary expenses;
- these costs were not able to be provided for in any other manner;
- the participant him or herself has looked for and continues to look for a solution;
- in some cases, a medical or other reason for referral may be required;
- invoices can be submitted.

1.2a 'Participant' is understood to mean the following:

- an employee who currently works at one of the companies that are part of the Sociale Eenheid IJmuiden;
- retired employees (immediately following the active employment period), widows or widowers of employees and those eligible for WAO/WIA occupational disability benefits;
- those who fall under an early retirement scheme;
- those who fall under a pre-pension scheme;
- those who fall under an individual pension scheme;
- those who are designated as such in a Social Plan of the Sociale Eenheid IJmuiden;
- those who receive benefit based on the Supplemental Scheme for Occupational Disability (*Aanvullingsregeling bij arbeidsongeschiktheid*) (Appendix VII to the General Scheme, Article 8.1);

1.2b In the case of temporary disruption of active employment - with the continuance of the employment contract - the participation shall continue.

1.2c The assistance applies with respect to people residing in the Netherlands. The assistance is also granted if a person resides abroad on behalf of the Company.

1.3 'Family members' refer to the spouse or partner and under-age children in the family, as well as children in the family receiving student grants and loans in accordance with the Student Grants and Loans Act. 'Children' also includes foster children and stepchildren.

1.4 'Partner' refers to the person stated in a cohabitation agreement drawn up by a solicitor and/or registered partnership and with whom the participant has a long-term cohabitation situation (proof must be offered of the parties having been registered at the same address for at least one year).

1.5 A 'retired employee' is a person whose employment with the Company ended on the basis of Article 2.4.1 (sub h or i) of the collective labour agreement, or as a result of participation in a Social Plan, respectively.

1.6 The 'gross income' of the participant is understood to mean the income received per year from the Company at the time of submission of the request:

- salary + shift work supplement + BO supplement (compensatory allowance) + overtime and/or (instead of this) the guarantee or transitional benefit or income replacement benefit;
- pension/individual pension + AOW (state old age benefit)/ANW (dependant benefits), or the statutory benefits based on and the supplements from Social Plans;

- benefit based on the occupational disability acts WAO/WIA and/or the New Unemployment Benefits Act, as well as a benefit by virtue of the Supplementary Scheme.

1.7 Requests for assistance in connection with financial difficulties will be based on the gross family income.

This comprises the joint income of the partners and a reasonable contribution to family expenses by children living at home who have their own income (standard of National Institute for Family Finance Information (NIBUD)).

1.8 Assistance is provided only if the participant has proper insurance coverage (e.g., medical insurance, travel insurance) and also has otherwise assumed a reasonable degree of uninsured 'own risk'. If the participant requests assistance for a claim that may be recovered from a third party, an advance can be provided.

1.9 Requests for assistance can be submitted to the Accounts Department of the Wenckebachfonds or the staff welfare service. A request for reimbursement must be submitted to the Accounts Department of the Wenckebachfonds no later than 12 months after the start of treatment. Reimbursement requests submitted after the expiry of said period will not be honoured.

1.10 The benefit shall never exceed 80 % of the total costs. The benefit will be less any reimbursements from the health insurance (including supplemental), the mandatory or voluntary excess, from government agencies and other benefits agencies, as well as any applicable thresholds. Reimbursements are provided for a maximum of 12 months. A new request must be submitted to the Accounts Department of the Wenckebachfonds for any subsequent reimbursement. No claim may be made on a prior assistance commitment.

1.11 A claim may be made on mistakenly received reimbursements.

1.12 Decisions are communicated in writing. The participant may only appeal a decision by submitting a written statement to the Management Board. The decision of the Management Board on the appeal is binding.

1.13 The Management Board shall regularly assess the guidelines and adapt them if necessary. The Management Board (MB) has delegated the implementation of the guidelines to the Accounts Department of the Wenckebachfonds.

2. Common forms of assistance

2.1 Family care and family help

If family care or family help is considered necessary, a reimbursement may be provided. The maximum reimbursement is €1,500 per calendar year.

Scheme	Reimbursement	
	Current	Retired
<i>Wmo</i> Household assistance 1 (HH1)	60% of own contribution (EB)	None
Household assistance 2 (HH2)	60% of EB	None
H&V1	60% of EB	None
H&V2	Via the MB (RVB)	Via the RVB

W/z	Full Home Package	Via the RVB	Via the RVB
	Modular Home Package	60% of own contribution (EB)	60% of EB

2.2 Absence

In the event of necessary absence due to unexpected illness, a serious accident or an unexpected hospital stay involving family members, care leave (a maximum of 10 days) in accordance with the Work and Care Act must be taken first.

Care leave must be requested from and granted by the supervisor/manager.

If care leave is not or no longer possible, the Wenckebachfonds may reimburse 70 % of the number of holidays taken, up to a maximum of 20 days per year.

If a holiday needs to be interrupted, a reimbursement may be granted, provided that a medical report is submitted stating that a hospital stay and/or supervision and care by a family member was necessary.

Please note: As a rule, absence during the spouse's maternity leave is not reimbursed.

2.3 Medical and/or psychotherapeutic examination and treatment:

The standard reimbursement amounts to 80% for the first year, 60% in the second year and from the third year onwards is determined by the Management Board.

The reimbursement is subject to the following:

- Article 1.10;
- max. €1,000 per calendar year;
- The treatment provider must be a member of a recognised professional association.

In the case of acupuncture, camouflage therapy, phlebology, homeopathy, and manual or ortho-manual therapy, the treatment provider must be a physician.

In the case of psychotherapy, a referral must be provided by a physician to a qualified psychologist who is a member of the Dutch Association of Psychologists (NIP) and/or a preferred provider for the health insurance.

Health resort stays are eligible for reimbursement once every three years. A referral from a general practitioner or a specialist is required. Only organised health resort stays are eligible for reimbursement. Health resort stays outside the Netherlands will only be reimbursed if no equivalent is available in the Netherlands.

2.4 Prosthetics and other devices:

Costs of prosthetic devices and other devices/aids are eligible for reimbursement, provided there is a medical referral. If these costs are reimbursable by the health insurance, the reimbursement amounts to 80% of the costs. The benefit will be less any reimbursements from the health insurance (including supplemental), the mandatory or voluntary excess, from government agencies and other benefits agencies, as well as any applicable thresholds.

If these costs are **not** reimbursable by the health insurance, the reimbursement amounts to 50% of the costs.

Eyeglasses or contact lenses

Reimbursement can be granted upon a first request as well as for a necessary replacement prescribed by a medical specialist where eyeglasses/lenses are needed as the direct consequence of a serious disease, accident or disorder.

Reimbursement for eyeglasses or contact lenses, including monthly lenses

Reimbursement is available once every three years, for 80% of the costs less the reimbursement from the health insurance or the threshold, up to a maximum of €250.

Hearing aids

The reimbursement amounts to 80% of the costs. The benefit will be less any reimbursements from the health insurance (including supplemental), the mandatory or voluntary excess, and any discounts.

What is reimbursed?

- Items once every five years;
- Only the hearing aid, including the ear pieces;

What is not reimbursed?

- Batteries
- Cleaning wipes
- Dry box
- Costs for triage
- Costs for upgrade
- Replacement insurance
- Damage or theft
- Costs of warranty and aftercare
- Remote control and other accessories
- If the hearing loss is less than 35dB

The reimbursement amounts to

The maximum reimbursement via the Wenckebachfonds amounts to €1,000 for employees (everyone who pays contribution) and €500 for retired employees.

Hearing aids not included in Category 5 are also eligible for reimbursement

The reimbursement amounts to:

€850 for current employees;

€500 for retired employees.

Wigs

The standard reimbursement for the first year is 80% of the costs, 60% for the second year and, from the third year onwards, is determined by the Management Board. The benefit will be less any reimbursements from the health insurance (including supplemental), and the mandatory or voluntary excess.

The reimbursement is subject to the following:

- Maximum one wig per year
- Maximum reimbursement €850

Prosthetic bra/swimsuit

The reimbursement amounts to 80% of the costs.

The reimbursement is subject to the following:

- Up to two bras and one swimsuit per year

2.5 Travel, accommodation and parking costs

Parking costs

Parking costs may be reimbursed. The reimbursement amounts to 80% of the costs, up to a maximum of €500, and parking receipts must be submitted.

Travel within the Netherlands

The reimbursement amounts to €0.20 per km or, if a form of transportation other than one's own vehicle is used, a maximum of 80% of the travel costs incurred, for a maximum of seven return trips per week.

What is reimbursed?

- A visit to a family member not living at home based on a medical recommendation up to a maximum of €1,000 per calendar year;
- A visit to a family member staying in a sanatorium, convalescent home, nursing home, children's home or other institution, or staying with a foster family, reimbursement will apply for:

	Current employees	Retired employees
First year	max €1,000 per calendar year	max €500 per calendar year
Second year	max €500 per calendar year	max €250 per calendar year
Third year	max €250 per calendar year	max €100 per calendar year.

- for special education followed by a family member at a location other than the participant's place of residence, based on medical or social advice;
- Travel area <10 km, no reimbursement
- Travel area ≥10 km, eligible for reimbursement

Travel to another country

- For a one-time visit to a seriously ill family member whose death may be imminent. A medical report must be submitted.
- For a visit in connection with the death of a family member. A death certificate must be submitted.
- **Medical emergencies, for which treatment is not possible in the Netherlands,** are eligible for reimbursement if the surgical intervention takes place abroad.
- The reimbursement amounts to no more than 80% of the travel costs incurred for two people; this reimbursement will only be provided once.
- The maximum reimbursement is €1,000 per calendar year

Accommodation costs

Ronald McDonald House

For a required stay in a Ronald McDonald House or similar facility in connection with a hospital stay by a family member, a reimbursement for the accommodation costs can be granted of no more than 80% of the accommodation costs for two family members. The maximum reimbursement is € 500 per calendar year.

Stay in a nursing home, children's home or foster family

For a stay in a facility in connection with the Exceptional Medical Expenses Act (AWBZ) or a care facility, a reimbursement will be provided only if the 'Low' income-dependent patient contribution according to the AWBZ applies. The reimbursement will be provided for no longer than the first six months and amounts to 80 % of the accommodation costs, with a maximum of € 2.500.

2.6 Move for medical and/or exceptional social reasons

In the event of a necessary move based on a medical and/or exceptional social referral, a reimbursement of up to € 2.500 can be provided. The reimbursement will be reduced

by the amount that was or could have been received by virtue of the Exceptional Medical Expenses Act (AWBZ) and/or the Provision for the Disabled Act (WVG) and suchlike. The referral must be issued by a recognised institution.

2.7 Funeral costs for a stillborn child or a child that dies shortly after birth

A reimbursement of 80% of the funeral/cremation costs, up to a maximum of €1,500, can be granted.

2.8 Other forms of assistance and information

For other forms of assistance and additional information, please contact the Accounts Department of the Wenckebachfonds.