

WHO IS RESPONSIBLE FOR THE WORKERS TO BE 'ROBBED' OF THEIR SOCSO BENEFITS?

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On 26 February 2009, it was reported that Human Resource Minister Datuk Dr S Subramaniam said that *"Ignorant doctors have 'robbed' thousands of workers of Social Security Organization - Socso aid and pensions. He went on further to say that in other countries, thousands of workers filed for such claims yearly but here, we receive 300 to 400. Our doctors are unable to link many diseases and health problems to the job"*.

There were many complaints from workers to this statement accusing Socso to be the stumbling block to approval of payments. In response to this, few days latter he went on and said that four out of five applicants for disability pensions from the Socso do not qualify for it. Human Resources Minister Datuk Dr S. Subramaniam in his clarification also said this was because applicants misunderstood the function of the organisation. The issue facing Socso now is that many people apply for disability pension nearing the retirement age of 55 years, as they will not have any income, and use this as a routine pension scheme which it is not. *"The decision to award disability pensions is based on the report of a panel of doctors who examine the applicant, and if the panel found they were qualified due to loss of 60 per cent of bodily functions Socso would award the pension"*, he said after meeting clients at the Socso office here today

These two statements by the minister over a couple of days highlight the uncertainty and confusion that exists among employers, workers, unions, doctors and Socso authorities on the regulations governing the scope of health diseases and payments of compensation to affected workers. It has noted that Malaysian employees take an average of 4.2 days of medical leave in a year, higher than the average in many other countries. Ironically, however, the number of work-related illnesses reported nationwide appears too low for the worker population. Based on statistical analysis and projections, Malaysia should have about 60,000 workers registering occupational illnesses every year, but now, there is only an average 300 to 400 annually. Disappointingly, this is not a new development that has just recently caught the attention of the authorities. This irregularity had in fact been highlighted from as far back as six years ago by then previous minister.

Many companies have selected panel clinics for their employees and this should have provided both the company and the clinic to work together to provide the employees a comprehensive health programme. Unfortunately the companies probably of economic consideration have not often taken this opportunity to bring to notice to the Socso the prevailing situation. Companies at times have even pressurised the doctors in the panel to be extra cautious in their reporting, of high number of occupation-related diseases so as not to jeopardize the panel clinic's position.

It has been highlighted by many on the weaknesses and drawbacks of the current system. Many employers were reluctant to notify Socso of occupational diseases for fear of visits by authorities, closure of operations, stop-work orders and sealing of equipment. Employees themselves do not report such illnesses for fear of dismissal or discrimination by employers.

The Malaysian trade union congress in its statement said that it. It isn't only ignorant doctors who are "robbing" workers of their Social Security Organisation aid and disability pensions. Unions said Socso itself sometimes denied workers' claims by appealing the findings of its medical panels. The union also added that awareness of occupational hazards was "still low"

among the 200 unions under MTUC. *"MTUC runs about six health and safety courses every year. Sadly, only about 160 members turn up."*

The panel of doctors serving the industries is knowledgeable in detecting diseases aggravated or caused by workplace hazards but there seem many limitations and obstacles for the worker to receive his just compensation. It is time all the stakeholders hold a meeting to iron out the differences and make the implementation of the compensation process rightful and efficient.

The Social Security Organization is an organization set up to administer, enforce and implement the Employees' Social Security Act, 1969 and the Employees' Social Security (General) Regulations 1971. The Social Security Organization provides social security protection by social insurance including medical and cash benefits, provision of artificial aids and rehabilitation to employees to reduce the sufferings and to provide financial guarantees and protection to the family. SOCSO is the abbreviation for Social Security Organization. It is commonly known in the Malay term as PERKESO or Pertubuhan Keselamatan Sosial.

An employee employed under a contract of service or apprenticeship and earning a monthly wages of RM3,000 and below must compulsorily register and contribute to SOCSO regardless of the employment status whether it is permanent, temporary or casual in nature. An employee must be registered with the SOCSO irrespective of the age.

SOCSO only covers Malaysian workers and permanent residents. As a result, foreign workers are protected under the Workmen's Compensation Act 1952.

Nevertheless, SOCSO does not cover the following categories of persons :

- A person whose wages exceed RM3,000 a month and has never been covered before.
- Government employees.
- Domestic servants employed to work in a private dwelling house which includes a cook, gardeners, house servants, watchman, washer woman and driver.
- Employees who have attained the age of 55 only for purposes of invalidity but if they continue to work they should be covered under the Employment Injuries Scheme.
- Self-employed persons.
- Foreign workers.

The Social Security Organisation (SOCSO) has two types of social protection schemes – Employment Injury Insurance Scheme and Invalidity Pension Scheme. These schemes are classified into 2 categories :

- First category – Employment Injury Insurance Scheme and Invalidity Pension Scheme. The contribution payment is made by both the employer and employee.
- Second category – Employment Injury Insurance Scheme only. The contribution is paid by the employer only. An employee who is not eligible for coverage under the Invalidity Pension Scheme is protected under this category.

These schemes provide the benefits of invalidity pension, invalidity grant, survivors' pension, rehabilitation, funeral benefit, constant attendance allowance and educational loan.

The Employment Injury Scheme provides coverage for accidents that occur while traveling (commuting accident), arising out of and in the course of employment and occupational diseases.

Doctors will have the last word in deciding whether workers are medically unfit or invalid under the SOCSO scheme.

The process of claiming for temporary disablement benefits, each application presented for the confirmation of work disaster and subsequently the payment of benefits should contain documents that have been completed as follows :

- **Form 21 (Accident Report)**
- **Form 10 (Claim Form)**
- **Doctor's acknowledgment (Form 13) or original Sick Leave Certificate**
- For accidents that occurred during commuting, the following documents should be presented :
 - **Police Report**
 - **Drafted map of the accident location**
 - **Punch card**
 - **Other supporting documents (if requested)**

Step	Work Process
1	SOCSCO accepts the claim application
2	The application is registered through the SOCSCO Automation Imaging Method System
3	The application is checked whether complete or not
4	The request letter to request for supporting document is produced if the application is incomplete
5	The request letter is posted to the employer and the person insured
6	The claim is closed till the supporting documents are received
7	The Investigation Officer carries out the investigation if the information is incomplete
8	Work Disaster Recommendation is done after the document and complete information is received
9	The Approving Officer confirms the work disaster
10	A notice is produced if confirmed it is not a work disaster
11	The claim is closed
12	Check the number of sick leave if confirmed it is a work disaster
13	Confirm work disaster without payment if the sick leave is less than 4 days including the date of accident
14	A work disaster notice without payment is produced
15	A notice is posted to the employer and the person insured
16	The claim is closed
17	The Approving Officer approves the number of sick leaves and the calculation rate if the sick leave is 4 days or more
18	Prepare payment voucher
19	The authorized Officer checks and signs the voucher
20	Prepare the payment cheque
21	The authorized Officer checks and signs the cheque
22	The cheque is posted to the person insured
23	The claim is completed

The process of claiming for permanent disablement benefit, a written application to the SOCSCO/PERKESO office concerned for referral to the Panel of Doctors by enclosing :

- **Medical report from a hospital or clinic that had provided treatment**
- **Form 10 (Claim Form)**
- **Application form**

- Present number and copy of the account passbook of the applicant for direct payment to his savings account (if relevant)

Step	Work Process
1	SOCSCO accepts the claim application
2	Checks the application and registers
3	Runs through the application
4	Checks the salary details and contribution – PKS (F) 1 & Investigation Report – PKS (F) 3
5	If none, takes action & recommends and approves calculation
6	Runs through the documents received
7	Updates the salary and minutes
8	If available, sends a letter informing the date of the Panel Doctor sitting & KIV one day after the date of the Panel Doctor sitting
9	Attends the Panel Doctors' sitting
10	Informs the decision of the Panel Doctors to the insured person
11	Checks and updates the decision of the Panel Doctors
12	If the insured person is not present, sends a letter requesting for a written cause to the insured person
13	Runs through the cause letter produced
14	Claim is closed
15	If no assessment, sends a letter requesting the insured person to present a complete/latest medical report
16	Runs through the letter
17	Posts a letter
18	Closes the application till feedback is received
19	If there is assessment, check the assessment percentage
20	If the assessment is 0%, the claim is closed
21	If the assessment exceeds 0%, check the consent of the person insured
22	If not approved, send an Appeal Form – PKS (P) 12
23	The claim is closed till assessment is received from the Appeal Panel of Doctors
24	Check the payment amount if agreeable with the assessment by the Panel of Doctors

Employment Injury Insurance Scheme

To be eligible for compensation under the Employment Injury Insurance Scheme, the accident which has brought about the amputation must be reported to PERKESO/SOCSCO. The events of accident must also be covered by PERKESO/SOCSCO which means that the accident must either be:

During Travel

- 1) During the journey to and from work.
- 2) To and from eatery to workplace during any authorized recess.
- 3) On a journey made for any reason which is directly connected to his employment.

At Work Place

Accidents occurring while working at the work places which arise out of and in the course of employment.

The insured amputee is eligible for:

- Medical Benefit
- Temporary Disablement Benefit
- Permanent Disablement Benefit

Rehabilitation Benefit

Other general benefits under the Employment Injuries Insurance Scheme are:

Constant Attendance Allowance

Dependent's Benefit

Survivor's Pension

Education Benefit

Medical Benefit

Workers are eligible for medical benefits in which the medical expenses, e.g. treatment, hospitalisation and medications will be borne by PERKESO/SOCSO.

Temporary Disablement Benefit

This benefit is for workers who are still on medical leave.

Procedure:

The insured or anyone acting on his behalf must report the accident verbally or in written form to the _____ employer.

The insured or anyone acting on his behalf will need to lodge a police report and forward a copy of the police report to the employer.

Employer must then hand the documents listed below to the nearest PERKESO/SOCSO branch:

Copy of police report

Laporan Kemalangan (Form 21)

Sketch of the location of the accident

Attendance card

Other related documents

The insured or anyone acting on his behalf must hand the following documents to the nearest PERKESO/SOCSO branch:

Form 10 (Claim form)

Doctor's certification (Form 13) OR Medical Certificate

Permanent Disablement Benefit

This benefit is usually given after the period of medical leave, which signifies that the disability is permanent. This makes the worker eligible for a sum which is calculated based on the percentage of impairment as determined by a group of doctors appointed by PERKESO.

Procedure:

A written application must be sent to the nearest PERKESO/SOCSO branch for reference to the Medical Board or Special Medical Board with the following documents:

Medical report from the hospital or clinic that has rendered treatment

Claim form (Form 10)

Application form

Copy of savings book and account number from a designated bank for purposes of direct payment to savings account

Rehabilitation Benefit

Rehabilitation services, for example, physiotherapy and occupational therapy are provided free to all workers who have permanent impairment. All other necessary aids like wheelchairs and orthosis are also provided free including repair and maintenance.

Application for a prosthesis:

To apply for a prosthesis, a doctor's recommendation is needed by the PERKESO/SOCSO branch where the application is made.

The PERKESO/SOCSO branch will then forward the recommendation for prosthesis to the PERKESO/SOCSO Headquarters which will then assign a prothetist to the worker.

A date and location to see the prosthetist will be fixed and informed to the worker by PERKESO/SOCSO. The worker will then see the prosthetist on the fixed date for prosthesis measurement and later, prosthetic fitting.

All payments for the prosthesis will be fully arranged and paid by PERKESO/SOCSO.

Invalidity Pension Scheme

For a PERKESO contributor who has undergone amputation due to non-work-related causes, e.g. amputation due to diabetic foot or peripheral arterial disease, he or she is not eligible for the Employment Injury Insurance Scheme.

What he or she is eligible for is the Pension Scheme which covers for any impairment due to chronic diseases for example diabetes mellitus, ischaemic heart disease, etc.

The benefits under the Invalidity Pension Scheme are:

Invalidity Pension

Invalidity Grant

Constant Attendance Allowance

Survivor's Pension

Rehabilitation

Education Loan

(Source : PERKESO website – www.perkeso.gov.my)