



I'm ill,

what should I do?

Inability to work due to  
illness or accident



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# Preface

In an effort to ensure its readers remain reliably informed, OGBL has decided to publish this brochure, entitled 'I'm ill, what should I do?' providing workers with comprehensive information on the following subjects:

- › What should I do if I'm unable to work due to illness?
- › What responsibilities do I have towards my employer and the Caisse Nationale de Santé [the Luxembourg Health Fund]?
- › Who is responsible for paying sickness benefit? How much will I receive if I am entitled to it?
- › Am I allowed to leave my home if I am ill? What are my rights and responsibilities in this respect?

We hope you find the answers to all these questions in the following pages.

In order to further defend workers' and pensioners' rights, OGBL demands:

- › a high-quality social policy, a fair and equitable fiscal policy and the indexation of salaries, pensions and other welfare benefits in order to maintain employees' and pensioners' purchasing power;
- › an offensive employment policy and the development of a legislative framework focused on keeping workers in employment;
- › the strengthening of labour law and a better protection of the rights of workers and jobseekers of all ages;
- › the implementation of a policy that ensures access to decent housing at affordable prices;
- › that our social security system be upheld and further strengthened (sickness and maternity insurance, care-insurance and pension insurance).
- › What steps should an employee take if he is unable to work? What requirements must he fulfil?
- › What rights does the employee have while he is unable to work?

## What do I have to do if I am unable to work due to illness or accident?

If an employee is unable to work (initial period of inability to work or extension of initial period of inability to work), the employee, whether a Luxembourg or cross-border resident, must comply both with the requirements of his employer (article L.121-6 of the Labour Code) as well as the requirements of the Luxembourg National Health Fund (CNS)(article 168 et seq. of the CNS statutes). These requirements must be fulfilled whether the employee is in Luxembourg or abroad on sickness or family leave (article L.234-51 of the Labour Code).

### Obligations towards employer(s):

The resident or cross-border employee must follow the procedure below for each declaration of inability to work or extension of initial period of inability to work:

- i. On the first day of absence, the employee must inform the employer(s) or a representative of the employer(s) of his inability to work.

The information may be given to the employer(s) or a representative of the employer(s) by the employee himself or by a third party (e.g., spouse, other family member, friend, etc.). The information may be communicated in writing (e.g., by fax/ mail) or verbally (e.g., by telephone or in person). Note that if the information is provided verbally, it is recommended that this be carried out in the presence of one or more witnesses, especially if the employee has a contentious relationship with his/ her employer.

- ii. On the third day of his absence at the latest, the employee must submit to his employer(s) a medical certificate stating his inability to work and the expected duration of this inability.

The notification period is **3 calendar days** (from Monday to Sunday inclusive, including

holidays). To protect himself against statutory dismissal, even against dismissal for serious misconduct, under the provisions of article L.121-6 of the Labour Code, the employee should not only be able to prove that the certificate was submitted to the employer within the given deadline, but also **be able to prove that the employer received the certificate within the 3 calendar days.**

- iii. In case of urgent hospitalisation, the employee has 8 days in which to submit the medical certificate.

If the employee is dismissed before the submission of the certificate within the 8-day deadline, the dismissal is considered null and void. However, this protection does not apply if the employee's inability to work is the result of a crime or offence deliberately committed by the employee or if the notification, if not the presentation, of the certificate of inability to work, takes place after receipt of the dismissal letter, or, where applicable, after receipt of a letter inviting the employee to a preliminary interview. **Notices of hospitalisation issued by the hospital are not considered to be valid evidence. A certificate of inability to work must be presented.**

**Please note:** However, the employer can request the presentation of a certificate of inability to work certifying the employee's inability to work as of the first day of sick leave.



## Obligations towards CNS

The person declared by his treating doctor to be incapable of work must send the certificate of inability to work to the CNS on the third working day at the latest of the employee's sick. In the event of prolongation of incapacity for work beyond the period initially set, the certificate of incapacity for work must reach the CNS before the expiration of the 2nd working day following that initially planned for the resumption of work. The postmark is valid.

The person must give the CNS the exact address (place, street, number, floor, etc.) where he is living during his sick leave. If this address differs from his normal address, this address must be shown on the certificate of inability to work or, failing that, be communicated by telephone, fax or mail to the CNS.

**Please note:** According to the provisions of the Social Security Code and the statutes of the CNS, the country of residence given for the period of inability to work due to illness or accident may not differ from the country in which the person concerned is domiciled or affiliated without prior authorisation being granted by the CNS.

Note that a medical certificate is not required for the CNS in cases of periods of inability to work of only one or two working days. **However, the employee is not relieved of his obligation to inform the CNS of his incapacity for work (e.g. by telephone or email).**

The CNS only accepts forms for inability to work that have been issued by the doctor. Furthermore, the CNS is only bound by the original of the certificate declaring the inability to work, as well as the date on which the inability to work is to come to an end.

Obviously, the employee deemed incapable of work or any third party may not carry out any addition, text, crossing out, change or supplement to the areas of the form reserved for the use of the doctor, without facing legal, regulatory or statutory penalties as well as the invalidity of the medical certificate.

**Please note:** Any medical certificate with retroactive effect of more than 2 days is only binding for the CNS after the date on which it was created. However, the CNS is able to validate the full or partial period of certified inability to work with retroactive effect.

## Cash sickness benefit

### Who pays cash sickness benefit?

If an employee is incapable of work, he has the right to continue to receive his/ her salary and other benefits resulting from the employment contract from his employer ('continuation of pay' or LFZ= Lohnfortzahlung) for 77 consecutive days of illness and the remainder of the month in which the 77th day falls. This calculation is made on the basis of a reference period of 18 successive calendar months (78 weeks), provided that all periods of incapacity for work have been declared to the CNS.

In principle, provided that incapacity for work has been reported to the CNS, the employer will receive a refund of 80% of the remuneration of the employee deemed incapable of work (occupational diseases, accidents at work or commuting accidents) from the Mutualité (mutual guarantee scheme). During the trial period (**limited to 3 months + the end of the current month**), the Mutualité refunds 100% of the remuneration paid in the event of occupational disease, accident at work or commuting accident to the employer (article 54 of the Social Security Code).

After this period, the CNS covers the payment of cash sickness benefit.

**Exceptions:** If the contract of employment is terminated (e.g. fixed-term work contract, temporary work contract, end of period of notice of termination of employment, etc.), the employer is only obliged to pay until the respective contract was due to expire. In the above case, the entitlement to cash sickness benefit will be honoured by the CNS on condition that the person insured was affiliated for a continuous period of six months before severance of employment and that the condition for the continuation of employment is not adversely affected by a period of interruption of less than eight days. Any extensions are to be declared as well in the forms and deadlines provided for by the CNS statutes.

The right to cash benefit is limited to a total of 78 weeks over a reference period of 104 weeks (article 14 of the Social Security Code).

### What is the value of the salary or benefit in the event of illness?

With regard to the period during which the salary is still paid in the event of illness up to the end of the calendar month in which the 77th day of inability to work falls during a reference period of 18 consecutive calendar months, the employee has the right to the continued payment of his salary and other benefits in kind and in cash arising under his contract of employment, or, failing this, under a collective agreement as if he had continued to work during this period.

The law of April 8, 2018 defined precisely the right to maintain his salary, namely:

*"For an employee who fell ill who had his work schedule at least until the end of the calendar month covering incapacity for work, full salary and other benefits resulting from his employment contract mean the basic salary for the month concerned, increased by all current bonuses and supplements as well as the increases to which the employee would have been entitled if he had worked in accordance with his work schedule scheduled for the period of incapacity for work;*

*For an employee who fell ill who did not have his work schedule at least until the end of the calendar month covering incapacity for work, full salary and other benefits resulting from his employment contract mean the payment of a daily allowance equal to the average daily salary for the 6 months immediately preceding the occurrence of the illness;*

*For employees who are paid for performance or by the task or whose salary is set as a percentage of turnover or subject to pronounced variations, the average salary for the previous 12 months is used as the basis for calculating the daily indemnity to pour.*

- i. *If the employee has been carrying out his professional activity with this employer for less than 6 and 12 months respectively, the reference period for establishing the average is reduced to the period of actual employment.*
- ii. *If the 6 respectively 12 months immediately preceding the occurrence of the illness include periods of leave, sick leave, partial unemployment, unemployment due to bad weather, or accidental or involuntary technical unemployment, these are immunized.*

*The average daily salary is established from the gross monthly salary of the employee. It is obtained by multiplying the gross hourly wage, which is calculated by dividing the gross monthly salary by 173 hours respectively by the number of normal monthly working hours resulting from the applicable collective agreement or employment contract, by the number of hours worked per day. If during the reference period provided for the calculation of the sickness benefit or during the duration of the illness there are definitive increases in salary resulting from the law, the collective agreement or the individual employment contract, they must, for each month, be taken into account when calculating the sickness benefit.*

*For the calculation of the indemnity, no account is taken of non-periodic benefits, bonuses and balance sheet bonuses, incidental costs occasioned by work as well as overtime."*

With regard to the period of illness covered by the CNS, the professional income of the employee corresponds:

- i. to the higher basic pay included in the calculations basis applied during one of the three calendar months prior to the commencement of benefit payments
- ii. as well as to complementary and accessory benefits that are part of the calculations basis of the twelve calendar months preceding the month before the date on which the inability

to work first occurred, provided that they are payable monthly in cash, excluding payment for overtime (articles 10 and 34 of the Social Security Code and articles 178 to 185 of the CNS statutes).

### **The end of the payment of financial compensation and protection against dismissal (article L.126-6 of the Labor Code)**

The right to full maintenance of the salary and other benefits resulting from the employment contract ceases for the employee in the event of a refusal decision issued by the CNS (article 47, paragraph 2 of the Social Security Code). This decision is binding on the employer.

The period of prohibition of notification of the termination of the employment contract or of convening to the prior interview ceases at the expiration of the appeal period of 40 days running from the notification of the decision of the CNS to the insured.

The CNS informs the employer in the event of an appeal by the employee against the decision, in which case the period of prohibition of notification of the termination of the employment contract or convening to the prior interview is maintained.

The right to the full maintenance of the salary and other benefits resulting from the employment contract is reinstated in the event of revision of the aforementioned refusal decision terminating the right, the employer being informed by the CNS.

The employer informed or in possession of the medical certificate is therefore not authorized, even for serious reasons, to notify the employee of the termination of his employment contract, or, if necessary, the summons to the prior interview for a period no more than 26 weeks from the day of incapacity for work.

The termination of the employment contract will therefore be abusive except

- i. if incapacity for work is the consequence of a crime or an offense in which the employee participated voluntarily;
- ii. if the warning to the employer of the incapacity for work otherwise the presentation of the certificate of incapacity for work is made after receipt of the letter of termination of the contract or, if applicable, after receipt of the letter of invitation to prior interview.

Legal action for compensation for the improper termination of the employment contract must be brought before the labor court, under penalty of foreclosure, within 3 months from the notification of the dismissal or its reasons. This period is validly interrupted in the event of a written complaint made to the employer by the employee, his representative or his union organization. This claim runs, under penalty of foreclosure, a new period of one year.

### **Automatic termination of the employment contract (article L.125-2 to L.125-4 of the Labor Code)**

Among other things, the employment contract automatically ceases on the day the employee's rights to the cash sickness benefit granted to him are exhausted in accordance with article 9, paragraph 1 of the Social Security Code.

The right to cash sickness benefit is limited to a total of 78 weeks for a reference period of 104 weeks. To this end, all periods of personal incapacity for work due to illness, occupational disease or work accident, taken into account during the reference period which ends on the eve of a new incapacity of work period, are taken into account.



## Regulations regarding trips made by the sick person (articles 199 to 214 of the CNS statutes)

In principle, the person deemed incapable of work is able to leave his home for essential trips to attend social security medical controls or to visit the treating doctor or any other care provider, provided that the person concerned can provide justification for these trips if requested to do so.

### Aside from the aforementioned principle, when is it possible to go out during the period of inability to work?

During the period of inability to work, **no outside trips are permitted during the first 5 days of inability to work, despite any indication to the contrary in the medical certificate of inability to work.** After the sixth day of inability to work (for outside trips not contraindicated by the doctor), outside trips are authorised between 10am and 12am and between 2pm and 6pm, despite any indication to the contrary in the medical certificate of inability to work.

The time restrictions for outside trips do not apply to people who are on maternity leave, adoption leave, leave for pregnant women, leave for family reasons, or end-of-life support leave, or to people who have been granted part-time leave for health reasons.

If the inability to work extends for longer than a period of six consecutive weeks, the CNS may grant exemption, commencing on the 43rd day and on written request of the person deemed incapable of work, from one or more of the restrictions on outside trips provided for in the statutes of the CNS.

### What about the right to go abroad during incapacity for work?

Unless a specific authorization has been previ-

ously granted in accordance with the provisions of article 16 par. 1 under 3) of the Social Security Code and the CNS statutes, the country of stay indicated on the certificate of incapacity for work may not be different from that of where the person concerned is domiciled or affiliated. This principle does not apply in the event that incapacity for work occurs during a stay in a country different from that where the person concerned is domiciled or affiliated.

This prior authorization from the CNS is required for any stay in a country other than that where the person concerned is domiciled or affiliated during a period of incapacity for work. The authorization, based on a detailed opinion from the treating physician, may not exceed one working week in the cases exhaustively set out in article 203 of the CNS statutes, namely:

- i. establishment of a consolidated illness within the framework of an invalidity procedure;
- ii. death occurred abroad of a 1st degree relative or ally or of the partner;
- iii. birth abroad of a child of the person unable to work.

In the cases under ii. and iii., the authorization can only be requested and granted at the time of the effect of the event, the death and birth certificates being authentic.

By way of derogation from the above,

- i. prior authorization for a specific period is granted by the CNS on detailed and concordant opinions from the treating physician and the Social Security Medical Control (CMSS) in cases of serious pathology or illness.
- ii. the prior authorization of the CNS is deemed to have been acquired if the stay abroad of the person unable to work is limited to the neighboring region and meets the following conditions:

- a. organization of administrative control;
  - b. organization of medical control;
  - c. monitoring medical treatment in the country of residence or in the competent country, without issuing the "S2" document, provided for by European regulations.
- iii. the person for whom a right to palliative care is open, is authorized to stay in a country different from that where he is domiciled or affiliated during a period of incapacity for work. The authorization is granted by the CNS for the duration of the right to palliative care on the basis of a written request addressed to it beforehand.

### **Restrictions/prohibitions during the period of inability to work (article 198 of the CNS statutes)**

During the entire period of inability to work, under penalty of a fine, the employee is not permitted to:

- i. carry out any activity that is incompatible with his state of health;
- ii. visit licensed premises or eating establishments, except for the purpose of eating a meal, as of the first day of the inability of work unless advance notification has been provided to the CNS by telephone, fax or mail. However, this provision does not apply to people who are resident in an institution;
- iii. participate in sports activities (unless advised to do so for medical reasons).

### **Administrative controls by the CNS**

As a general rule, the relevant staff of the CNS are able to control people that that have been written off sick every time they are informed that an insured person is absent from work due to illness or accident. The person who is incapable of work,

whether a resident or a non-resident, may have to undergo an administrative control by the CNS as of the first day of his inability to work whether or not this is confirmed by a medical certificate. The administrative control may be carried out outside the Luxembourg border.

An administrative control may be performed upon the duly substantiated written request of the employer (article 208 of the CNS statutes).

The administrative control is carried out by certified inspectors appointed by the CNS. Inspectors carry an accreditation card.

The control may take place at the invalid's home or at the address given as his residence between 8am and 9pm. There is no time restriction if the control is carried out in a public place or where the person deemed incapable of work is receiving care. Inspectors are authorized to carry out more than one control per day. The person deemed incapable of work is obliged to avoid any situations that would prevent the inspector making personal contact with him (e.g. doorbell not functioning properly).

Upon the request of the inspector, the person deemed incapable of work is obliged to show the inspector an official piece of identification containing a photograph. A record is to be produced at the time of the administrative control (reporting presence or infringement).

If there is no one present, the inspector leaves a notice of attendance at the place where the control takes place. This is left, wherever possible, in a letter box. The person deemed incapable of work must justify his absence within 3 working days from the date of the control.

In addition, employers are kept informed of the result of controls to establish any violation of the statutes. However, the result is only sent after the expiration of the time period during which the insured person is able to justify his absence.



The President of the CNS or his deputy is able to deliver penalties in the form of fines by applying article 16, paragraph 2 of the Social Security Code to anyone found violating these statutes.

The fine may not be higher than 3/30 of the basic salary that forms the contributory base for cash sickness benefits.

The decisions on penalties imposed are subject to the objection and appeal procedures provided for in the Social Security Code. The Comité Directeur is competent to settle any objections. The Comité Directeur can grant discharge from the fine. The Social Security Arbitration Board takes the final decision up to the value of one thousand two hundred and fifty euros and to the level of the appeal cost, if the disputed value exceeds this sum. The appeal is taken to the Social Security High Council.

The CNS may proceed to offset the fine with the future reimbursement of benefits in kind, direct payment of the cash benefit to the same insured person or, pursuant to article 441 of the Social Security Code, a debt held by the insured person against another social security institution.

### **Control by the Social Security Medical Inspectorate (CMSS)**

In addition to the administrative control, people who are unable to work can also undergo a medical control by a CMSS medical consultant. The CMSS has a mission of evaluation, authorization, advice and control among others in the context of work incapacities compensated under article L.121-6 of the Labor Code during the period of suspension of the sickness cash benefit, namely during the period of full salary maintenance and other benefits resulting from the employer's employment contract (LFZ). Consequently, the CMSS can carry out a medical check-up if necessary from the 1st day of incapacity for work.

Upon convocation by the CNS, the CMSS medical adviser performs the medical examination and issues an opinion expressing the work capacity of the person concerned. In the event of a negative opinion, the CNS notifies a decision informing the insured person of the date on which entitlement to pecuniary benefits ends. Decisions relating to the sanctions imposed are subject to the means of opposition and appeal provided for in the Social Security Code.

The statutes list the different scenarios that may be subject to an automatic control.

**For example:** People who present a medical certificate created by a doctor who issues medical certificates more frequently than the reasonable rate defined in the agreement of the Union of Health Insurance Funds (UCM) with the Association of Doctors and Dentists (AMMD), or by a doctor who has undergone disciplinary action, may be subject to an automatic control.

### **Medical counter-examination by a specific doctor on the request of the employer**

If the employer has doubts as to the reality of the employee's illness or considers that he is in the presence of a certificate of convenience, the employer is entitled to ask his employee to undergo a cross-examination with a doctor of his choice. The employee cannot refuse without valid reasons. According to the case law, the employee who does not submit to this counter-visit without providing a valid justification to his employer, commits a serious fault. Consequently, he is no longer under the protection against dismissal provided for in article L.121-6 of the Labor Code.

However, if the employee submits to this medical examination, the certificate drawn up by the doctor of the employer's choice does not take precedence over the certificate produced by the employee. Therefore, he cannot alone invalidate the certificate issued by the employee's treating physician. The employer must seek the advice of a

third doctor to decide between the other two (Court of Appeal, July 13, 2006, no. 30360 of the roll).

However, in a judgment of July 15, 2014 (no. 39910 of the roll), the Court of Appeal held that if the employee's incapacity for work established by his attending physician is confirmed by the CMSS medical adviser, it cannot be contradicted by other medical counter-examinations at the request of the employer, even if the employer was not aware of it.

The law of August 7, 2015 confirmed this pre-eminence of the opinion of the Social Security Medical Control over any other doctor.

## Gradual return to work for therapeutic reasons (RPTRT)

Since January 1, 2019, half-time therapeutic leave has been replaced by gradual resumption of work for therapeutic reasons (articles 9, 14 paragraph 1 and 14bis of the Social Security Code as well as the provisions of the CNS statutes between others articles 169 and 173). Insured persons/employees who wish to benefit from the new RPTRT system are obliged to submit a request to the CNS accompanied by a certificate of incapacity for work covering the period of incapacity at 100%. The form is available on the CNS website.

### Conditions for granting

Gradual resumption of work for therapeutic reasons is only possible under certain conditions:

- i. that the request (appendix F of the CNS statutes) was made by the insured, on the basis of a medical certificate from his attending physician attesting that the work carried out is recognized as being likely to promote the improvement of state of health of the insured
- ii. the insured person has been incapacitated for work for at least one month out of the three months preceding his request

- iii. that the employer has given his agreement
- iv. that the CNS has given its prior agreement, on the basis of a reasoned opinion from the Medical Control of Social Security.

### The steps to be taken by the insured/employee

The certificate (form) duly completed by the attending physician and the insured must first be given to the employer.

If the employer agrees in writing to the said certificate as to the principle of gradual resumption of work for therapeutic reasons (RPTRT), the latter must then be sent to the CNS Department for cash benefits, L2979 Luxembourg.

Second, the CNS will seek the opinion of the Social Security Medical Control. The agreement or disagreement regarding the granting of the RPTRT will be sent by decision as soon as possible to the insured and his employer.

**Please note:** The gradual return to work can only start after receipt of the written agreement from the CNS.

### During the period of gradual return to work for therapeutic reasons

The insured person is considered to be totally unable to work and must produce a medical certificate of 100% incapacity for work, covering the period of the measure continuously and without interruption.

Any interruption of incapacity for work, such as taking statutory leave, puts an end to the RPTRT measure.

The RPTRT is done according to the state of



health of the insured/employee, so in order to promote the improvement of the state of health of the latter. Example: if one day the insured/employee does not feel well in performing his work, he is fully entitled to return/stay at home.

The period of the RPTRT is taken over 100% in the cumulative periods of incapacity for work to determine the expiry of the end of entitlement to pecuniary benefits (78 weeks over a period of 104 weeks), because the insured/employee concerned is 100% compensated, either by the CNS or by the employer (article L.121-6 of the Labor Code).

The provisions of articles 199 and 200 of the CNS statutes (cf. C) Regulations regarding trips made by the sick person) do not apply to people who are unable to work and who are gradually resumed work for therapeutic reasons under the article 14bis of the Social Security Code has been granted.

## **In the event of long-term incapacity for work**

In the event that the employee is unable to work for a long period of time, the CMSS is mandated by the CNS for assessing the state of health with a view to the continued payment of cash sickness benefits. The assessment of the state of health of the incapable person is made either on the basis of the medical file available (detailed medical report - form R4 - duly completed by the attending physician) or on the basis of a medical examination.

The cash benefits are awarded as long as the inability to work continues subject to assessment by the CMSS. The right to cash benefit is restricted to a total of 78 weeks over a reference period of 104 weeks for any type of inability, regardless of whether the periods of inability to work have been interrupted by a return to work or not. (Also see B) Cash sickness benefit)



The detailed medical report allows the CMSS to analyze in advance the medical situation of an employee on long-term sick and to direct him to the appropriate support system. For example: For example: to the CNAP (National Insurance Pension Fund) to request a potential disability pension, to the Joint Works Committee for potential professional redeployment, to the AAA (Accident Insurance Association) in the case of an accident at work, commuting accident or occupational disease.

The CMSS may summon the employee to a medical examination or make a ruling directly on the file. If the employee refuses to undergo, without a valid reason and within the timescale imposed, a medical examination by the CMSS medical officer, the CNS will decide whether to refuse payment of cash sickness benefit.

**Various options are possible:**

1. Either the CMSS decides that the inability to work is still justified. If appropriate, the CMSS can authorize the continuation of the

inability to work cash benefit payments. The CMSS will then re-evaluate the employee's situation by inviting him to subsequent medical examinations.

2. Or, the CMSS records a general inability to work in the employment market. The employee is then considered totally disabled if he has suffered a loss of his employment abilities to the extent that he cannot carry out his profession or any other occupation matching his strengths and abilities. In this case, he can then request a disability pension. In this case, the employee can request a disability pension from the National Pension Insurance Fund (CNAP).

If the National Insurance Pension Fund (CNAP) refuses to grant a disability pension, the insured person can, if required, submit an objection within 40 days from the date of the notification of the decision. The CNAP Comité Directeur is competent to settle any objections. The employee also has the right to

appeal in ordinary law to the Arbitration Board and the High Council of the Social Security as provided for by the Social Security Code.

3. Or the CMSS notes an incapacity to execute the tasks corresponding to the last work station. The employee can, under certain conditions, then benefit from professional redeployment measures (external or internal to the company) in order to promote long-term professional reintegration.

Since January 1, 2016, the occupational physician may, under certain conditions, also refer the matter to the joint committee for internal professional reclassification.

4. Or, the CMSS records an inability to perform the employee's previous job. The employee can then receive professional redeployment measures (within or outside the company) in order to support his long-term professional reintegration.

**Please note:** Certificates of incapacity for work established during the following 12 weeks will not give rise to payment of cash sickness benefits unless they relate to a new medical fact, justified in detail by the employee's treating physician and accepted as such by the CMSS.

Against the decision to withdraw the cash sickness benefit taken by the CNS, the employee may file an opposition with the chairman of the Board of Directors within 40 days from the date of notification of the decision.

The Board of Directors is empowered to settle objections. In addition, the employee has the means of appeal under ordinary law before the Arbitration Council and the Higher Social Security Council provided for by the Social Security Code.



***If you have any further questions or special problems, we would be happy to advise you. Please use our contact form at: [contact.ogbl.lu](https://contact.ogbl.lu)***

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