



Minutes of the ANARCP Annual General Assembly Friday 28 April 2023 at SHAPE

1 Opening Remarks (Chair)

Hessel welcomed the participants to the first ANARCP Annual General Assembly (AGA) to be held since 2019 which had been chaired by Peter Ludford.

Many changes have happened since 2019.

The decoupling of pensions from active staff salaries has been completed. This implies a breaking of the contract linking retirees to NATO. In the opinion of the Administrative Tribunal, retirees no longer have a contract with NATO at the moment of retiring. If we have no contract, what rights do we have, and does the CPR (Civilian Personnel Regulations) still apply to us?

The decoupling means that pensions are now incremented according to inflation instead of being linked to the active staff salaries. This has different results in different countries. For some it has been, so far, an improvement. For others, a disadvantage.

The Defined Contribution Pension System (DCPS), introduced in 2005, has been a concern. Despite its name, it is not a pension. Money can be withdrawn from the DCPS lump sum to buy housing. But there are taxation consequences. In Germany the lump sum is considered taxable. Two German DCPS retirees have challenged this through the Administrative Tribunal (AT). The AT has responded that it is not competent for this and it is for the German Authorities to decide.

DCPS means that there is little reason for new retirees to join ANARCP or other pensioner associations, unless they have Allianz cover. This could cause a decline in ANARCP membership.

It is important that the active staff of an organisation such as NATO should have a proper pension, and it is shameful that NATO cannot provide it.

Work is being carried out, at the Joint Consultative Board (JCB) level, on a proposal to create a new pension system. But currently the nations do not want it. The current system is cheaper for them.

The status of National Representatives (NATREPs) is changing. Three years ago it was decided to move them to the level of the Confederation. We are now reinstating them at the level of the association. The ANARCP Constitution and Bye-Laws have been modified accordingly. These new documents will be put to the AGA for approval.

We have elected two new EXCOM members. Jean Vanderwal and Marco Controtti. Jean has held various roles within the ANARCP EXCOM. Marco before retiring in 2022 chaired the SHAPE Civilian Staff Association (SCSA).

2 Address by our Patron - DCOS Support Major General Roca

We are at a key historical moment. The Russian aggression forced NATO to respond. We are at a point of fundamental change to the NATO security stance which could last decades.

NATO is in a strong position, protecting about a billion citizens. NATO nations share the same values.

Being in difficult times can encourage us to do better.

The pensioner's association is an example of how we organise in western countries. The General congratulated all members and thanked them for their service.

3 Presentation by Chief of Civilian Personnel - Wouter Benoit

Wouter described the Civilian Branch Human Resources (HR) organisational structure, ongoing projects, and the HR strategy.

There have been many changes:

- Including some flexibility to enable remote working.
- Tax exemption for temporary staff.
- A well being survey in 2022 to prevent harassment, zero tolerance to lack of respect of staff.
- Civilian personnel is working on the DCPS with the active staff and retiree representations.
- The recruitment strategy focuses on attracting the best candidates for NATO jobs, giving them the right tools, developing and retaining talent.

4 Presentation by SCSA Vice-Chair – André Terrasse

André Terrasse, current Vice-Chair of the SHAPE Civilian Staff Association (SCSA), gave a presentation from the perspective of the active staff.

He described recent developments:

- NATO had to adapt to the covid crisis.

- Teleworking has become a regular way of working.
- The geo-strategic environment has changed since 2022, with the events in Ukraine.
- The demand for expertise and CIS services has substantially increased.

The real estate in SHAPE is increasingly congested. There are new constructions planned for SHAPE and the NCI Agency in Mons and an interim solution for the NCI Agency has been leased in Braine l'Alleud. A new building is now also in use for the NCI Agency in The Hague.

The Confederation of NATO Civilian Staff Committees (CNCSC) DCPS Working Group is advocating the replacement of the DCPS with a new pension system. A NATO wide petition has been signed by 70% to 80% of NATO civilian staff.

5 ANARCP Structure – Huub Simons

Huub described how ANARCP fits in with the other pensioner Associations and the Confederation of NATO Retired Civilian Staff Associations (CNRCSA). He explained the composition and roles of the ANARCP EXCOM, the CNRCSA EXCOM, the CNRCSA Bureau, and the ANARCP NATREPs. He listed the numbers of ANARCP members as of end 2022 in the different countries.

6 Allianz Care Presentation- Doctor Bojan Popadic, Elke De Cauwer

Bojan described the team dedicated to serving NATO. It includes 33 Care Advisors, 5 Medical Advisors, 46 Claims Officers and two Network Provider Managers. In particular the two Network Providers negotiate deals with hospitals and other health providers. This is to ensure cost containment which is a major goal.

There has been a big increase in the numbers of calls and email claims that Allianz receive. In 2022, about 260,000 claims were processed, consisting of more than 600,000 invoices, while over 18,000 calls and 35,000 emails were handled.

Almost all claims (99%) were processed within three days as per the Service Level Agreement (SLA). However, this does not include the payment as there can be bank transfer delays. Of these claims only 0.4% needed a correction of which 0.19% were caused by an Allianz error.

Elke continued the presentation.

She described the new medical plan. The new medical plan was demanded by NATO.

NATO has about 26,000 policy holders with Allianz cover. All policy holders have a Base Cover and as of 1 January 2023 about 11,000 members have taken an Affinity Cover.

Elke described a number of Allianz's online Global Telehealth Services. These include a Digital Checkup, a wellness coaching app, a mind coaching app, the Employee Assistance Program, and Travel Security Services. All are accessible through the Health and Wellness hub part of the Allianz website.

The Health and Wellness Hub provides access to chat or video consultations. Advice given is free and they can prescribe medication.

Finally they reminded us of their new address:

Allianz Care
 Boulevard du Roi Albert II 32
 1000 Brussels

Allianz Care have communicated new group email addresses to be used when contacting them (they were given to us after the assembly meeting, but we include them here).

Current email address	New email address	When to use
<u>unitymedical@allianzworldwidecare.com</u>	<u>unitymedical@e.allianz.com</u>	To be used for prior approval requests, or a request for a guarantee of payment
<u>unityhelpline@allianzworldwidecare.com</u>	<u>unityhelpline@e.allianz.com</u>	To be used when you have a general query, a cover or reimbursement query, or in case of any concern, doubt or complaint.
<u>unityservices@allianzworldwidecare.com</u>	<u>unityservices@e.allianz.com</u>	To be used when updates are required to your personal data (e.g. change of address), when you need an insurance certificate or an insurance card.
<u>unityinvoices@allianzworldwidecare.com</u>	<u>unityinvoices@e.allianz.com</u>	Not relevant for NATO members.

Questions:

Question from Falko Bülling: is the professional advice offered limited to certain languages?
 The answer is that at this stage it is.

Question from David Woodcock: Are the base ceilings per family or per person? Answer: per member.

Isabelle Tezcan: when claims are sent in by email, there is no automatic response. Answer: this is a known issue that affects some members. Allianz does not know the cause yet and is working on it.

Questions from Fabrizio Podrecca: when claims are sent by email, the original documents sometimes cannot be seen in the MyHealth app. Answer: Allianz is working to resolve this.

Also, when claiming through the online interface, members are asked to say for what condition they are seeking treatment. What if the member does not want to say? Answer: NATO mandates the member to state why he is seeking treatment. However, in practice, this field can be filled with some limited generic information.

Question from David Woodcock: when invoices go straight from the treatment provider to Allianz, members are asked if they agree with the treatment provided. But they do not know what treatment was specified on the invoice. Also, sometimes extra payment is required from the member (e.g. top up of 10%). Response: member should contact the treatment provider and/or the Allianz help desk.

Question from Gert Thorsen: Danish members have to pay a bank fee for claims. Answer: this is due to currency conversion by the bank which neither NATO nor Allianz can control. Allianz does pay any bank fees up front. Allianz will investigate this issue further.

Questions from members relayed by Huub Simons:

When a member has a life condition, he is asked to provide a new prescription at certain intervals. This is costly as it requires a visit to a general practitioner or a specialist. Answer: if a member has a life condition, they will be seeing the doctors fairly regularly and should ask for a prescription when seeing the doctor. For certain health related devices, Allianz needs to know why a new device is needed. For example if a member asks for a new wheelchair two years after having bought one.

There are serious delays with postal claims. This needs to be improved. Answer: this is mainly caused by postal service in Ireland. Postal mail in Ireland is often delayed and then arrives at Allianz in large batches which take time to process. Also, during covid, Bpost was relying on external mail delivery services that were not always reliable.

Nina Karcher Samuel was also present and responded to specific individual questions from various members during one-on-one sessions.

7 Presentation on Health Insurance – Huub Simons

Huub heads the CNRCSA Health Insurance Working Group (HIWG).

He provided a summary of the New NATO Medical Plan that has been activated on 1 January 2023 and its impact.

He described the ANARCP's position on the New Medical Plan and our ongoing appeals.

He also described the work that is being done at the level of the HIWG to improve the New Medical Plan.

He also spoke about status and future of the Retired Medical Claim Fund (RMCF).

Finally, Huub presented the Allianz claims experience and a number of questions to Allianz. There are delays in getting reimbursed, especially when submitting claims by post. Hospitals sometimes complain of late payments from Allianz. Prior approval for treatment sometimes takes too long. The new AETNA insurance cards used in USA were distributed too late. There can be issues accessing a partner's claim details. Some members had trouble purchasing Affinity Cover.

Cem Demiray raised the point that the ISRP modelling of the RMCF future assumed a rise in the number of pensioners, whereas we think the numbers will stay roughly the same.

Isabelle Tezcan asked if we could find out the numbers of people who have signed up to the new Affinity Products in various countries. The response was: at this point a total of 10,000 staff and pensioners would have taken up Affinity products including 2,000 pensioners. However, these numbers were given informally and are not official. We will try to find out the official numbers.

8 Tax Issues

Pensioners are experiencing tax issues in several countries.

Belgium

Gérard Malet explained that for some pensioners in Belgium the health insurance premiums are no longer exempt from taxation in Belgium. This so far affects some members only, especially in the Brussels area. The issue has been raised to the JCB and the Executive Management. NATO is discussing this at high level with the Belgian tax authorities. Belgium claims that our health insurance is a private insurance, which is voluntary and taxable. We are told these discussions are happening in a constructive atmosphere.

Luxemburg

Gérard Malet:

There is a ceiling limiting tax exemption. Since the change to health insurance in 2016 introducing payment by pensioners of an insurance premium, this ceiling has been broken, and pensioners are paying tax on these insurance premiums. Discussions with the Luxemburg authorities are ongoing.

France

Bob Goyens:

Since 2022, around 40 people from the various coordinated organisations, especially in the Strasbourg area, are being asked to pay the Contribution Sociale Générale which was introduced in the 1990s by the French Government to add funds to its social security.

This issue was not raised to France officially to avoid penalizing the other pensioners who could potentially be subject to this rule. Other organisations have raised the issue. We are waiting for the result.

Graham Robertson, our NATREP for France, stated that he asked our French members about this. None of them are affected at this point.

The Netherlands

Hessel:

We have been talking to the Dutch authorities since 2006 (with starts and stops) regarding some complex taxation issues affecting our Dutch members.

Italy

NATREP ITA has raised question concerning the taxation of their members' pensions. A portion (one third) of the pensions come from contributions from our net income, and therefore should not be taxed. This issue will be handled at AAPOCAD level.

9 Report on the Confederation of NATO Retired Civilian Staff Associations - Jonathan Parish

Jonathan said he was happy to be back at SHAPE, having worked there previously.

He explained that the role of CNRCSA is to handle issues that affect more than one pensioner association, that CNRCSA is a forum where matters of interest to NATO pensioners can be discussed. CNRCSA provides advice. CNRCSA represents NATO pensioners at the JCB and other joint committees, the RMCF Committee, the DCPS Management Board, and the CNCSC.

The CNRCSA Executive Committee (EXCOM) is made of four members of each of the four NATO pensioners associations i.e. 16 members altogether. The CNRCSA EXCOM meets twice a year. Other meetings can be arranged if necessary. There is a CNRCSA Bureau made of four members elected by the CNRCSA EXCOM and also includes the four chairpersons of the four

Associations.

The CNRCSA has raised our concerns regarding the new NATO medical plan. Now it is in place, most CNRCSA members are happy with it. The focus now is to monitor performance and discuss further improvements. Cost containment is an important aspect that can be achieved by all by selecting lower cost treatment providers and to ensure that claims are first processed by any other health insurance provider and to claim reimbursement from them first, before going to Allianz.

Regarding the decoupling of pensions, members in different countries were affected differently. Some had negative adjustments, but this was to correct previous adjustments that were too high.

Regarding DCPS, the NATO Financial Controller, in an address to the nations, stated that it was not fit for purpose.

Regarding the CNRCSA website, the NATO Office of Security raised security concerns and the website was closed down. Also, NATO is developing its own General Data Protection Regulation (GDPR) and the CNRCSA website would have to comply.

Jonathan asked for volunteers to help maintain the website.

Finally Jonathan spoke about our relations with the active staff, stating that they are excellent and that we agree on most issues, the exception being the RMCF financing, where the active staff promote a higher contribution from retired staff.

Questions:

Falko Bülling: What updates are there to the serious illness cover issue? Answer: it must be followed up. We will provide our own solution proposals, coordinate them with the active staff, rather than wait for NATO IS. There are cost implications and we might have to pay more.

Graham Robertson: raised concern about the maintenance by volunteers. Answer: Commercial maintenance is expensive.

10 ANARCP Chair Report – Hessel Rutten

CNRCSA has asked for an increase of the financial contribution of ANARCP to the CNRCSA from 2 euro per member to 3 euro per member, essentially to develop and maintain the CNRCSA website. Our proposed response is to give provisional approval pending proof that it is financially viable and that the website will be value for money.

This proposal was approved by the General Assembly and it was agreed that the ANARCP

EXCOM could discuss this further with the CNRCSA.

11 Treasurer Report – Jean Vanderwal

Jean Vanderwal presented the 2022 Treasurer’s Report as well as the Budget for 2023, so far.

Our financial situation is “very stable and safe”. This is partly due to covid, as we did not have to pay for travel or meetings in the last three years.

The 2022 report has been audited and was agreed by the auditors.

Regarding the increase of the contribution to the CNRCSA from 2 euro to 3 euro to finance the CNRCSA website, another option would be for the CNRCSA to go to the NATO IS for funding as the CNRCSA is an official entity. This will be discussed with the CNRCSA.

12 Constitution and Bye-Laws

The Constitution and Bye-Laws were modified to allow for retirees from US commands to join, to improve the election process, and to reintroduce national chapters and national representatives (NATREPs).

The new Constitution and Bye-Laws were approved by the General Assembly. The new Constitution will be submitted to SACEUR for his approval before becoming effective. After approval, the final version will be shared with the ANARCP members.

13 Any Other Business

None.

14 Next Meetings

No specific date was proposed, but we will try to have the meeting in May next year, as was traditional before covid.

Hessel declared the AGA finished.

Else-Marie Amundsen thanked us for organising the AGA.

Marc Stevenson
ANARCP Secretary
2023.04.29

Annexes:

- A. List of Attendees
- B. Presentation by Chief of Civilian Personnel - Wouter Benoit
- C. Presentation by SCSA Chair – André Terrasse
- D. ANARCP Structure – Huub Simons
- E. Allianz Care Presentation- Doctor Bojan Popadic, Elke De Cauwer
- F. Presentation on Health Insurance – Huub Simons
- G. Report on the CNRCSA - Jonathan Parish
- H. Treasurer Report 2022 - Jean Vanderwal
- I. Budget 2023 - Jean Vanderwal
- J. NATREP Reports

Attendees

Acar, Süleyman - EXCOM Member and NATREP TUR	Joergensen, Hans
Amundsen, Else-Marie	Karcher Samuel, Nina - Allianz
Arzeni, Vincenzo - NATREP ITA	Laitem, Claude
Benoit, Wouter - SHAPE Civ HR Manager	Lefebvre, Alain
Bülling, Falko	Leroy, Véronique
Burny, Philippe	Maas, Herman
Controtti, Marco - EXCOM Member	Maes, Marilène
De Cauwer, Ellen - Allianz	Maggi, Arnaldo
De Cock, Marie-José	Maggi, Monique
De Vries, Victor	Malet, Gérard - ARO Chair
Delor, Jean - Deputy NATREP BEL	Marsh-Verle, Raymonde (Mony)
Demiray, Cem	Minet, Michel
Derede, Nadine	O'Brien, Sigi
Diers, Ailsa	Parish, Jonathan - CNRCSA Chair
Diers, Juergen	Penninckx, Roland
Duvivier, Rose-Marie	Popadic, Bojan - Allianz
Flabat, Roland	Rigas, Konstantinos
Fusshoeller, Robert	Riis, Soren
Goyens, Robert - AROF Chair and CNRCSA Secretary	Robertson, Graham - NATREP FRA
Güçer, Yigit - Deputy NATREP TUR	Roca, Raimundo - Deputy Chief of Staff Support Directorate
Gungor, Ismet	Russel, Ranger
Hermant, Christiane	Rutten, Robert Hessel - EXCOM Chair
Hermant, Jean-Luc	Sabbe, Jean-Paul
Hesse, Nils	Sabbe Maquestiau, Chantal
Hesse, Vendela	Sanders, Yves - NATREP BEL

Simons, Huub - EXCOM Vice Chair and NATREP
NLD

Huey, Alan

Sindoni, Don

Smits, Gwen

Smits, Jacobus

Soltész, Jozsef

Stelandre, Annie

Stevenson, Marc - EXCOM Secretary

Terrasse, André - SCSA Vice Chair

Tezcan, Isabelle

Thorsen, Gert - NATREP DNK

Van 't Wout Von Staden, Wilhelmina

Van Linden, Joëlle



Vanderwal, Jean - EXCOM Treasurer

Woodcock, David - Deputy NATREP GBR

Woodcock, Sylvia Helen

Zanasi, Graziella

Presentation by Chief of Civilian Personnel - Wouter Benoit



Presentation to the

ANARCP



AGA

Wouter BENOIT
SHAPE Civilian Human Resources Manager

SHAPE J1 CIV: ANARCP April 2023

NATO UNCLASSIFIED

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Agenda

- Curriculum Vitae CHRM
- Civilian Personnel Branch
- Ongoing projects
 - TEMPORARY STAFF
 - LWR
 - ACTION PLAN (Well-being Survey)
 - NATO 2030
 - NATO-WIDE HUMAN RESOURCES STRATEGY

SHAPE J1 PER: ANARCP May 2018

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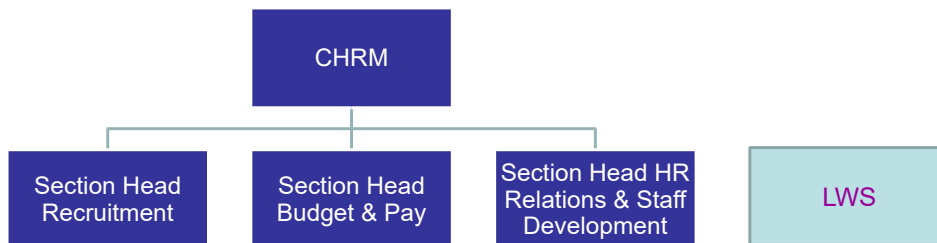
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Curriculum Vitae CHRM



- Experience
 - Jan 23-now: Branch Head SHAPE Civilian Personnel SHAPE
 - Dec 18-Dec 22: Branch Head HR & Infrastructure CMRE
 - Feb 13-Nov 18: HR Director Ghistelincq Belgium & France
 - Apr 12- Jan 13: Hr Business Partner ManpowerGroup, Brussels
 - May 09-Nov 11: Director of Personnel & Organisation OCMW Roeselare
 - Sep 07-Apr 09: Managing Consultant WFCC
 - Feb 05-Sep 07: Senior Consultant Hudson
 - Apr 04-Dec 17: Self Employed
 - Feb 00-Feb 05: Consultant WIVO
 - Sep 92-Feb 00: Belgian Logistics Officer
- Education
 - 1988-1992: Royal Military Academy – Master in social and military science
 - 2003-2007: Korzybski Institute – Solution focused and systemic therapy & coaching
 - 2001-2002: School for NLP – Master-Practitioner Neuro-Linguistic Programming
 - 1992-1994: EHSAL - Master in Industrial Management
 - 1985-1988: Royal School of Cadets Lier
 - 1982-1985: Sint-Amands’ college Kortrijk


Civilian Branch



- Temporary Staff
 - Since Jan 2022 Tax Exempt
 - Privileges for Temporary Staff under review (CIPS Matrix)
- LWR
 - Request of RPPB notation
- Action Plan (Well-being Survey)
 - Focus on Preventing & Handling Misconducts
 - Gender Perspective
- NATO 2030
 - P1, P2
 - P3: Project Related NICs

- NATO-WIDE HUMAN RESOURCES STRATEGY
 - Pillar 1: Attract the best talent
 - Optimise recruitment processes and tools
 - Focus on diversity
 - Onboarding & Induction
 - Pillar 2: Develop & retain talent
 - L&D, Performance Review, Inclusion, Flexibility, Wellbeing and new ways of working
 - Pillar 3: Provide competitive compensations and benefits
 - DCPS
 - Continuous monitoring of SSS
 - Pillar 4: Operational excellence and digital HR
 - Digitalization and data analytics
 - Shared Services

Presentation by SCSA Vice-Chair – André Terrasse




SHAPE Civilian Staff Association
Association du Personnel Civil du SHAPE

AGENDA:

- Opening Remarks
- News from the “front”
- Outstanding issues and challenges ahead

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SHAPE Civilian Staff Association
Association du Personnel Civil du SHAPE

Preamble

Members from the ANARCP are former NATO Civilians...
...and...
Currently serving NATO Civilians will (mostly) become NATO Pensioners.

Our last gathering between active and retired Staff was 2019 (before COVID)

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SHAPE Civilian Staff Association
Association du Personnel Civil du SHAPE

What happened since last meeting ?

The Organization went through the COVID crisis and had to adapt

Teleworking has become a “regular way of working”

The Geostrategic Environment has changed since early 2022

Demand for Expert ise and CIS services has substantially increased

For the Staff,

Single Salary Spine (SSS) and

New Group medical insurance scheme has been implemented

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SHAPE Civilian Staff Association
Association du Personnel Civil du SHAPE

How many are we now ?

The SHAPE CSA represents 3 NATO Bodies and a total of 830 NIC's broadly :

- 200 NICs from ACO + 30 TEMP's
- 50 NICs from NCISG
- 550 NICs from NCIA

- In addition NCIA The Hague CSA represents ~ 750 NIC's
- Plus ~ 500 NIC's from other sites CSA (Naples, Brunssum...)

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Consequence on footprint

Real estate in SHAPE is increasingly congested

Construction of New facilities is initiated (target date 2026 – 2028)

One new building for the ACO/NCISG

+

One new building for the Agency (NDEC)

Interim facility leased in Braine l'Alleud (45 km north from shape) for NCIA

200 NIC's . Sized for Up to ~ 500 occupants

moves started end 2022.

Agency population in Casteau is scattered across many buildings

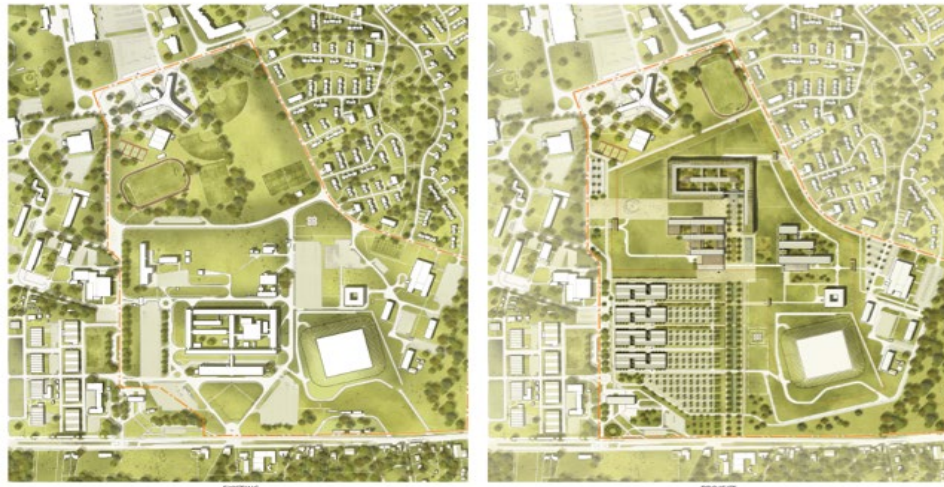
ACO/NCISG is more concentrated in building 101

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Project (illustrative only)



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SHAPE Civilian Staff Association
Association du Personnel Civil du SHAPE

Project (illustrative only)



ENTRANCE HALL



A BUILDING LOOKING INWARDS



INTERIORITY

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SHAPE Civilian Staff Association
Association du Personnel Civil du SHAPE

Project (illustrative only)



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Association du Personnel Civil du SHAPE



SHAPE Civilian Staff Association
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End of a 10 year Agency footprint in 302



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SHAPE Civilian Staff Association
Association du Personnel Civil du SHAPE

New Building in the Hague



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SHAPE Civilian Staff Association
Association du Personnel Civil du SHAPE

Open Issues

- The CNCSC Working Group on DCPS is still advocating to replace the DCPS with a defined benefit pension scheme
- A NATO-Wide petition has been signed by approx. 70-80% by NIC's affiliated to the DCPS (numbers TBC)
- Major issues
 - Current the employee bears all the risk regarding retirement income
 - One country is considering DCPS lumpsum withdrawal as taxable
 - Still no annuity provider (Article 12)
- Sustainability of the Retirees Medical Claim Fund
 - May entail further cost containment measures (since 2016, retirees pay premium for continued coverage)

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ANARCP Structure – Huub Simons



ANARCP Structure

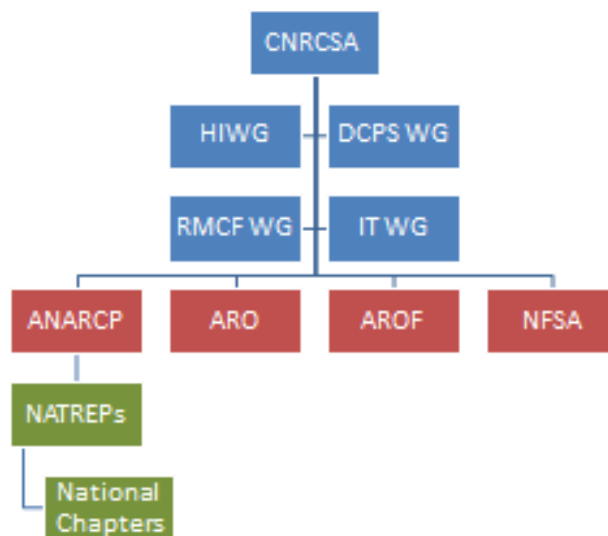
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28 April 2023

28-05-2023

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Confederation/Associations



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CNRCSA BUREAU

Member	Function
Jonathan PARISH (ARO)	Chairman
Olivier GUIDETTI (NFSA)	Vice-chairman
Robert GOYENS (AROF)	Secretary
Erwig MARQUENIE (ARO)	Treasurer
Hessel RUTTEN (ANARCP)	Member
G�rard MALET (ARO)	Member



CNRCSA EXCOM

ANARCP	Function
Hessel RUTTEN	Chairman
Huub SIMONS	Vice-chairman
Marc STEVENSON	Secretary
S�leyman ACAR	Member

ARO/ARNS	Function
G�rard MALET	Chairman
Bily RODEN	Honorary chair
Erwig MARQUENIE	Treasurer
Jonathan PARISH	Member

AROF	Function
Robert GOYENS	Chairman
Jacques DEVAUX	Vice-chairman
Jean-Michel TORRES	Treasurer
Rodger HICKMAN	Member

NFSA/ADAN	Function
Olivier GUIDETTI	Chairman
Bernard BURNET	Secretary
Patricia MUNAUT	Treasurer
Christiane BARETTI	Member

29-06-2023

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ANARCP EXCOM

Member	Function
Hessel RUTTEN (NLD)	Chairman
Huub SIMONS (NLD)	Vice-chairman
Marc STEVENSON (BEL)	Secretary
Jean VANDERWAL (BEL)	Treasurer
Süleyman ACAR (TUR)	Member
Marco CONTROTTI (ITA)	Member



NATREP	Nation
Mr Yves SANDERS	Belgium
Mr Jean DELORS	
Mr Gert THORSEN	Denmark
Mrs Kirsten OVERBY	
Mr Graham ROBERTSON	France
Mr Günter FRANZREB	
vacant	Germany
Mr Vincenzo ARZENI	Italy
Mr Franco VELTRI	
Mr Huub SIMONS	Netherlands
Mr Klaas van den BROEK	
Mrs Kersten Marie HOLMEN	Norway
Mr Einar THORSEN	
Mr Süleyman ACAR	Türkiye
Mr Yigit GÜCER	
Mr Denis RAIT	UK, Spain, Portugal
Mr David WOODCOCK	
Mrs Andrea CAPUTA	
	USA, Canada

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ANARCP Membership (Dec 2022)

Nation	Number
Belgium	227
Denmark	18
France	23
Germany	207
Italy	65
Netherlands	379
Norway	36
Türkiye	80
UK, Spain, Portugal	127
USA, Canada	42
Blank	10
Total	1214

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Allianz Care Presentation- Doctor Bojan Popadic, Elke De Cauwer



Allianz Care Service to NATO

April 2023

Dr Bojan Popadić, IGO Operations Manager
Elke de Cauwer, Senior Lead Client Solutions



Your
dedicated
service team

YOUR DEDICATED SERVICE TEAM

Meet the NATO team



Dedicated IGO team
Based in Brussels
37 nationalities
+45 languages



33
Care Advisors



5 Medical
Advisors



46
Claims Officers



2 Provider Network
Managers



Claims Admin
Team



Operations
Manager

YOUR DEDICATED SERVICE TEAM

What we did for NATO in 2022



Helpline

18,730 calls
35,745 e-mails



Medical Services

1,743 GOPs in 42
countries
22,497 e-mails



Claims

260K processed
claims containing
589K invoices



NATO Modernisation
Project (Oct-Dec)

2,892 calls
3,017 e-mails
700 on-site
consultations in 37
visits

YOUR DEDICATED SERVICE TEAM

Focus on Quality & Efficiency



SLAs

- Claims SLA was under pressure due to high volumes of claims, still more than 99% of claims processed in 3 working days
- Helpline and Medical rapid response times



Quality

- First Contact Resolution for Helpline and Medical in high 80s percentile
- 1,140 claims (0.4% of total) needed correction, 505 due to our error (0.19% of total)



Complaints

- 349 complaints registered in 2022
- Complaints per contact ratio of 1/983 (total of 343K contacts)



Cost Containment

- Daily case management of 65 high value/high risk admissions in 2022
- Case of the year – savings of \$1M in one complex accident case in Turkey with treatment in US



NATO modernisation

6

The modernised NATO Medical Plan:



Simplifies and enhances the current NATO Medical Plan



Provides equality of medical cover & choice to all members for top-up cover



Reinforces the solidarity principle on which the Plan is based



Is designed for better cost containment

7 7

NATO Medical plan: structure change

UP TO 31st DECEMBER 2022



FROM 1st JANUARY 2023



8

WHAT IS CHANGING? 1E

NATO Affinity covers: benefits summary

Benefits highlights	Advance	Advance Plus	Advance Pro
Practitioner fees	✓	✓	✓
Dental treatments	✓	✓	✓
Prescribed pharmacy	✓	✓	✓
Prescribed therapies	✓	✓	✓
Cancer screening	✓	✓	✓
Vaccinations	✓	✓	✓
Family & sports pack	✓	✓	✓
Repatriation & evacuation	✗	✓	✓
Prescribed glasses frames	✗	✗	✓
Prescribed medical equipment	✗	✗	✓
Diagnostic tests	✗	✗	✓

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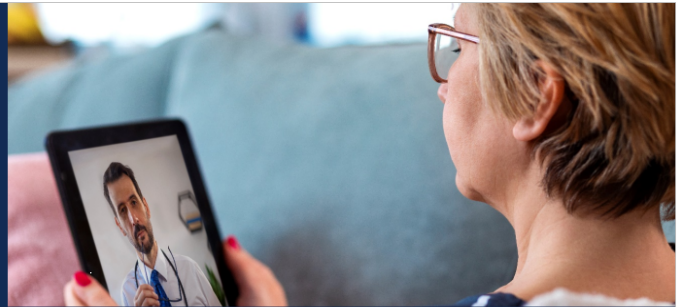


New
health & wellness
services

10

DIGITAL ACCESS TO CARE

Global telehealth services



Access to care needs to be convenient.

We're offering members worldwide the convenience of telehealth (videoconsultation or medical advice by Chat).

It's at a time and place that suits them, via our telehealth hub.



Obtain medical information 24/7 on a wide range of health topics

Talk to a doctor via chat*



Book a teleconsultation with a doctor 24/7
Where teleconsultation is not available we have medical advice over the phone/Chat



Access prescriptions for non-emergency medical concerns*



Medicines delivered to your door or collect them from your local pharmacy*

* Subject to geographical availability

[Link](#)

HEALTH & WELLNESS SUPPORT

Digital Check-Up



Mental and Physical Health check

- Online questionnaires scientifically approved
- Individual reports for each respondent and recommendations
- Results of Psychological Wellbeing questionnaire can be discussed with a counsellor if warning signs are identified + handover towards EAP



Secure



Confidential



Anonymous

12

HealthSteps: wellness coaching app



app for you to help members take steps towards a healthier life

Personalized guidance for members to :

- set fitness goal and choose an action plan,
- track activities to reach their goal,
- join challenges to keep motivated,
- and find tips on how to live and maintain a healthy life.



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13

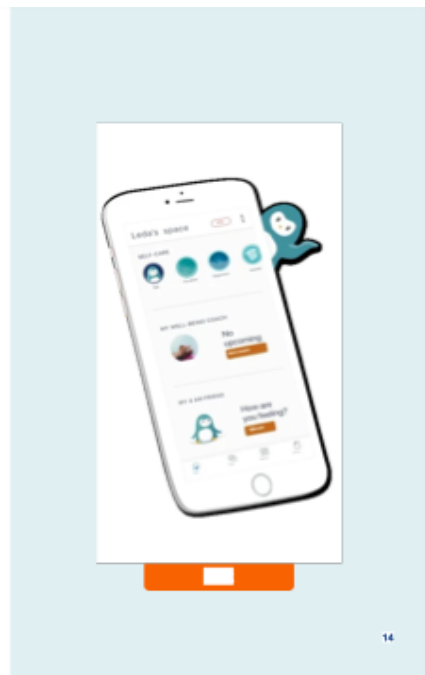
WYSA: mind coaching app



Chat buddy and Human coaching

Immediate, confidential, high quality mental help support.

-  Secure
-  Confidential
-  Anonymous
-  Evidence-based



14

DIGITAL ACCESS TO CARE

Employee Assistance Programme

Professional advice, counselling and support helping members with:



Stress, depression, anxiety and work/life balance



Cross-cultural transition and cultural shock



Legal and financial worries



Family/parenting & relationships



15

DIGITAL ACCESS TO CARE

Travel Security Services

Services available 24/7 offering access to a rich pool of information, advice and support that's available whenever it's needed.



Emergency security assistance hotline



Country intelligence and security advice



Daily security news updates



Travel safety alerts and Newsletter



16

Health & Wellness

FIND OUT MORE

Hub

Services accessible in one place

Any concern about your health?

Check your member card for health and find out any risks and preventive factors. It's fast, free and anonymous.

• Check your card
• Review the risks with Allianz

Need to chat? Explore our Free WhatsApp coaching app

You have 24/7 access to fitness, your diet and healthy living, giving you a wide and accessible approach with our chat feature. You can also chat with a professional fitness coach when you want to improve your health.

Scan the QR code below to download the app

• iOS
• Android

Need professional advice? Explore our Expert Assistance Programme

You have a dedicated Programme 24/7 available 24/7 with a dedicated support including professional counselling. To help you with a wide range of challenges, such as stress, depression, substance use and more.

• 24/7 available

Health & wellness advice and webinars

Tips, tools, videos, quizzes, articles and guides to help members make healthier decisions when it comes to:

- Diet and nutrition
- Exercise and fitness
- Sleep
- Emotional Wellbeing
- Finding Happiness



CONTACT DETAILS HERE

Let's stay in touch



+ 32 2 210 66 00
Available 24/7



unityhelpline@allianzworldwidecare.com



Allianz Care
Boulevard du Roi Albert II 32
1000 Brussels





Modernisation of the NATO Medical Plan

Status as of April 2023

ANARCP Annual General Assembly

1



Overview

- Modernisation of the NATO Medical Plan Summary
- ANARCP Position
- Phase 2 of modernisation work
- Status of Retired Medical Claims Fund (RMCF)

2



Previous NATO Medical Plan

Elements	Cover	Cost
Base Cover	90% as per Table of Benefits	1/3 rd policy holder, 2/3 rd NATO (Free if retired <3 aug 2016 and 25 years of service)
NATO Wide Supplement	100% for Hospitalisation, Serious Illness, Disabled Children up to double limits	100% policy holder avg €250/year/policy holder
Supplement A	Increased limit (+25%) for dental prosthesis	100% policy holder All members not covered by any other Supplement (avg €20/year)
Supplement B	100% for all specialist treatments and medication, professional transport and spectacle frames	100% policy holder (last) duty station in NLD (€150/year) and GER (except NETMA) (€515/year)
Supplement C	100% for all treatment in Türkiye	100% policy holder (last) duty station in TUR (€170/year)
Supplement D	100% for treatment by doctor affiliated to French social security system	No cost (last) duty station in FRA



New NATO Medical Plan

Elements	Cover	Cost
Base Cover	90% as per Table of Benefits	1/3 rd policy holder, 2/3 rd NATO (Free if retired <3 aug 2016 and 25y)
NATO Wide Supplement	100% for Hospitalisation, Serious Illness, Disabled Children up to double limits	
Supplement D	100% for treatment by doctor affiliated to French social security system	
Affinity Cover Advance	Mostly 5% additional cover for some out-patient treatment, low yearly limit	100% per member €150-€180/year/member
Affinity Cover Plus	10% additional cover for some out-patient treatment, higher yearly limit	100% per member €280-€335/year/member
Affinity Cover Pro	10% additional cover for out-patient treatment, material and transport, highest yearly limit	100% per member €390-€460/year/member

4



Impact of new medical plan

- Positive
 - Premium in 2023 the same as in 2022 (1.67% of last active salary scale)
 - NATO Wide Supplement and Supplement D (France) now applicable to all
 - New Affinity Cover is now available for all independent of last duty station (not mandatory)
 - Some sub-categories in Table of Benefits have been grouped together (easier administration and less disputes)

5



Impact of new medical plan

- Negative
 - Supplements A, B and C no longer exist
 - Affinity Cover options do not match the cover of the previous Supplements
 - Affinity Cover excludes certain treatments that were included in the Supplements (care home, thermal cures, dental material)
 - The impact of the loss of Supplement B in the Netherlands on the local exemption to contribute to the national social security are unknown
 - Base Cover has yearly treatment limits for doctors and specialist fees
 - Affinity Cover have yearly treatment limits for all other treatments
 - Table of Benefits limits have not been adjusted in 2023 for inflation
 - Affinity Cover premiums are much higher than for Supplements, are fixed for all nations, increase with age and are charged in Euro
 - Affinity Cover products are offered under an individual separate commercial contract with no dispute or appeal involvement of NATO

6



ANARCP position

- **ANARCP and CNRCSA are not against modernisation** of the NATO Medical Plan except where it negatively impact the principles of solidarity, equality of choice and cost containment
- ANARCP and CNRCSA have formally **objected to the modernisation plan** with the following concerns:
 - Affinity Products do not match Supplements B or C
 - Fixed Affinity Cover premiums that increase with age are not based on solidarity
 - Affinity Cover premiums in Euro and independent of salary scales is also not based on solidarity
 - There is no CNRCSA representation in the Intercover Board responsible for the Affinity Cover products and future premium setting
 - There is no clarity on how cost containment is achieved
 - There is no proposal to improve the cover for long-term care, to update the list of serious illnesses and to provide clarity on the process to deal with hardship cases
- After the approval of the Medical Plan the **CNRCSA has decided not to support an appeal**, but has agreed that **ANARCP would continue to support such an appeal process** as the impacted members are all ANARCP members

7



Phase 2 of Modernisation

- **The NATO Administration** has agreed to start working on several **outstanding issues** that will impact the Modernisation of the NATO Medical Plan
 - Develop plans for additional long-term care and home care support
 - Improve the list of serious illnesses
 - Better define the process for hardship cases
 - Consider options for better cost containment
- The **CNRCSA Health Insurances WG** will support this process through **development of proposals and active participation** in relevant WG meetings

8



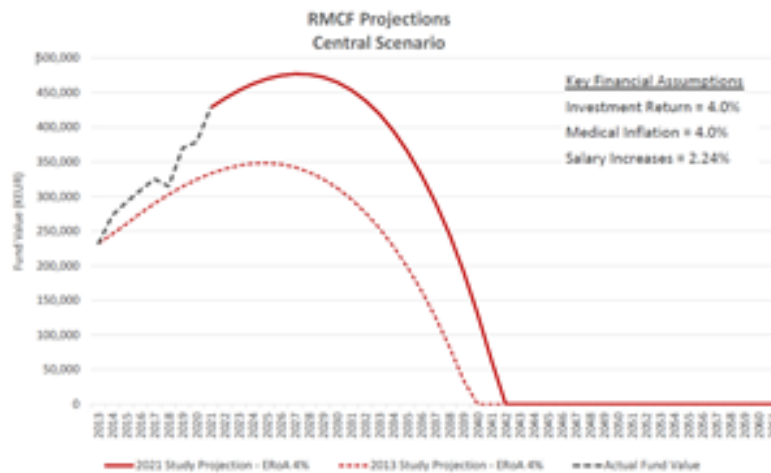
RMCF

- The Retired Medical Claim Fund (RMCF) is the NATO fund that **pays for the medical expenses of retirees** (with exception of old-CMC retirees that retired before 2001 with more than 25 years of service and retirees that have not yet reached the age of 65 "bridgers")
- **Contribution** into the Fund is through monthly payments by **active staff and retirees (1/3rd share) and NATO (2/3rd share)**, active staff contribute 1.5% of their salary and retirees contribute 1.67% of their last salary scale (only retirees that retired after 3 Aug 2016 have to pay the extra premium when they reach the age of 65)
- The Fund is managed by an independent private investment manager on behalf of NATO and **grows through investment returns**
- The Fund value at end 2022 was 428 M€ (an **increase of about 200 M€ since the previous study in 2013**)
- **A study was conducted by the ISRP** (International Service for Remunerations and Pensions) in 2022 to assess the **stability of the Fund** into the future based on certain scenarios

9



RMCF Projections Central Scenario



10



RMCF

- **Most of the assessed scenarios indicated that the RMCF could be depleted** somewhere between 2039 and 2051 dependent on the used assumptions
- **The CNRCSA has not agreed with this conclusion**
 - The used assumptions for growth of number of claimants in the RMCF is considered too high with a big impact on expenditure
 - The used assumptions for salary inflation (+2.24%/year) and medical cost inflation (+4%/year) are not realistic and when better balanced a Fund depletion may not happen
- **The active staff Confederation (CNCSC) has proposed to increase the contribution of retirees** through a better balance of cost sharing between active staff and retirees
- **The CNRCSA wants to focus on cost containment** and closely **assess the impact of Modernisation over the next two years**, possibly followed by an updated study with improved assumptions **before any decision on cost contributions is made**

11



Allianz Experience and Questions

ANARCP Annual General Assembly

28 April 2023

1



Allianz claims experience

- Some problems related to **long time for receiving reimbursements** especially when submitted by post, also related to requests for unnecessary additional information
 - During the last 12 months Allianz received 227 complaints about medical claims out of almost 220,000 claims processed (0.1% complaints)
 - 80% of claims were processed within 48 hours and 95% within 72 hours
 - About 7% of claims come through post which take longer to process
- Complaints by hospitals related to **late payment by Allianz**
 - Some problems when hospitals exceed pre-approved prices
- Uncertainty about **interpretation of NATO Benefit Guide and Table of Benefits** (lack of details in invoices, unclear definition of cover for "minor surgery")
 - Always contact the helpdesk in case of questions related to reimbursement of invoices and contact ANARCP in case the issue cannot be resolved
 - Any ambiguities in the NATO Benefit Guide will be updated in the next release
 - The "minor surgery" when conducted by a Specialist will be covered at 100% under the Base Cover, but only at 90% when conducted by a General Practitioner

2



Allianz claims experience

- **Prior approval takes too long**
 - 80% of requests were responded within 48 hours and 99% within 5 days
- **Problems with payment guarantees (limited period or insufficient amount)**
 - In case a payment guarantee is refused by the provider, please contact the Allianz helpdesk who can look for an alternate solution
 - In case of a 90% cover Allianz will declare the coverage limit. A separate arrangement is necessary for the 10% co-payment
- **New insurance cards in US for AETNA are distributed too late**
 - All cards have now been distributed
 - In case of no receipt please contact the helpdesk to verify the address details
- **Problems related to accessing claims data of partner due to data protection policy**
 - A consent form has to be signed by the partner to allow access to the medical data
- **Members are advised to contact ANARCP when an issue cannot be resolved with the Allianz helpdesk**

3



Allianz experience

- **Some problems reported related to purchasing Affinity Cover**
 - Most problems now resolved. In case of known problems Allianz can extend the purchase window
- **Allianz Frequently Asked Questions (FAQ) (Feb 2023 update) related to new medical plan not fully aligned with ANARCP Questions and Answers (Q&A) (Dec 2022)**
 - **ANARCP Q&A now verified by Allianz with minor changes proposed**
 - (Q5) Affinity Cover contract is for one year (not two years) but will be renewed automatically. A one month notice will apply after the first year.
 - (Q11) The minor surgery will be covered at 100% when conducted by a specialist and at 90% when conducted by a General Practitioner. Dental surgery will be covered under the dental cover.
 - (Q34) Implants are not covered under any of the Affinity Cover options but dental prosthesis and crowns are included up to the specified limits.
 - (Q38) The Affinity Plus and Pro options include both evacuation and repatriation, where evacuation is the emergency transport to the nearest hospital and repatriation is the transport of the patient and the family members to the home country.
 - (Q41) It is advised to always show the Aetna card for US members to receive the preferential rates.

4



Allianz Questions

- Is it possible to ask for a specific POC at the Helpdesk? This will improve the trust relationship
 - Yes this is possible and a call-back can be arranged if requested
- Can invoices from treatment providers be made visible such that the amount can be checked and to see if a co-payment still remains of the invoice
 - This is currently not possible due to data protection as many invoices from hospitals also include other invoices
- Would it be possible if Allianz pays 100% to the treatment provider and ask the member to pay back the remaining 10% if applicable
 - This is currently excluded in the contract and would lead to higher admin cost for Allianz. This needs to be discussed with the NATO Administration.
- Can the on-line claims entry be changed to also state if a claim is related to a serious illness and if an amount was already paid by another primary insurance. This would be similar to the paper claims forms
 - To be discussed

5



Allianz Questions

- What is the process for prior approval to purchase repeated items where a prior approval was already provided before. If a repeated prescription is required this will just add to the cost
 - Allianz uses the principle to ask for a new approval every two years to ensure that the need is still there. If it concerns a long treatment then most likely a regular visit to a specialist will already be the case.
- Is there a change to the reimbursement of dental claims for German members. Previously a factor of 2.3 was applied to dental invoices
 - The factor of 2.3 is still used as the limit for individual dental invoices, but other individual limits are no longer used, but all adds together in a single yearly limit for dental treatment.
- The provision of statement of accounts in case of paper claims often takes a long time and are often grouped together which prevents members to keep track of which claim has been paid and when. Can this process be improved
 - This seems related to the postal services, but Allianz will keep monitoring the situation.

6

**Report on the CNRCSA - Jonathan Parish
SHAPE – 28 APRIL 2023**

Good morning to all of you.

It's a real pleasure for me to back here in SHAPE. I worked here as an Executive Officer in the Operations Division back in the early 1990s when I was still in the British Army. And during the last 8 years of my NATO career, I was the Deputy Assistant Secretary General for defence planning and then for operations. Consequently, during those two appointments, I worked extremely closely with SHAPE and with all the other headquarters in NATO's military command structure.

So, I am very happy to be back here and would like to thank Hessel for the invitation to be with you today.

I should also like to thank Huub for his presentation which means I can now cut short the start of mine where I had intended to provide an overview of the Confederation of NATO Retired Civilian Staff Associations.

As Huub stated, the Confederation is a type of umbrella organisation that brings together the four independent Associations representing retired NATO civilian staff.

The four Associations all work individually to protect the specific interests of their own retired staff. However, there are some issues that affect the members of more than one Association, and this is where the Confederation has a role to play.

The Confederation's role is described in the NATO Civilian Personnel Regulations and it includes the following five tasks:

1. To provide a forum for the examination of matters of interest to retired NATO staff as a whole, to include proposals aiming at the protection of their collective interests;

2. To represent the interests of retired NATO staff on matters which affect them directly;
3. To give advice on matters submitted to it by the competent administrative authorities;
4. To represent the views of retired NATO staff as a whole, notably in the Joint Consultative Board and other joint committees where participation of the CNRCSA is provided for; and
5. and finally, to represent the views of retired NATO staff who are entitled to a pension under the Coordinated Pension Scheme in the Association of Pensioned staff of the Coordinated Organisations and their Dependants (AAPOCAD).

So that's what the Confederation does. But how does it do it?

As you heard from Huub, the necessary work is directed by an Executive Committee, which includes four representatives from each of the four NATO Associations of retired civilian staff – so a total of 16 people.

Your representatives on the Executive Committee are Hessel (Rutten), Huub (Simons), Marc (Stevenson) and Suleyman (Acar).

The Executive Committee meets at least twice a year and extraordinary meetings are also convened when necessary.

To assist in the day-to-day running of the Confederation, the Executive Committee elects, from its members, a Bureau.

Both Hessel and Huub participate in Bureau meetings and I can assure you that they are very vociferous and active defenders of your interests.

As well as electing the Bureau, the Executive Committee elects annually the Chairpersons and members of the various CNRCSA Working Groups.

The Executive Committee also appoints individuals to represent the CNRCSA at a number of key NATO joint committees and boards. The four that are of most importance to the CNRCSA are:

1. The Joint Consultative Board (JCB). This is the Board where the NATO Administration consults and takes decisions with the Human Resource representatives of the principal NATO bodies, as well as with the representatives of the Confederation of NATO Civilian Staff Committees (CNCSC) and the CNRCSA. The JCB also has a number of working groups and the two Confederations are also represented on those working groups.
2. The Retirees' Medical Claims Fund (RMCF) Supervisory Committee.
3. The Defined Contribution Pension Scheme (DCPS) Management Board.
4. The Executive Committee of the Confederation of NATO Civilian Staff Committees (CNCSC) which is the Confederation representing all the active staff. The CNRCSA is always invited to send an observer to the CNCSC Executive Committee meetings and this provides an extremely important opportunity to coordinate the views of active and retired staff.

So, that was a quick overview of what the Confederation does and how it is organized.

And the key point I would wish to emphasise is that the role of the CNRCSA is to address issues of a general interest to retirees – its role is certainly not to interfere in the work of the four individual Associations who deal with issues of a more local or specific nature.

So now let me turn to the key subjects that are of a general interest to retirees in all four Associations. And there are four that I wish to cover this morning.

1. The NATO Medical Plan;
2. Pensions ;
3. The CNRCSA website, and
4. relations between the CNRCSA and our active staff colleagues in the CNCSC.

So first, the NATO MEDICAL PLAN.

Under this heading, I shall cover the performance of Allianz, the follow-on work for the Modernisation of the NATO Medical Plan and the Retirees' Medical Claims Fund.

The CNRCSA's Health Insurance Working Group, chaired by Huub Simons, did a considerable amount of work last year to ensure that retirees' concerns about the Modernised NATO Medical Plan and the performance of Allianz were forcefully presented to Allianz and the NATO Administration.

We still receive reports of delays in reimbursing medical expenses and answering the Allianz phoneline, as well as problems with the handling of some claims. These complaints are forwarded to the NATO Administration who monitors the Allianz Service Level Agreement. While Allianz is performing to the standard required by the Service Level Agreement, the NATO Administration did identify that an unusually high turnover of Allianz staff had caused some delays in the Allianz response times and some errors being made with claims handling. As a result of the concerns raised, Allianz have recruited additional staff and have intensified their staff training.

Now let me turn to the Modernization of the NATO Medical Plan

The Modernized NATO Medical Plan is the result of more than three years of extensive discussions between the NATO Administration, the Confederation of active staff and our own Confederation, and it came into effect on 1 January this year.

An important feature of the Modernised NATO Medical Plan is the end of Supplements A, B, C and D, and the introduction of new, optional Affinity Products. The old Supplements offered additional benefits to only a limited number of active and retired staff, depending on their work location or last duty station. The introduction of the Affinity Products provides full equality between members as it offers all active staff and retirees the same choice of additional insurance products with common benefits and common premiums. However, there were concerns from

some of you in this Association that this change means you will pay higher premiums for the Affinity Products than you paid for the Supplements.

I have to tell you that the majority of the Confederation members are very happy with the Modernised NATO Medical Plan and in particular with the option to purchase Affinity Products that offer them additional benefits and extended coverage. Nevertheless, the CNRCSA and your Association are closely following the impact of all the changes to the NATO Medical Plan to ensure that any adverse effects can be brought promptly to the attention of the NATO Administration.

In recent months, our focus had been on helping to ensure a smooth implementation of the Modernised NATO Medical Plan. But our focus now is very much on the so-called Phase 2 work which should bring further improvements to the NATO Medical Plan.

Again, Huub has already described to you what this work includes. But I would like to say a bit more about one of the future work strands - reviewing the distribution of premium costs between active and retired staff - because it is important to note that it is the Confederation of active staff that has insisted on this.

Active staff as well as some retired staff currently contribute to the Retirees' Medical Claims Fund (RMCF) from which the medical expenses for all retired staff are paid. And the Confederation of active staff want retirees to pay an increased share of these contributions to the RMCF. Furthermore, it wants all retirees to contribute, including those who are currently exempt from contributing in accordance with the footnote to Article 51.2 of the NATO Civilian Personnel Regulations. This is going to be a particularly contentious part of the follow-on work as the CNRCSA does not see a need to change the current arrangements and premium share, which it views as a key component of the solidarity principle that underpins the NATO Medical Plan.

This work has come under even closer attention, because of the recent Asset and Liability study of the RMCF which was carried out by experts of the International Service for Remuneration and Pensions based at the Organisation for Economic Cooperation and Development (OECD) in Paris. The study looked at the current value of the fund, and then using a range of assumptions

and scenarios, it estimated future income and expenditure to assess if and when the fund would most likely be depleted. It then also looked at a range of options for sustaining the Fund for longer.

We have questioned the accuracy of a lot of the assumptions and data that were used in the Study and we have made it clear that we do not agree with the conclusion that the Fund will be depleted in the mid-2040s.

We do, however, agree with the conclusion that the biggest impact on lengthening the life of the Fund will be achieved by containing the cost of medical expenditure. It is therefore essential that all members of the NATO Medical Plan play their part in containing these costs and two specific measures would have a significant positive impact:

- a. All affiliates should make every effort to seek medical providers that apply reasonable charges and avoid those providers who seem to inflate their charges when they know that the costs will be reimbursed to the patient by Allianz;
- b. Some retirees and some retirees' spouses are also affiliated to another insurance system and it is extremely important (and also a requirement of the NATO Medical Plan) that these other insurance systems be used as the primary source of reimbursement and the NATO Medical Plan only be used as complementary cover.

Let me now turn to the second issue I want to cover – Pensions.

And I shall start with a few words about the Coordinated Pension Scheme

As Hessel explained during his introductory remarks this morning, the methodology for calculating salary adjustments and pension adjustments used to be the same, but now different adjustments methodologies are used.

The revised methodology for the adjustment of pensions has been applied consistently and correctly since its introduction. Consequently, many retirees received one or more special adjustments in the course of 2022 to reflect an increase above 6% in the Harmonised Index of Consumer Prices in the country concerned.

The annual adjustments for 2023 were paid at the end of February, but back-dated to 1 January 2023. I am aware that in a couple of countries, the annual adjust was negative. But this did reflect the correct application of the agreed methodology and was due to a combination of special adjustments paid during the course of 2022 to compensate for a high rate of inflation and then a subsequent reduction in the rate of inflation during the remainder of the year.

Let me now turn to the Defined Contribution Pension Scheme – or DCPS.

From the very beginning, in 2005, the DCPS has been a cause of concern. From the perspective of active and retired staff, it has many shortcomings. In particular, it does not offer a true pension and it does not offer a guaranteed minimum benefit. However, from the perspective of the nations, it is a success because it is so much cheaper for them than the Coordinated scheme it replaced.

Nevertheless, in October last year, the Financial Controller presented an overview of the scheme to the nations at NATO. While she acknowledged that there had been some improvements, such as the Housing Withdrawal Option and the Passive Membership, she also made it very clear that the DCPS was simply not fit for purpose and that its underlying problems need to be addressed. As an example, she pointed out that recent retirees had lost up to 30% of the value of their assets due to the current volatility in the financial markets.

The NATO Administration is now looking at the possibility of developing a third pension scheme, and this is good news. However, we also need to address the problems with the current DCPS. And here, one of the biggest problems is Germany's decision to tax the DCPS lump sum.

This decision has led to considerable worry among staff and retirees whose fiscal residence is in Germany, and until there is clarity on the issue, they face financial uncertainty and are unable to make any long-term financial planning.

Although the NATO Administration and the two Confederations are doing everything they can to resolve the issue and to keep the pressure on Germany, ultimately, it is up to Germany to propose a solution to a problem that it has caused.

Under the heading of Pensions, I would now like to say a few words about the NATO Pensions Unit.

Many of you will be aware that the Unit has been suffering from general understaffing. This created a considerable extra workload for the remaining staff, and inevitably led to some delays in replying to email enquiries.

I am pleased to say that the staffing issues have been addressed and that a new Head of Pensions Unit is currently being recruited and two extra posts have been created.

Let me now address the issue of the CNRCSA website.

One of the biggest problems we face as a community of retirees is the prompt passage of relevant information. Ideally, we would post information on a dedicated website. But the CNRCSA website has faced a few problems over recent months.

The CNRCSA's Information Technology (IT) Working Group completed the design and development of a new CNRCSA website and the new website went live briefly in October last year. Unfortunately, it had to be closed down as the NATO Office of Security raised some security concerns. More recently, NATO agreed a new personal data protection framework policy, and our new website will need to conform to this new policy. Unfortunately, these two issues are likely to delay the deployment of the new website for a few more months.

Once the website is re-established, it is intended to upload information to it so that you can be updated more regularly on issues that affect you.

Let me also use this occasion to point out that one of the biggest challenges with the new website will be how to maintain it. Commercial options are very expensive, so if any of you are IT wizards and have some spare time that you could dedicate to the Confederation website, please do volunteer.

I should like to conclude with a couple of words about the Confederation's relations with the

CNCSC.

In short, I can say that our relations are excellent. We both have similar priorities and we are committed to working together wherever possible. The only area where we clearly disagree is on the issue of contributions paid into the Retirees' Medical Claims Fund. We have nevertheless agreed that we shall not allow our differences on this issue to damage our very strong cooperation on all the other issues we face together.

Ladies and Gentlemen,

I have spoken for more than long enough and I can detect a few signs of relief on your faces as you realise that I am about to finish.

I do not intend to summarise everything that I have covered, but I would like to conclude by thanking your Association for the strong support that it provides to the Confederation, and in particular Hessel, Huub, Marc and Suleyman for their hard work and commitment to helping protect your interests, as well as those of the broader NATO retiree community.

Thank you.

TREASURER'S REPORT Fiscal year 2022.

all amounts in Euro

TOTAL ASSETS

Per end 2020	151.044,16
Per end 2021	165.057,01
Per end 2022	173.252,30

Bank account 01-01-2022	7.410,76
Saving Account 01-01-2022	157.646,25
Bank account 31-12-2022	15.452,30
Saving account 31-12-2022	157.800,00
Total bank assets 31-12-2022	173.252,3
Interest saving account	153,75
Difference for 2022	8195.29

INCOME : SUBSCRIPTIONS

By bank including TU and NO transfer	3183
Via NPU	16.080
Payment by bank for 2023	320
Sub-total	19.423
Refund for double payments	-160
TOTAL	19.263

EXPENDITURES

TRAVEL 2022 for CNRCSA	3.360,60
TRAVEL 2022 for ANARCP	762,55
Contribution 2022 for CNRCSA 2€ per Member	2414
Contribution 2023 for CNRCSA 2€ per Member	2428
ANARCP ExCom October 2022	570,50
Bank charges	70,41
Web site	151,25
ADP Allowance	1.150
Local activities	440,70
Flowers	33,45
TOTAL Expenditures	11.381,46

Result: 8195,29-(19423-11381,46)-153.75=0

CNRCSA Travel expenses for 2021 : 741,50 €. To be refunded in 2023 ?

CNRCSA Travel expenses for 2022: 3360 €. To be refunded in 2024 ?

Our financial situation remains very stable and safe

ANARCP BUDGET 2023 in euro

Details	Budget 2023	Financial 2022
INCOME		
Fees	20.000	19.263
AGA/DINNER	500	0
TRAVEL confederation 2021	741,30	0
Interest earned	220	153.75
	21.461,3	19.491
EXPENDITURES		
ADP ALLOWANCE	1300	1150
AGA/DINNER +ExCom	3000	570
TRAVELS for ANARCP	1000	762,55
TRAVELS for CNRCSA	4000	3360
BANK Charges	100	70,41
NAT Rep Activities 5 euros/mem	1200	440,70
FLOWERS Funerals present	150	33,45
Contribution to CNRCSA 2 €	2500	4842
Website	200	151,25
Contribution to CNRCSA Web	1000	0
Miscellaneous/reserved	7000	0
Total	21450	11380,36
Balance	11,30 euros	

Yearly contribution amount remain 20 euros

J.V. 24 April 2023

NATREP Reports

NATREP BEL Report April 2023

Not a lot to report on the belgian side :

- We received some questions related to the new NATO medical plan and the Allianz affinity cover. It seems that in general, the new system has been smoothly accepted.
- As social activity, we had, after two covid years, the new year's reception in January with the SHAPE/NCIA NATO civilians.
- We also renewed the SHAPE access passes which are now valid until 2026. This was an opportunity to meet old colleagues that we didn't see for long.
- Despite several annual reminders, some members don't pay their annual fees and therefore will be withdrawn from the DB.

NATRep Report – Denmark

Dated: Thursday, 27 April 2023

1. Background/Intro:

Gert Ladegaard Thorsen former CPO in Joint Headquarters Northeast until closure 2004, transferred to NCIA Bunker Funderup until closure 2013

2. Personnel Issues

See below

3. Pension, Financial and Tax Issues:

The Yearly tax declaration document, planned for distribution week 15-16, arrived on Monday week 17. The ultimate deadline for reporting for Denmark is 1. May.

After a quick look, we could see it was wrong. The final settlement of the tax adjustment 2021 was included in the 2022 figures. We contacted the NPU Tuesday. A new Yearly declaration was recieved yesterday!!!

4. Allianz

See below

5. Social events:

17 August 2022 a formal Information Meeting was organized. 12 attended. Was combined with a Reunion of retired Staff from from HQ BALTAP and HQ NORTHEAST, Karup Denmark.

6. Other Issues.

As known, the issue “Bank Fees” for Denmark was on the agenda for a period of 4 years, As of today it has only been “partly solved”. Partly solved means: “You have to claim to be reimbursed in February every year”. How many retired will remember this? And why should people wait for months to be paid when requesting reimbursement and why is this necessary, when a single line in the administrative system could be added and say: Bank Fee 50 DKK. Maybe it is too easy solution!

I reported last year that the Allianz bank fee was introduced. I have been in contact with Allianz and they have promised to investigate at bank level how to avoid these fees. They have now looked into

the issue since January 23 without any reported result. I suggested the Allianz representative attending the AGA to be prepared to answer/explain.

The bank fee is not a big amount 6-7 Euro, but bottom-line is that we are not reimbursed 90% as stipulated in the contract. For me it is a violation of the contract.

I am looking forward to hear the Allianz possible explanation.

Gert L Thorsen

NATREP REPORT FOR FRANCE ANARCP/APCROC AGA 28 APRIL 2023

I am Graham Robertson, previously the Deputy to Günter Franzreb. Günter and I have now swapped places, so I am lucky enough to still be able to tap into his reservoir of knowledge which has been so useful to this association over many years.

There are currently 22 members (plus dependants) living in France of which 10 are Life Members. Sadly, the Grim Reaper has taken 4 of our numbers since the last report and one member has moved back to Belgium. Since France is a large country and our membership is spread throughout, communication with members has been mainly through email or telephone.

One item of concern recently has been the effects of inflation on pensions. Of note is that all but 3 of our members had a last duty post in Belgium, the other three were in Germany. Also France being such a beautiful country, we have a wide spread of nationalities. These factors, coupled with the differences in prices throughout the country, make it difficult to determine how much inflation is eroding the purchasing power of our pensions. I have had no-one actually raising the matter directly with me. All we can say is that it is definitely having a negative effect and we appreciate the efforts made by ANARCP and the Confederation in tackling this problem.

More significant has been the re-organisation of the medical benefits system. I have ensured that our members had access to the information provided by Allianz and Huub Simons. I also emailed asking which members were within the French CPAM health system. This usually meets a significant base of costs before the need for Allianz support. I received one reply in the

affirmative. No-one came back with questions about the Allianz Affinity supplements, so we have no idea how many have taken up the Affinity offer. In summary, ANARCP/APCROC membership in France is reducing. There have been individual questions, particularly about medical treatment, raised but there has not been any groundswell of questions about matters pertinent to this association's activities.

GR
24 April 2023

UK Nat Rep Report to the ANACRP - April 2023

There are currently 126 ANARCP members in the UK Chapter which includes retirees living in Cyprus, Portugal and Spain. In addition there is one member currently listed as resident in Barbados.

To a large extent the earlier part of the year has been largely uneventful and any issues involving me as National Representative have been of a routine nature for example: general information, advice and guidance on local taxation issues and assisting members in progressing claims for medical expenses.

However, the latter period leading up to the modernisation of NATO's Medical Plan resulted in considerable dialogue with members in explaining the impact of the changes with members, especially those whose last tour of duty station was in the Netherlands or Germany and for whom the changes were more significant. The online presentation explaining the changes was a great success and consequently much of my time was reinforcing the detail of the changes. My personal thanks therefore to Dr Bojan Popadic for providing a first class presentation of the modernisation plan which did much to allay the concerns of members - especially, as I say, for those whose last tour of duty station was in the Netherlands or Germany - and for his assistance in progressing some of the more complex issues with which I have been faced. Inevitably there have been a few individual problems with claims but in general the standard of service provided by AWC has remained very good and any initial teething issues arising from the modernisation have been resolved.

Nevertheless I have noted some issues which are of a general nature; these include:

- The inability to view details of claims on the My Health App which have been submitted by a treatment provider. Of relevance in the case that a claim is reimbursed at 90% and the policy holder may be unaware that a claim had been submitted and consequently that a remaining 10% is owing.
 - Out of date mailing address for claims submitted using the postal service and for claims submitted direct to AWC by the various hospitals.
 - Use of a policy holders maiden name (notwithstanding that the policy is in the married name) by AWC Claims Department in progressing information to support claims. A case in point here is that a request for information to support a claim for dental expenses was

delayed significantly because the dental surgery had no-one listed by the (maiden) name of the retiree provided by AWC.

As far as I am aware all these issues are being progressed either with AWC directly or within the NATO WG on Health Insurances.

That concludes my report.

ANARCAP Annual General Assembly April 2023 ITALIAN NATRep Report

1. Mr. Chairman, ladies, gentlemen, good afternoon. My name is Vincenzo Arzeni, and I am the NatRep for Italy.

2. **Personnel Issues:**

- a. We, in Italy, are around 80 life Former Staff Members (FSM).
It is not easy to know the exact number of FSM because it is difficult to be informed, from the NATO Headquarters in Italy, about retired NIC.
We have established dialogue with the Human Resources Head, in JFC Naples, to improve the relationship.
- b. Number of paying members? Difficult to know.
- c. We had one deceased member. Mrs. Giovanna Mari.
- d. May be I am wrong, but according to the CNRCSA NEWSLETTER dated 07 December 2022, it seems that the National delegates to the CNRCSA will not be any more consulted because only the Chairman of the Associations will report National issues. If this is the rationale, according to me, the CNRCSA Constitution must be revised and the National Delegate cancelled.

3. **Pension, Financial and Tax issues:**

We have reported to the NATO Pension Unit, even with the assistance of the ANARCP Chairman, Mr. Hessel Rutten, our request to know how our emoluments are adjusted, due to the inflation, and for which years. Until today no answer.

In relation to the Final Tax Adjustment, we have had the last ones for the year 2020 while we know that the ESA personnel in Italy have had it even for the current year.

Mr. Chairman the next subject related to the Taxation of our emolument, I think, is very important for all of the FSM belonging to the Coordinated Pension Scheme.

I am referring to the Netherland Decree of 19 August 2022 n. 2022-206968.

I understand that the Decree establishes, among other issues related to the residents of Netherland, that:

“ it has been shown that the employee contributions are not deductible for the internal tax, so they are paid from the net income”

And later

“Pensioners who receive a benefit from the Coordinated Pension Scheme or the EPO pension scheme can use the aforementioned **PRINCIPLES** as follows when filing a tax return. At least two-thirds (2/3) of the annual pension benefit (excluding allowances and tax adjustment) are declared as income from work and home (box 1).”

I understand that the Dutch Government has accepted the **PRINCIPLE** that 1/3 of the emoluments received by the FSM belonging to the NPS are paid from net income. Considering what the Secretaries General have stated in the document CCG/WP11/W(73)3, Paris le 27 Septembre 1973 that the emolument of the NATO employees are calculated in such a way that

“ Leur assurer une egalité de traitemant en évitant les discriminations qui ne manqueraient pas de resulter de l’application de systèmes d’imposition different”

I wish to refer as well to the AAPOCAD Bulletin n. 62 and to the conclusion of the lecture given by the Lawyer Laurie Levi on the Tax subject:

“ the Coordinated Organization want to guarantee the equal treatment to their officials, whether serving or retired”

In conclusion, Mr. Chairman, I ask, supported, I hope, by all the other NATReps, that a document should be initiated by you, Mr Chairman, coordinated with the CNRCSA, CNCSC and AAPOCAD and presented to the NATO General Secretary , Mr Stoltenberg, to be discussed at the NATO Council with the hope that all the NATO Nations will adopt the same **PRINCIPLE** adopted by the Dutch Government.

DCPS

Mr Chairman, as we know the DCPS is not a Pension Scheme. Due to the fact that the DCPS is going to be reviewed, in the new Scheme the Active Staff Member, if he /she has a position in his/her National Pension System, must have the possibility to continue to participate in it. This option must be included in the new DCPS and approved by all the NATO Nations.

4. NATO Health System:

The new NATO Health Policy has not caused significant changes in Italy. As I know, no Former Staff Member has signed any Affinity Product.

5. Social Events:

We did not have any social event since December 2019. We hope that this year, Covid-19 allowing, we could meet again.

6. The Future:

???????

This concludes my report Mr Chairman, thank you all for your attention.

ANARCP the Netherlands NATREP report April 2023

Introduction

This report of the ANARCP National Representative of the Netherlands covers the reporting period of November 2022 until April 2023.

Personnel Issues

The number of registered ANARCP members in the Netherlands at the end of April 2023 was 382 as compared to 374 at end October 2022. In addition 12 ARO and 5 NSPA members are represented in the Netherlands.

There are 71 Life Members, but 9 of those pay contribution voluntarily.

34 members have not provided an authorization for automatic deduction from their pension and have to pay their contribution on request. For 9 members the 2023 payment has not been received yet.

Over the reporting period November 2022 – April 2023, we were informed that 4 of our ANARCP members in the Netherlands have died.

Sharing of information

During the reporting period, ANARCP-NL has issued one newsletters in February 2023. This newsletters in Dutch provided information for our Dutch members about the status of the modernisation of the medical plan and about the local tax declaration.

NATO Pension Unit

The tax declarations from the NPU were again too late this year in order to submit the tax declaration in the Netherlands before end March. The tax declarations were only received electronically through the NATO COPS portal on 30 March, with postal delivery only on 6 April. This was later than the schedule as promised by the NPU. This issue was already reported at the JCB meeting on 30 March with a promise that next year this should not happen again as a new system will be developed where reports will be issued automatically.

Taxation in the Netherlands

Following the introduction of a few changes to the tax laws in the Netherlands some of our members have filed appeals against their tax reports on the basis of an unfair taxation of part of the NATO pension. ANARCP-NL has tried to address this specific tax issue with the tax office but did not manage to make any changes and unfortunately it is now up to individual members to start an appeal. ANARCP-NL will continue to provide advice to members where possible.

Modernisation of the NATO Medical Plan

Following the Allianz information sessions end of last year followed by ANARCP newsletters and a summary of question and answers, several members have asked for further explanation from ANARCP-NL about the new Affinity Products, which indicates that the information sharing was still insufficient and packed in a relatively short period which makes it difficult for many older members to understand what needs to be done. Unfortunately we have no information about the number of members in the Netherlands that have taken a new Affinity

Product, but it is expected that many had no choice but to take the most expensive Affinity Cover to avoid any shortcomings on their expected medical invoices.

In November 2022 a few members in the Netherlands started an Administrative Review process with the NATO Administration to ask clarity about the process of the Modernisation of the NATO Medical Plan and to ask to reconsider the decision to rescind Supplement B. Unfortunately the NATO Administration decided not to consider our requests by stating that these were not admissible because the new plan had not yet gone into effect. Even so, some answers were provided related to the requests and as expected no changes would be considered. After discussion between the members and with support from ANARCP, it was decided that one member in the Netherlands would submit a formal appeal with the NATO Administrative Tribunal with a specific request to reinstate the Supplement B. An outcome of the appeal process is not expected until the end of this year.

Allianz issues

During the reporting period several members had reported problems with Allianz, mostly related to incorrect or late reimbursements. All known issues were resolved through direct contacts with Allianz management. A few issues were related to incorrect interpretation of the NATO Benefit Guide in particular related to the definition of in-patient versus out-patient specialist care and the definition of minor surgery conducted by a specialist. All these issues have also been discussed with Allianz and have been corrected.

One problem that has existed already for a long time is the cover for long-term care in a care home. The current day limit in The Netherlands for medical care in care homes is insufficient to cover the high cost for care homes, even when a double limit is applied in case of serious illness. Also the illness indication that is used in the Netherlands to be allowed access to a care home is not recognised by Allianz leading to discussions about when a serious illness indication is applicable. In order to avoid the situation where our members with lower pension cannot afford going to a care home, the day limits for care homes should be reconsidered, while old age dementia should be included in the list of serious illnesses.

Huub Simons

ANARCP National Representative for the Netherlands

ANARCP NORWAY

NatRep Report - 2022/2023 Dated 23 April 2023

1. Background/Intro.

ANARCP Norway is located in Oslo. Up until now all our pensioners worked at the old HQ AFNORTH at Kolsås, the Joint Warfare Centre at Jaatta/Stavanger, and NCIA The Hague. Most of their homes are in the close vicinity of Kolsås and a few live in the Stavanger area. As stated in our last NatRep report we welcomed a pensioner who was previously a member of ANARCP in Brussels. His home is in Bodø town 1.200 km from the Kolsås headquarters. To attend our assembly, he will have to travel by air and stay overnight in our area.

There have been no newcomers since our last report.

The ANARCP Flyer “Retirement? – An Introduction to a Retirement Association the ANARCP” was sent to the Joint Warfare Centre (JWC) Civilian Human Resources Office in Stavanger. We hope that NATO civilians retiring from the headquarters in Stavanger will join our association.

2. ANARCP Norway Assembly 2023.

The ANARCP Norway 2023 will be held at Kolsås 25 April 2023. To be allowed into the headquarters we need a sponsor who is working at the headquarters. Luckily, Mr Einar Thorsen, our vice chairman, works as consultant at the headquarters and will be our sponsor.

Our planned agenda items are as follows:

- ANARCP – Hjelp til Etterlatte (Help to Survivors). The document has been updated and will be presented at the meeting.
- Allianz – Affinity - Info/discussion
- NATO COPS
- Pension matters: HICP (Harmonized Price Index) Norway/Tax declaration
- ANARCP Norway Archive
- Election
- To meet old friends and enjoy coffee and cakes together

3. Personnel Matters.

We currently have a total membership base of **32** as follows:

- **AUTO deduction: 20**

- **Life Members: 6**

- **Direct Payment 2023 Dues: 6**

4. Allianz – In our association we are six members on NATO Individual Continuation. As I am one of them and do not receive any correspondence that Allianz sends out to their members in Norway, I contacted them late 2022 in order to be included on their distribution lists. I have had no answer so far. Additionally, on the claims APP on my telephone I have still the 2022 List of Benefits. At our forthcoming meeting on 25 April I will ask the other five members on NATO Individual Continuation if this is the case with them as well.

This concludes our 2022/2023 NatRep Report.

Kirsten Marie Holmen

Einar C. Thorsen

ANARCP Norway

ANARCP NATIONAL REPRESENTATIVE FOR TÜRKİYE

**NATREP REPORT FOR AGM
28 APRIL 2023**

28.05.2023

1

SUMMARY

- **EROSION OF PENSIONS IN TÜRKİYE**
- **LOSS OF SUPPLEMENT C SPECIFIC TO TÜRKİYE**
- **ALLIANZ WORLDWIDE CARE RELATIONS**
- **PERSONNEL**
- **SOCIAL EVENTS**
- **THE FUTURE**

28.05.2023

2

EROSION OF PENSIONS IN TÜRKİYE

- OUR MOST IMPORTANT PROBLEM: **HIGH DOMESTIC INFLATION AND ITS NEGATIVE IMPACT ON PENSIONS.**
- PENSION ADJUSTMENTS ARE MADE ACCORDING TO THE STATE STATISTICS INSTITUTE'S CONSUMER PRICE INDEX FIGURES WHICH DO NOT NECESSARILY REFLECT THE ACTUAL INFLATION DUE TO POLITICAL REASONS
- **ACTUAL CONSUMER INFLATION IS MUCH HIGHER THAN THE OFFICIAL INDEX FIGURES**
- IN 2022, **64.2%** PENSION ADJUSTMENT WAS MADE AGAINST AN ESTIMATED ACTUAL INFLATION FIGURE OF **OVER 100%**
- **RESULT: EROSION OF PURCHASING POWER OF PENSIONS**
- THIS SITUATION HAS BEEN GOING ON FOR SEVERAL YEARS NOW

28.05.2023

3

LOSS OF SUPPLEMENT C SPECIFIC TO TÜRKİYE

- **THE NEW NATO HEALTH INSURANCE CONTRACT** STARTED TO BE IMPLEMENTED AS OF **1 January 2023**
- THERE ARE **SEVERAL NEGATIVE ASPECTS** TO THE NEW INSURANCE CONTRACT; WE CONSIDER **THE REPLACEMENT OF SUPPLEMENTS AND SUPPLEMENT C BY AFFINITY PRODUCTS AS THE MOST IMPORTANT**
- **AFFINITY PRODUCTS:**
 - PLACE PREMIUM **BURDEN ON RETIREES** INSTEAD OF THE ACTIVES
 - MUCH MORE **EXPENSIVE**
 - OFFERED **OUTSIDE THE NATO HEALTH INSURANCE CONTRACT**

28.05.2023

4

LOSS OF SUPPLEMENT C SPECIFIC TO TÜRKİYE (CONT'D)

- SUPPLEMENT C SPECIFIC TO TÜRKİYE **ILLEGALLY** RESCINDED IN 2018 AND RESTORED IN 2020 FOLLOWING A SUCCESSFUL APPEAL AT THE NATO ADMINISTRATIVE TRIBUNAL
- **DISREGARDING** NATO ADMINISTRATIVE TRIBUNAL'S DECISION, SUPPLEMENT C IS RESCINDED AGAIN BY NATO AS PART OF THE MODERNIZATION OF NATO HEALTH INSURANCE CONTRACT: PENSIONERS IN TÜRKİYE UNHAPPY
- A PENSIONER COLLEAGUE LODGED **AN APPEAL: NOT AGAINST THE MODERNIZATION BUT THE RESCINDING OF SUPPLEMENT C**

28.05.2023

5

ALLIANZ WORLD-WIDE CARE RELATIONS

- RECEIVED **SEVERAL COMPLAINTS CONCERNING LATE AND INCORRECT REIMBURSEMENTS** IN 2022 AND 2023
- **COMPLAINTS CONCERN:**
 - FURTHER INFORMATION REQUESTS THAT ARE GENERALLY REDUNDANT
 - NOT RESPONDING IN A REASONABLE AMOUNT OF TIME AFTER FURTHER INFORMATION IS PROVIDED
 - CURRENCY CONVERSION MISTAKES
 - TREATING A BENEFIT SET IN EURO AS A BENEFIT IN TURKISH LIRA
 - TREATING AN UNPAID INVOICE AS DUPLICATE
 - TERMINATING A PENSIONER'S POLICY DUE TO A DATABASE MISTAKE
- **EXAMPLES:**
 - A FUNERAL EXPENSE REIMBURSEMENT IS STILL NOT PAID OVER A YEAR AFTER IT WAS DUE
 - A SURGEON'S BILL WAS PAID AFTER 4 MONTHS OF BACK AND FORTH CORRESPONDANCE ALTHOUGH ADDITIONAL INFORMATION WAS PROVIDED IN TIME
 - A PENSIONER COLLEAGUE'S POLICY WAS TERMINATED LAST WEEK AND SHE WAS ASKED TO PAY BACK A CONSIDERABLE SUM FOR PAST REIMBURSEMENTS

28.05.2023

6

ALLIANZ WORLD-WIDE CARE RELATIONS (CONT'D)

- **IN ALL THOSE UNRESOLVED CASES I HAD TO CONTACT AWC ADMINISTRATION AND ASKED FOR THEIR INVOLVEMENT.**
- **THE ADMINISTRATION OF AWC IS RESPONSIVE, HOWEVER, THE PROCESS CONSUMES MUCH OF MY AND AWC ADMINISTRATION'S TIME UNNECESSARILY**
- **THE INCIDENCE OF MISTAKES SLIGHTLY DECREASED IN 2023**
- **BELIEVE PROBLEMS CAN BE MINIMIZED BY ADEQUATE STAFFING AND FURTHER TRAINING AT AWC**

28.05.2023

7

PERSONNEL

- **OUR ANARCP CHAPTER IN TÜRKİYE IS A SMALL ONE**
- **WE HAVE A TOTAL OF 71 MEMBERS**
- **10 LIFE-TIME MEMBERS**
- **61 PAYING MEMBERS**
- **6 MEMBERS DECEASED IN 2022-2023**

28.05.2023

8

SOCIAL EVENTS

- **PANDEMIC WAS A SOCIAL EVENT KILLER IN 2021 AND 2022**
- **WE COULD ORGANIZE ONLY ONE EVENT PER YEAR**
- **WE HOPE TO HAVE MORE EVENTS IN THE FUTURE TO PROMOTE SOCIALIZATION AMONG MEMBERSHIP AND TO INFORM MEMBERS ON PENSIONER ISSUES**

28.05.2023

9

THE FUTURE

- IMMEDIATE CONCERN : **WINNING THE APPEAL** TO HAVE SUPPLEMENT C RESTORED
- CONTINUOUS CONCERN : **PREVENTING FURTHER EROSION OF PENSIONS**
- **ACTIVE STAFF AT HQ LANDCOM** IN IZMIR HAS REQUESTED THROUGH CNCSC **A FAMILY BUDGET SURVEY IN TÜRKİYE** TO DETERMINE THE DEGREE OF PURCHASING POWER LOSS IN SALARIES
- ANARCP REQUESTED CHAIR CNRSA TO BRING UP THE MATTER WITH THE NATO IS EXECUTIVE MANAGEMENT DIVISION FOR THE NECESSITY AND THE URGENCY OF SUCH A SURVEY
- **ANARCP SHOULD CONTINUE TO PURSUE THE ISSUE THROUGH THE CNRCSA**

28.05.2023

10

USA/CAN Nat Rep Report to ANARCP - April 2023

1. **Introduction:** Being rather new to this job, with September 2022 being my start date, I would like to introduce myself first. My name is Andrea Caputa. I worked at the Civilian Personnel Office, HQ NAEW\$C Force Gk until I retired on 1 July 2017. I am a German citizen, married to an American national, which is how I ended up living in the USA once I retired.

When I accepted this position, it was at the worst possible time for me and my family, because we were in the midst of dealing with several major life changing issues that left little time for anything else. At the time I felt that I couldn't do justice to the USA/ CAN retirees, but when I realized that nobody would step up and accept this position, I volunteered. I felt that it wasn't an option to leave the USA/CAN retirees without representation. That feeling certainly did not change during my short time in this position, rather the opposite.

2. Allianz/Affinity changes:

a. **For those of us residing in the USA, the changes to the insurance caused some concern, mainly due to worries about ending up in a worse situation with AETNA than we were already in with UHC. UHC was a disaster and I am certain that we all appreciate the effort Allianz put into negotiating this change, which resulted in the switch from UHC to AETNA. This benefits everybody, retirees as well as active staff working in the USA or on duty travel to the USA.**

b. **The retirees here in the USA had many concerns, some of them are still not fully resolved. But, growing pains are to be expected. I am positive that, in time, most of the remaining problems will be resolved.**

c. **Currently the biggest issue is that some of the retirees still have not received the plastic insurance cards. Another issue that keeps coming up, is that claims get submitted using the Affinity policy number, rather than the base contract policy number.**

3. Examples:

a. **One of the more unusual cases came up beginning of January. I got a phone call from a Lady who couldn't figure out why her doctor wouldn't treat her. She was told**

she didn't have insurance. When she called Allianz to clarify, she couldn't understand what they were telling her.

Turns out she had completely missed all the information on the Allianz and Supplementary insurance changes and provided her obsolete UHC insurance card

to her provider.

She is in her nineties, is almost blind and has no family or friends to help her, which made it very difficult to explain this to her and get this situation taken care of.

b. Another, very recent case, was an emergency hospitalization due to a stroke. Allianz didn't deal very well with this situation. Neither did the hospital in the USA, but the latter never seem to, as a standard. Sadly, this is very common in this country. The worst place to be is in need for medical treatment without being able to help yourself and without a family or a friend to take care of things for you.

4. The Difference Explained:

a. There is a huge discrepancy as to how USA medical providers deal with their patients and with patient billing, versus how things are handled in Europe. Providers in the USA are used to patients that have no insurance. They do turn those people away, or provide minimal emergency services, unless the patient can pay out of pocket, prior to receiving treatment. This has happened to us several times. In addition, it is standard practice to charge a considerable amount more than the anticipated treatment cost. At one time we had to pay \$3000 at the front desk, before they even checked us in, for a procedure that was already approved by Allianz. The reason given was that there could be additional charges for unforeseen complications. It took us more than 4 months to get our money back. Just try to imagine what this situation would have been like, had the insurance not already given consent to pay for the procedure.

b. I know that there is the general impression that those of us residing in the US shouldn't complain, because we don't have to pay our bills out of pocket as you all do, and I do agree with you on that. That is a great feature and I am very grateful for that. But allow me to point out the flip side of this. In Germany, likely all over Europe, you will get billed by your medical provider, which means you will have at least 3 weeks to pay your medical bill(s). If you find yourself unable to pay out of pocket for financial reasons, you can submit your bill to Allianz and ask for direct payment. As far as hospital stays, hospitals can deal with Allianz directly and you might never see a bill. Or you can forward your hospital bill to Allianz and ask for direct payment. None of this works with providers or hospitals in the US, simply because they will always charge you before they even consider treating you.

c. At times they won't even treat you, even if you offer to pay out of pocket. I had to wait two months for a lung cancer screening because Allianz didn't provide the hospital with a payment guarantee for two months. I offered to pay out of pocket and they refused to treat me anyway. My friends back home joked that I wouldn't have survived this, had I really been diagnosed with lung cancer. It is hard to explain how things work in this country, but it isn't at all what I am used to from Europe. Of course it varies depending on what part of the country one resides in. Generally, it is considerably worse in the southern states versus the northern states.

5. Standard Issues:

a. Things have calmed down considerably and I am now mainly dealing with standard questions and requests, many of which appear to be age-related difficulties. For example, I recently dealt with the daughter of one of the retirees who couldn't find his tax statement for 2022. The retiree

in question has no internet and no email address, which is why his daughter had to step in.

Mostly I answer questions about Allianz and/or Affinity policy details and tax matters.

This concludes my report. I am very much looking forward to meeting all of you in October this year.

On behalf of all my retired colleagues in the USA and Canada, I wish all of you well. Andrea Caputa