

Chapter 4

WORK ACCIDENT INSURANCE

- 4.1 Historical Background**
- 4.2 Definition and Qualifying Period**
- 4.3 Insurance Financing .**
- 4.4 Benefits in Kind (Treatment and Medical Care) .**
- 4.5 Cash Benefits .**
- 4.6 Medical Arbitration .**
- 4.7 General Provisions .**

4.1

Historical Background

-The first law concerning the compensation of work injuries was law No. 64/1936 which covered all workers in industrial and commercial sectors. Law No. 86/1942 was enacted to make insurance against work injuries compulsory with a private insurance companies. Then Law No. 89/1950 was promulgated to amend the benefits and to extend coverage to all workers in industry, commerce and services sectors and also agricultural workers working with mechanical implements.

-Law No. 117/1950 covers for the first time contingencies due to occupational diseases.

-Law No. 202/1958 had provided work injury benefits and made insurance compulsory in the Social Insurance Organization. Benefits were developed to an international level through the Social Insurance Law No. 63/1964.

-Current Law : 79/1975 - a complete Social Insurance System.

4.2

Definition

**What we mean by Work Accident (Labour injuries)
and Qualifying Period**

What we mean by Work Accident (Labour injuries) :

Labour injury means:

1- Having one of the occupational diseases listed in the following table (Table one annexed to the law).

Occupational Diseases Schedule ⁽¹⁾
Schedule No. (1) (Table one annexed to the law)

| Serial No. | Description of Diseases | Operations or Processes Causing Disease |
|------------|---|---|
| 1 - | Lead poisoning and its (2) Sequels. | Any process involving the use, or handling of lead, its preparations, or compounds ; this includes: the handling of ore containing lead, the casting of old lead and zinc (scrap metals) in ingots processed for manufacturing articles of lead, ingots, Second hand lead or lead scraps, the manufacture of lead compounds, the melting of lead, the preparation and use of enamels (containing lead), polishing by means of lead filings, or powders containing lead, the preparation and use of paints, coating substances or coloring substances containing lead, ...etc. Also, any process involving exposure to dust or (3)fumes given off by lead, its compounds, or preparation. |
| 2 - | Mercury poisoning and its (2) sequels: | Any process involving the use or handling of mercury, its compounds, or preparations, and any process involving exposure to dust, or fumes given off by mercury, its compounds, or substances containing mercury. This includes the manufacture of mercury compound, measuring and laboratory apparatus containing mercury, the preparation of raw material for hat making industry, gilding processes, extraction of gold, and manufacture of explosives from mercury. Etc |
| 3 - | Arsenic poisoning and its sequels: | Any process involving the use or handling of arsenic, its compounds, or substances containing arsenic, and any process necessitating exposure to dust or fumes given off by arsenic, its compounds, or the substances containing arsenic. This includes, operations in which arsenic or its compounds are (4) liberated or manufactured. |
| 4 - | Antimony poisoning and its sequels: | Any process involving the use, or handling of antimony, its compounds, or the substances containing antimony, and any process necessitating exposure to dust or |

- (1) Vocational
(2) Complications
(3) Vapor
(4) Generated

| Serial No. | Description of Diseases | Operations or Processes Causing Disease |
|------------|---|---|
| | | fumes given off by antimony, its compounds and the substances containing antimony. |
| 5- | phosphorus poisoning and its sequels | Any process involving the use or handling of phosphorus, its compounds, or the substances containing phosphorus, and any process necessitating exposure to dust or fumes given off by phosphorus, its compounds, or the substances containing phosphorus. |
| 6. | Poisoning by Benzole, its homologues, compounds, or their nitro-derivatives, and their sequels: | Any process involving the use, or handling of these substances, and any process necessitates exposure to the dust or fumes they give off. |
| 7. | Manganese poisoning and its sequels: | Any process involving the use or handling of manganese, its compounds, or substances containing manganese: also any process involving exposure to the dust or fumes given off by manganese, its compounds or the substances containing manganese; including any operation of extracting, preparing, grinding and packing of manganese and its compounds .. etc. |
| 8. | Sulphur poisoning and its sequels: | Any process involving the use, or handling of sulphur, its compounds, or the substances containing sulphur, and any process necessitating exposure to dust or fumes given off by sulphur, its compounds, or the substances containing sulphur, including exposure to gaseous or nongaseous sulphur compounds.. etc. |
| 9- | Affections caused by chromium and resultant complication such as ulcers... etc. | Any process involving the preparation, production, use or handling of Chromium, chromic acid, or sodium, potassium, or zinc chromate or bichromate, or their preparation. |
| 10- | Affection caused by Nickel, and resultant complications such as ulcers... etc. | Any process involving the preparation production, use, or handling of nickel, its compounds, or any substance containing nickel or its compounds. This includes exposure to nickel carbonile dust. |
| 11- | Carbon Monoxide poisoning and its sequels. | Any process involving exposure to carbon monoxide, including preparing, using and liberating operations of monoxide, e.g. garages, brick and lime- kilns ets, |

| Serial No. | Description of Diseases | Operations or Processes Causing Disease |
|------------|--|--|
| 12- | Poisoning by * Hydrocyanic acid and its compounds, and its sequels. | Any process involving change, use or handling of * hydrocyanic acid or its compounds, and any process involving exposure to the fumes, or ** emanations of the acid, its compounds, dusts, its preparations, or contents. |
| 13- | Poisoning by chlorine, Fluorine, Bromine and their compounds. | Any process involving the preparations, use or handling of chlorine, fluorine, or bromine, or their compounds, and any process involving exposure to such substances or the fumes, or dust they give off. |
| 14- | Poisoning by petroleum, its gases, or derivatives, and its sequels | Any process involving the handling or use of petroleum, its gases, or derivatives, and any process involving exposure to such substances whether solid, liquid or gaseous. |
| 15- | Poisoning by chloroform and carbon Tetrachloride | Any process involving the use or handling of chloroform, or carbon tetrachloride, and any process involving exposure to fumes given off by or containing such substances by or containing such substances |
| 16- | poisoning by Tetachloro-ethane, trichloroethylene and, other Halogenic Derivatives Hydrocarbons of the Aliphatic series: | Any process involving use, or handling of such substances, and exposure to the fumes given off by or containing them. |
| 17- | Diseases and pathological symptoms due to radium, radioactive substances or x-rays | Any process involving exposure to radium radioactive substances or x-rays. |
| 18- | Cancer of the skin, and chronic inflammation or ulceration of the skin and eyes. | Any process involving the use, or handling of or exposure to tar, pitch, bitumen, mineral oils (including paraffin) or fluorine, or any compound, product or residue of such substances, and exposure to any other irritant substance, whether solid, liquid or gaseous. |
| 19- | Affections of the eye due to heat and its sequels | Any process involving frequent or continuous exposure to glare or radiation from molten glass, or bed-hot * or molten metals, or exposure to strong light, intense heat causing injury to the eyes impairment of vision. |
| 20- | Pneumoconiosis due to: 1- Silica dust (silicosis) | Any process involving exposure to dust recently produced by a silica substance, or |

* Cyanide or Cyanure or Cyanidic

** Drizzle

| serial No. | Description of Diseases | Operations or Processes causing | Diseases |
|--|-------------------------|---|----------|
| 2- Asbestos dust (asbestosis) 3- Cotton and flax dust (byssinosis) 4- Talc dust and powder (Talcosis)*** | | substances containing more than 5% of silica substance, such as working in mines, and quarries, hewing and grinding of stones, manufacture of grind- stones, or the polishing of metals by means of sand, or any other processes involving such exposure, and also any work involving exposure to asbestos dust, cotton dust and flax(**) and talc powder to an extent causing such diseases. | |
| 21-Malignant Anthrax | | Any work involving contact with animals infected with such disease, or handling of their carcasses or parts thereof, and their raw products or their refuse, including hides, hoofs, horns and hair, also loading, unloading goods containing animal raw products and their refuse. | |
| 22- glanders | | Any process involving contact with animals suffering such disease, and handling of their carcasses or parts thereof. | |
| 23- Tuberculosis | | Work in hospitals for the treatment of such disease. | |
| 24- Infectious fevers | | Work in hospitals for the treatment of such diseases, and the contact due to work necessity for cases of infectious diseases, and work in the laboratories or specialized research centres for these kinds of diseases**** | |
| 25- Beryllium poisoning) 26- Selenium poisoning) | | Any work involving the use or handling such element or its compounds, or substances containing such element also, any work involving exposure to its dust or fumes, or its | |

(*) Heated- (Thermal)- Hot.

(**) See Decree No. 230 for 1981 issued by Minister of Insurance, and which is enforceable as of 31.12.1981 (date of its issue) Flax dust is added to pneumoconiosis and their causes.

(***) See Decree No. 167 for 1983 issued by Minister of Insurance, and which is enforceable as of 15.9.1983 (date of its issue).Details of amendment:

- Disease of talc powder is added to pneumoconiosis and their causes.

- Also, contact due to work in laboratories, and specialized research centers is added to the causes of contagious fevers; these amendments shall be applicable to the cases preceding the issuance of the mentioned two decrees, and the due financial entitlements shall be paid as of date of issue for each decree- 31.12.1981 regarding the first, and 15.9.1983 regarding the second.

(****) Also, contact due to work in Laboratories, and specialized research centres is added to the causes of contagious fevers; these amendments shall be applicable to the cases preceding the issuance of the mentioned two decrees, and the due financial entitlements shall be paid as of date of issue for each decree - 31.12.1981 regarding the first, and 15.9.1983 regarding the second. (See Notes on previous page No. 159.)

| Serial No. | Description of Diseases | Operations or Processes Causing Disease |
|------------|---|--|
| | | compounds, or the substances containing such element. |
| 27- | Manifestations and diseases due to *subjection to atmospheric pressure variations | Any process involving sudden subjection * or work under high atmospheric pressure or sudden decompression of atmospheric pressure or work under low atmospheric pressure for long periods. |
| 28- | Diseases and pathological manifestations due to hormones and their derivatives. | Any process involving exposure to the effects of hormones or the hormonal derivatives. |
| 29- | occupational Deafness | Work in industries or operations under which workers are exposed to the effect of noise or drugs, and the chemicals affecting hearing. |

2- Injury as a result of an accident that takes place during performing work or because of it.

3-The injury resulting from exhaustion is considered labour injury according to conditions and rules to be issued by a ministerial decree.

4- Any accident during the insured person's going to or return from work is considered a labour injury providing that going or return are non-stop and without deviation from the normal route.

Qualifying Period :

Qualifying for the insurance benefits does not provide for any contribution period or any period before being entitled to benefits .

(*) Exposure.

4.3

Insurance Financing

Work accident insurance shall be financed through the following : (Article 46):

1- Monthly contributions for which the employer is held responsible according to the following ratios :-

a) 1% of the wages of the insured persons at the administration system of the state, public authorities and general organizations.

b) 2% of the wages of the insured persons at the economic units affiliated to the quarters referred to in the previous item, and at other economic units of the public sector.

The quarters referred to in the previous two items, shall be bound to pay the wage indemnity and transport expenses stipulated upon in this part.

c) 3% of the wages with regard to the rest of the insured persons referred to in article (2) and paragraph one of article(3).

The ratios of contributions prescribed in the two items (a) and (b) shall be reduced by 50%, and the ratios prescribed in item(c)by one third in respect of the employers who provide medical care and treatment for their injured persons as prescribed by the social insurance law (the next item 4.3). The value of this reduction shall be deducted from the amounts which the concerned organization is bound to pay.

The ratio of contribution prescribed shall be reduced by one third (2% instead of 3% of the wage), in case the minister of insurance authorizes the employer to bear the compensation in case of temporary disability and transport expenses.

2- Yield of investing the aforesaid contributions.

Employers shall be exempted from paying the contributions for students and workers under 18 years, if they are not receiving wages.

The health insurance general organization shall undertake treatment and medical care for the injured person.

The injured person is allowed for medical treatment in a class higher than that set for him by insurance, provided he bears the difference in costs, or the employer bears it if there is an agreement to that effect.

The employer is allowed to provide treatment and medical care to the injured person when the health insurance general authority authorizes that in accordance with the terms and positions by which a decree shall be issued by the minister of health in agreement with the minister of insurance (Article 48).

4.4

Benefits in Kind

(Treatment and medical care)

The expression "Medical Treatment and care" means the following :(Article 47)

- Medical services by the general practitioner.
- Medical services at the specialists level including the dentist.
- Medical care at home (domestic medical care) when necessary.
- Treatment and accommodation in the hospital (hospitalization) or dispensary or the specialized center.
- Surgical operations and other kinds of treatment according to circumstances.
- Radiography, necessary laboratory researches (analysis) and other medical examinations (including medical check-up).
- Necessary medicines for all the above- mentioned cases.
- Providing rehabilitation services: including artificial limbs, and compensating devices according to terms and positions determined by a ministerial decree

from the minister of health in agreement with the minister of insurance.

4.5

Cash Benefits

1. Temporary Compensation: (Article 49)

If the insured person's injury prevented him from performing his duties, the quarter concerned with payment of indemnity wage during the period of the absence from work because of such injury, shall pay him indemnity for his wage which is equal to his wage in respect of which contribution was paid. This indemnity shall be paid to the injured person on the dates wages are payable to monthly paid workers, and weekly in respect of others.

Such indemnity shall continue to be payable to the injured person throughout the period during which he is incapable of performing his work, until permanent disability is established, or death occurs.

Each case of relapse or reaction arising therefrom, shall be considered as an injury.

The employer shall bear the wage of day of injury irrespective of the time of its occurrence: and the daily indemnity shall be assessed on the basis of the monthly wage for which the contribution is paid, divided by thirty.

2. Travelling expenses:

On the occurrence of an injury, the employer is held responsible for conveying the injured person to the place of treatment. The quarter concerned with payment of wage indemnity shall bear the cost of transporting the injured person, by ordinary means of transport, from his residence place to the place of treatment if it lies outside the city where he lives, and paying travelling expenses by special means of transport within or outside the city

if the medical treating officer decides that the injured person's health condition does not allow for his transportation by ordinary means of transport .

In organizing transportation and its expenses, the rules issued by a decree from the minister of insurance on the proposal of the board of directors shall be followed (Decree No. 296 for the year 1976, issued by the minister of insurance, and published in the official gazette - edition No. 274 on 29.11.1976).

3. Total Permanent Disability or Death Pension (Article 51) :

If work injury resulted in complete disability or death, the pension shall be assessed at the rate of 80% of the wage in date of work injury happened, it shall not exceed the maximum limit of insured wage, and shall not be less than the minimum limit.

This pension shall be increased at the rate of 5% each five years till the insured person virtually attains the age of 60 or reckoned as having attained it, if the disability or death was the cause of terminating the service of the insured person; and each amount of increase shall be considered as a part of the pension when determining the amount of the following increase.

4. Partial Permanent Disability Compensation :

1- If the degree of partial permanent disability resulting from the injury is assessed as equal to or larger than 35%, the insured person shall be entitled to a pension equivalent to the portion of disability out of the total disability pension.

If such disability leads to the termination of the insured person's service by establishing the non-existence of another job for him with the employer according to a decision of the authorized committee (the rules stipulated upon in item 3 of article 18), his pension

shall be increased according to the provision of the last paragraph. (Article 52)

2- If the injury results in a permanent partial disability of less than 35%, the injured person shall be entitled to indemnity to be assessed in proportion to that disability multiplied by the value of total disablement pension for four years; and this indemnity shall be payable in one lump sum.(Article 53)

3- In case of total disability or death for those who are not receiving wages of the categories stipulated upon in the second paragraph of article (3) pension shall be ten pounds monthly.

Estimating the permanent disability ratio: (Article 55) :

The ratio of permanent disability is estimated according to the following rules :-

1- If the disability is indicated in the following schedule (schedule No. (2) appended to this law) due regard shall be given to the percentages of the total disability ratio prescribed therein.

First Assessment of Degrees of Incapacity (1) in Cases Of Organic Loss
Schedule NO. (2)

| No | Nature of Incapacity (2) | Percentage of Incapacity Degree |
|-----|---------------------------------------|---------------------------------|
| 1- | Amputation of right arm at shoulder | 80% |
| 2- | Amputation of right arm above elbow | 75% |
| 3- | Amputation of right arm below elbow | 65% |
| 4- | Amputation of left arm at shoulder | 70% |
| 5- | Amputation of left arm above elbow | 65% |
| 6- | Amputation of left arm below elbow | 55% |
| 7- | Amputation of leg above knee | 65% |
| 8- | Amputation of leg below knee | 55% |
| 9- | Total loss of hearing (i.e. deafness) | 55% |
| 10- | Loss of one eye | 35% |

New cases were added according to Ministerial Decree No. 137 for 1978.

(1) Infirmary.

(2) Residual.

| No | Nature of Incapacity | Percentage of Incapacity Degree | |
|---------|---|---------------------------------|-------|
| | | left | Right |
| 11- | Amputation of thumb | 25% | 30% |
| | Amputation of distal phalanx of thumb | 15% | 18% |
| 12- | Amputation of index finger (1) | 10% | 12% |
| | Amputation of distal phalanx of index finger. | 5% | 6% |
| | Amputation of distal and middle phalanges of index finger | 8% | 10% |
| 13- | Amputation of middle finger | | |
| | Amputation of distal phalanx of middle finger | 4% | 5% |
| | Amputation of distal and middle phalanges | 6% | 8% |
| 14- (2) | Amputation of a finger other than index, thumb and middle fingers | 5% | 6% |
| | Amputation of distal phalanx | 3% | 3% |
| | Amputation of two distal phalanges | 4% | 5% |
| 15- | Amputation of right hand at wrist | | 60% |
| 16- | Amputation of left hand at wrist | | 50% |
| 17- | Amputation of foot with ankle bones | | 45% |
| 18- | Amputation of heads of ankle bones | | 35% |
| 19- | Amputation of all metatarsals | | 30% |
| 20- | Amputation of the fifth finger and its metatarsal. | | 10% |
| 21- | Amputation of the big toe (3) and its metatarsal. | | 10% |
| 22- | Amputation of toe except the second toe | | 5% |
| 23- | Amputation of distal phalanx of big toe | | 4% |
| 24- | Amputation of distal phalanx of second toe. | | 3% |
| 25- | Amputation of any toe other than first and second. | | 3% |

Schedule No.(2) Continued

(Cases Added to the schedule by the Ministry of Insurance Decree No.137 For 1978 .. The official Gazett Issue No. 223 on 28.9.1978)

| Resulting Residual Incapacity | Percentage of Incapacity degree | |
|---|---------------------------------|------|
| | Right | left |
| <u>UPPER LIMB</u> | | |
| <u>ANCHYLOSIS</u> | | |
| <u>THUMB</u> | | |
| - Anchylosis of phlangeal phalange joint in complete stretch. | 8% | 6% |
| - Anchylosis of phalangeal phalange joint in complete bend. | 10% | 8% |
| - Anchylosis of metacarpophalangeal Joint in complete bend or stretch. | 10% | 8% |
| - Anchylosis of metacarpophalangeal Joint in half bend | 8% | 6% |
| - Anchylosis of metacarpophalangeal Joint and phalangeal phalange joint of the thumb in partial bend. | 15% | 12% |

(1) Item 14 is amended as per D. No.64/ 89 issued on 31, October 1989

(2) Forefinger.

(3) Big toe= First Toe

| Resulting Residual Incapacity | Percentage of Incapacity degree | |
|---|---------------------------------|------|
| | Right | left |
| - Anchylosis of metacarpophalangeal and phalangeal phalange joints in complete stretch or bend | 18% | 15% |
| - Anchylosis of joint between thumb metacarpus and wrist bones. | 15% | 12% |
| - Dislocation in phalangeal phalange Joint of the thumb . | 5% | 4% |
| - Dislocation of metacarpophalangeal Joint | 15% | 10% |
| - Obligatory adduction of thumb due to healing trace or failure of abducting muscle to act. | 20% | 16% |
| <u>Index- Finger:-</u> | | |
| - Anchylosis of first phalangeal phalange joint in case of bending of stretching. | 6% | 4% |
| - Anchylosis of second phalangeal phalange 2 Joint in case of bend or stretch. | 2% | 1% |
| - Anchylosis of first and second phalangeal Joints in case of bend or stretch. | 8% | 5% |
| - Anchylosis of metacarpophalangeal Joint in case of bend or stretch | 8% | 6% |
| - Anchylosis of metacarpophalangeal and first and second phalangeal phalange Joints in case of complete bending or stretching | 12% | 10% |
| <u>Middle finger</u> | | |
| - Anchylosis of first phalangeal phalange joint in case of bending or stretching. | 6% | 4% |
| - Anchylosis of second phalangeal phalange Joint in case of bending or stretching. | 2% | 1% |
| - Anchylosis of first and second phalangeal phalange Joints in case of bending or stretching. | 6% | 5% |
| - Anchylosis of metacarpophalangeal Joint. | 6% | 4% |
| - Anchylosis of metacarpophalangeal and first and second phalangeal phalange Joint in case of bending or stretching | 10% | 8% |
| <u>Ring Finger or little finger</u> | | |
| - Anchylosis of first phalangeal phalange joint in case of bending or stretching. | 4% | 3% |
| - Anchylosis of second phalangeal phalange Joint in case of bending or stretching. | 2% | 1% |
| - Anchylosis of metacarpophalangeal Joint. | 4% | 3% |
| - Anchylosis of metacarpophalangeal and first and second phalangeal phalange joints in case of bending and stretching. | 6% | 4% |
| <u>Hand Anchylosis</u> | | |
| - Anchylosis of all hand and fingers joints. | 60% | 50% |
| - Anchylosis of all hand and fingers joints except the thumb. | 45% | 35% |

| Resulting Residual Incapacity | Percentage of Incapacity degree | |
|--|---------------------------------|-------|
| | Right | left |
| <u>Tendony</u> | | |
| A) Cut off extending tendon at finger base (in case of complete bend): | | |
| - Thumb | 12% | 10% |
| - Index finger. | 12% | 10% |
| - Middle finger | 10% | 8% |
| - Ring finger, or little finger | 8% | 6% |
| - Cut off extending tendon before insertion into second phalanx (The last two phalanges in case off complete bending): | | |
| - Thumb. | 6% | 4% |
| - Index finger. | 4% | 3% |
| - Ring finger, or little finger | 3% | 2% |
| Cut off extending tendon before insertion into last phalanx directly (the last phalanx in case of complete bending): | | |
| - Thumb. | 6% | 4% |
| - Index finger. | 2% | 1% |
| - Middle, or Ring finger, or little finger . | 1% | 0.5%* |
| B) Cut off contractile tendon at metacarpophalangeal joint, and the first phalangeal phalange joint (the finger in case of complete stretching out): | | |
| - Thumb | 20% | 16% |
| - Index finger. | 12% | 10% |
| - Ring finger, and little finger | 6% | 5% |
| - Middle finger | 10% | 8% |
| C) Cut off contractile tendon at the second phalangeal phalange joint (the last phalanx in case of complete stretching out): | | |
| - Thumb | 8% | 6% |
| - Index finger. | 3% | 2% |
| - Middle finger- | 2% | 1% |
| - Ring finger, or little finger | 1 1/2% | 1% |
| D) Arm and Forearm | | |
| - Habitual dislocation in shoulder | 30% | 25% |
| - Complete ankylosis in shoulder | 40% | 30% |
| - Partial ankylosis in shoulder | 30% | 25% |
| - Difficiency in movement of raising the arm to shoulder level. | 25% | 20% |
| - Difficiency in movement of raising the arm up to about 30 degree. | 15% | 10% |

(*) The last figure in percentage of incapacity degree (left) was published wrong (5%), and the correct percentage is (0.5%), and so it was imperative to mention it.

| Resulting Residual Incapacity | Percentage of Incapacity degree | |
|--|---|------|
| | Right | left |
| - Healing trace confining arm movement while arm is adjacent to the body. | 40% | 30% |
| - Disjointed fracture in arme. | 50% | 40% |
| - Disjointed fracture in elbow projection | 15% | 10% |
| - Elbow anchylosis in complete stretching at 180 degree. | 50% | 40% |
| - Elbow anchylosis at 150 degree | 40% | 30% |
| - Elbow anchylosis at 90 degree | 30% | 25% |
| - Healing trace confining elbow stretching movement to 45 degree or less, (the forearm is bent at acute angle. | 40% | 35% |
| - Healing trace confining elbow stretching movement to 90 degree. | 20% | 15% |
| - Healing trace confining elbow stretching movement to 135 degree. | 15% | 12% |
| - Fracture in forearm accompanied with complete retardation in pronating and supinating movements. | 50% | 40% |
| - Healing trace confining pronating movement between 10 and 90 degrees | 30% | 25% |
| - Healing trace confining pronating movement between 45 and 90 degrees | 20% | 15% |
| - Fracture with defective cohesion in forearm bones retarding movements of wrist joint. | 15% | 10% |
| - complete wrist anchylosis . | 25% | 20% |
| - Partial wrist anchylosis. | 15% | 12% |
| - Wrist anchylosis with complete pronation and supination of the hand. | 25% | 20% |
| <u>MUSCLES, NERVES AND BLOOD VESSELS</u> | | |
| <u>IN UPPER LIMB</u> | | |
| <u>(1) Muscular Atrophy:</u> | | |
| - Atrophy of organic biceptice muscle. | 30% | 25% |
| - Atrophy of deltoid muscle. | 30% | 20% |
| <u>(2) Nervous Paralysis</u> | | |
| - Nervous ulnar paralysis, and injury at elbow | 30% | 25% |
| - Nervous ulnar paralysis, and injury at hand. | 20% | 15% |
| - Nervous radial paralysis, upper branch of tricepital muscle. | 50% | 40% |
| - Nervous radial paralysis | 40% | 30% |
| - Nervous intermedius paralysis | 35% | 35% |
| - Nervous paralysis under scapula. | 10% | 8% |
| - Neurocirculatory paralysis. | 20% | 15% |
| - Nervous ulnar and radial paralysis. | 60% | 50% |
| - Nervous ulnar and intermedius paralysis. | 60% | 50% |
| - Nervous ulnar,radial and intermedius paralysis. | 75% | 65% |
| <u>(3) Blood Vessels</u> | | |
| - Arterial embolism resulting in gangrens. | The case is treated as amputation case. | |
| - Veins embolism resulting in chronic osmium. | From 10% to 30% | |

| Resulting Residual Incapacity | Percentage of Incapacity degree | |
|---|---------------------------------|------|
| | Right | left |
| <u>Third- Lower Limb</u> | | |
| - Fracture in thigh with 6 cm shortness, joints in very good state, and medium weakness in muscles. | | 30% |
| - Fracture in thigh with 4 cm shortness | | 12% |
| - Fracture in thigh with 3 cm shortness | | 8% |
| - Disjointed fracture in Knee cap , with weakness in thigh. | | 20% |
| - Disjointed fracture in Knee cap , with severe weakness in thigh. | | 30% |
| - Fracture in the two bones of the leg jointed in a faulty manner | | 20% |
| - Disjointed fracture in the leg. | | 50% |
| - Hip joint ankylosis in a proper position. | | 50% |
| - Ankylosis in Knee at 100 degree. | | 50% |
| - Ankylosis in knee, movable between 120 degree, and 170 degree | | 25% |
| - Ankylosis in knee, movable between 90 degree, and 180 degree | | 15% |
| - Healing scar at the back of the knee confining stretching out movement to 90 degree or less. | From 60% to 50% | |
| - Healing scar at the back of the knee confining stretching out movement to 135 degree. | From 50% to 30% | |
| - Healing scar at the back of the knee restricting out movement to 170 degree. | From 30% to 10% | |
| - Inflammation of a deformed joint at the knee. | | 25% |
| - Ankylosis in all foot , with a raise of foot up to an angle more than 100 degree. | | 50% |
| - Ankylosis in all foot in an angle of 100 degree | | 35% |
| - Ankylosis in all foot in an angle of 90 degree (best position). | | 20% |
| - Big toe ankylosis in a position causing delay in walking movement. | | 15% |
| - Ankylosis in all toes in good position. | | 15% |
| - Flat foot due to bones fracture. | | 15% |
| <u>Mucles and Nerves in lower Limb:</u> | | |
| <u>(1) Muscular Atrophy in the front part of thigh:</u> | | |
| - Atrophy of thigh muscles completely. | | 20% |
| - Atrophy of lower limb muscles. | | 30% |
| - Atrophy of all leg muscles. | | 40% |
| - Atrophy of front part of leg muscles. | | 30% |
| - Successive muscular atrophy. | | 10% |
| - Complete trepidation (Genu Valgum) with muscular severe debility. | From 10% to 80% | |
| <u>(2) Lower Limb nevous paralysis</u> | | |
| - Complete paralysis in hip nerve. | | 50% |
| - Complete paralysis in sciatic nerve. | | 50% |
| - External popliteal neuroparalysis | | 30% |

| Resulting Residual Incapacity | Percentage of Incapacity degree |
|--|--------------------------------------|
| - Internal popliteal neuroparalysis | 30% |
| - Internal and External popliteal neuroparalysis | 40% |
| - Internal and External popliteal neuroparalysis, accompanied with pain, | 60% |
| - Fibular nerve paralysis. | 20% |
| (3) Blood Vessels | |
| - Arterial embolism resulting in gangrene. | Treated the same as amputation case. |
| - Vein embolism resulting in chronic. | From 10% to 3% |
| - Vein embolism resulting in osmium in the lower tow limbs, andchronic ulcer affecting walking and standing movements. | |
| - Varicose uncurable by surgery intervention, and resulting in chronic | From 20% to 30% |
| <u>INJURIES OF HEAD, AND CENTRAL NERVOUS SYSTEM.</u> | |
| - Scalp calvitium. | From 5% to 10% |
| - Injury in the head, resulting in loss of external and intnal lamellar bones, (according to the area of the lost part) | From 10% to 40% |
| - Injury in the head, either accompanied with fracture in skull or not, or accompanied with concussion, or not, and resulting in dizziness, tremors, headache, stuttering, or deficiency in mental power according to the acuteness of the case. | From 20% to 70% |
| - Injury in the head resulting in mental disorder. | 100% |
| - Cerebral hemorrhage accompanied with uncurable hemiparaplegia | 100% |
| - Uncomplete hemiplegia with aphasia. | 100% |
| - Uncomplete right hemiplegia. | From 20% to 60% |
| - Uncomplete left hemiplegia. | From 20% to 40% |
| - Complete hemiplegia accompanied by muscular tension. | From 70% to 100% |
| - Complet paralysis in right upper limb. | 80% |
| - Complet paralysis in left upper limb. | 70% |
| - Uncomplet paralysis in right upper limb. | From 20% to 40% |
| - UnComplet paralysis in left upper limb. | From 15% to 30% |
| - Simple aphasia. | From 10% to 30% |
| - Apparent aphasia. | From 30% to 60% |
| - Epilepsia, minor or rare fits. | From 20% to 30% |
| - Epilepsia,frequent fits. | From 30% to 80% |
| - Hemiparaplegia (of the two lowerlimbs). | 100% |
| - Hemiparaplegia with walking ability. | From 20% to 40% |
| - Uncomplete hemiparaplegia (of the two lower limbs), or walking is imossible. | 70% |
| - UnComplet hemiparaplegia (of the two lower limbs), and walking is possibleby the aid of a crutch or stick. | From 30% to 70% |
| - Cavitation of central cord. | From 40% to 70% |
| - Cirrhosis of scattered central nervous system. | From 50% to 70% |
| <u>First Nerve :</u> | |
| - Loss of olfaction. | 5% |

| Resulting Residual Incapacity | Percentage of Incapacity degree |
|--|---------------------------------|
| <u>Second Nerve :</u> | |
| - complete atrophy in monocular nerve(for one eye). | 35% |
| - Double complete atrophy in binocular nerve. | 100% |
| <u>Third, Fourth, and Sixth Nerves:</u> | |
| - paralysis of intrinsic muscles in one eye. | From 5% to 10% |
| - paralysis of intrinsic muscles in the two eye. | From 10% to 20% |
| - paralysis in extrinsic muscles of the two eyes without diplopia. | From 10% to 15% |
| - paralysis in extrinsic muscles,with diplopia. | 25% |
| <u>The Fifth Nerve :</u> | |
| - Inflammation at the ends of the fifth nerve, and contraction of hemifacial muscles, accompanied with pain. | From 15% to 20% |
| - Paralysis in the Fifth Nerve, accompanied with hemifacial loss of sensitivity. | From 10% to 20% |
| <u>The Seventh Nerve :</u> | |
| - Facial nerve paralysis, and disability to shut eye,s lids. | From 10% to 20% |
| - Facial nerve paralysis, and disability to shutthe two eyes together. | From 30% to 50% |
| (FIFTH) THE NECK | |
| -Trachelokphosis as a result of muscular contraction, or connected healing. | From 10% to 30% |
| - Convulsive bend of neck. | From 20% to 40% |
| (SIXTH) SPINE | |
| - Scoliosis, or lordosis, or kyphosis, with restriction in movement. | From 20% to 40% |
| - Projection or recession accompanied with pains restriction in movement. | From 10% to 30% |
| - Deformed osteoarthritis, with vertebrae rigidty. | From 30% to 40% |
| - Projection or recession accompanied with pains and restriction in movement. | From 10% to 30% |
| - Deformed osteoarthritis, with vertebrae rigidty. | From 30% to 40% |
| - Deformed osteoarthritis, with vertebrae rigidty and labored respiration. | From 30% to 80% |
| - Osteomyelitis in vertebrae, with sound cord. | From 30% to 60% |
| - Pott,s disease not accpanied with tuberculotic tumour. | From 30% to 40% |
| - Pott,s disease accpanied with tuberculotic tumour. | From 50% to 70% |
| (SEVENTH) THE NOSE | |
| - Rhinostenosis without loss, and treatment of rhinostenosis is impossible. | From 5% to 25% |
| - Fractire in nasal bones accompanied with nostril constriction. | 15% |
| - Loss of tip of the nose. | 10% |
| - partial loss in thr nose without nostril constriction | From 10% to 20% |
| - Loss of nose without constriction in nostrils. | From 20% to 40% |
| - Loss of nose accompanied with nostril constriction. | From 20% to 50% |

| Resulting Residual Incapacity | Percentage of Incapacity degree |
|---|---------------------------------|
| - EYES | |
| * Plepharon and dacryosolen: | |
| - Deviation of *plepharon margin externally or internally, or conglutination of *plepharal conjunctiva with oculus conjunctiva. | From 5% to 10% |
| - Uncurable chronic dacryosyrinx from one side. | 15% |
| - Uncurable chronic dacryosyrinx from the two sides. | 30% |
| - Damag of circumorbital ring. | From 15% to 25% |

OCULUS - INFECTIVE CARARACT :

(a) In case of existence of cataract in the eye, causing weakness in sight that may reach the extent of complete loss of sight, the degree of incapacity in this eye shall be estimated at the same degree indicated in paragraph (4) of the special table of loss of sight cases, attached with the law no. 79 for 1975, and amended by the law No. 25 for 1977, if the operation for eliminating the cataract shall have no effect to improve the degree of sight.

(b) If a surgical operation is carried out for eliminating the infective cataract, the incapacity shall be estimated according to the sight degree after such operation using a pair of spectacles which is considered an integral part of the surgery, and to be increased by 10% in return of dissimilation of the two pictures in case of eliminating cataract in one eye, provided not exceeding 35% in the eye in which the operation for eliminating the cataract had been carried out.

| Resulting Residual Incapacity | Percentage of Incapacity degree |
|--|---------------------------------|
| THE EAR | |
| - Loss or deformity in auricle of one ear. | 5% |
| - Loss or deformity in auricle of the two ears. | 10% |
| UPPER JAW | |
| - Manducation is possible. | From 10% to 20% |
| - Manducation is possible. | From 30% to 40% |
| - Loss in palat connected or one connected with nasal cavity and maxillary aerial cavity. | From 10% to 30% |
| - Injury in upper jaw with deformity of nose and face. | From 40% to 60% |
| LOWER JAW | |
| - Manducation is possible. | From 5% to 10% |
| - Manducation is impossible. | From 30% to 40% |
| - Dislocation in temporo- maxillary,the can be restored to its place,or one. | From 10% to 30% |
| - mouth constriction due to ankylosis, in upper and lower jaws. | 20% |
| - mouth constriction due to ankylosis, in upper and lower jaws allowing for drinking liquids only. | 25% |
| - Loss of lower jaw completely, or the ascending section remains with defority in the face | From 40% to 60% |
| TEETH | |
| - Loss of up to five teeth. | From 1% to 5% |
| - Loss of half of the teeth, with the possiblity of fixing a set of artificial teeth. | From 5% to 10% |

* Eye – lid

| Resulting Residual Incapacity | Percentage of Incapacity degree |
|---|---------------------------------|
| - Loss of half of the teeth and fixing artificial set is impossible. | 25% |
| - Loss of all the teeth, with the possibility of fixing artificial set. | 15% |
| - Loss of all the teeth, with the possibility of fixing artificial set is impossible. | From 30% to 40% |
| <u>TONGUE</u> | |
| - Amputation of tongue according to its width, conglutinations, and manner of speaking. | From 10% to 40% |
| - Salivary fistula not improved by surgical treatment. | From 10% to 30% |
| <u>NASAL PHARYNX</u> | |
| - Constriction in nasal pharynx resulting from conglutination of palate with the mural of pharynx. | From 15% to 40% |
| - Pharyngogperistole accompanied with deafness. | From 40% to 60% |
| <u>LOWER PHARYNX</u> | |
| - Pharyngogperistole impeding swallow. | From 10% to 30% |
| <u>LARYNX</u> | |
| - Laryngophthisis. | 20% |
| - Laryngophthisis causing hoarseness of voice. | From 5% to 20% |
| - Laryngostenosis causing hoarseness of voice and laboured respiration. | From 10% to 30% |
| - Laryngostenosis causing labored respiration necessitating fixing laryngo tube. | From 30% to 40% |
| - Laryngostenosis causing absence of voice together with limited damage in vocal cords. | From 40% to 50% |
| <u>ESOPHAGUS</u> | |
| - Esophagostenosis impeding swallow. | From 10% to 30% |
| <u>STOMACH</u> | |
| - chronic ulcer. | From 30% to 40% |
| - chronic ulcer, with painful conglutinations, or pylorostenosis with gastrectosis, and emaciation. | From 40% to 50% |
| - gastrointestinal fistula uncurable by surgical treatment. | From 50% to 60% |
| <u>SMALL INTESTINE</u> | |
| - Fistula in intestine, in upper place of the abdomen. | From 40% to 60% |
| - Fistula in intestine, in lower place in the abdomen. | From 40% to 50% |
| - Loss in intestine | From 10% to 30% |

| Resulting Residual Incapacity | Percentage of Incapacity degree |
|---|---------------------------------|
| <u>Larg intestine</u> | |
| - Fistual uncurable by surgical treatment, and allow for the exit of gases and liquids together with some encrement materials and ordinary feces. | From 20% to 40% |
| <u>Anus</u> | |
| - Fistual according to its position, inside or outside the fiexor muscle: | |
| - Fstula, with acathexia, or retention of fical substances due to injury of flexor muscle, and accompanied with (or without) proctocele, enteritis, or peritonitis. | From 20% to 50% |
| <u>Liver</u> | |
| - cholecystic or puric fistula. | From 20% to 50% |
| <u>spleen</u> | |
| - Elimination of undamaged spleen. | 20% |
| - Elimination of distensible spleen. | 10% |
| - Elimination of distensible spleen. accompanied with hydrogaster. | 0 |
| <u>Abdominal wall</u> | |
| - Right or left inguinal hernia, or umbilical, or sciatic hernia. | From 10% to 20% |
| - Double inguinal hernia. | From 20%to 30% |
| - Hernia in abdominal wall, orsurgical hernia. | From 10%to 30% |
| - Partial paralysis in abdominal muscles due to a never in abdominal wall being affected. | From 5%to 10% |
| <u>Urinary Passages</u> | |
| <u>Kidineys And Ureter:</u> | |
| - Nephritis. | From 10% to 30% |
| - Nephritis and pyelits. | From 30% to 40% |
| - Nephrtis caused by infection or poisoning. | From 40% to 60% |
| - pyelitis of the two kidneys. | From 40% to 60% |
| - Nephrectomy, and the other kidney is undamaged (according to the manner of the eliminated kidney) . | From zero to 15% |
| - Nephrectomy, and the other kidney is nephrocystosie. | 50% |
| - Motile kidney. | From 5% to 10% |
| - Nephrotuberculosis. | 50% |
| - Nephrotuberculosis (in both kidneys). | From 50% to 80% |
| - ureterostoma. | 50% |
| - Abdominal urinal fistula. | From 40% to 60% |
| <u>Vesica</u> | |
| - conglutination of vesica wall with symphysis pubis caused by fracture. | From 40% to 50% |
| - Urinal fistula in pubis or perineum. | 50% |
| - Vesicointestinal fistula. | 70% |
| - Vesical anus fistula. | From 50% to 70% |

| Resulting Residual Incapacity | Percentage of Incapacity degree |
|---|---------------------------------|
| - Injurious chronic cystitis, or vesical tumor necessitating fixing catheter. | From 30% to 40% |
| - cystopyritis. | 50% |
| - cystopyelonephritis(in both kidneys). | From 50% to 70% |
| - Tuberculosis in vesica, with both kidneys undamaged. | From 20% to 30% |
| - complete retention of urine due to injury in spinal cord. | 40% |
| - Partial retention of urine. | 20% |
| - Partial retention of urine, accompanied with nephritis in one or both kidneys. | From 50% to 90% |
| - Uroclepsia. | From 20% to 30% |
| <u>Rear Urethra</u> | |
| - complete constriction due totearing of rear urethra. | 70% |
| - Partial constriction due to tearing of rear urethra. | 50% |
| - costriction that can be widened by surgical operation | From 20% to 40% |
| - constriction accompanied with a closely connection fistula between anus and rear urethra. | From 40% to 60% |
| <u>Front Urethra</u> | |
| - constriction that can be widened. | From 20% to 30% |
| - conistruction difficult to be widened. | From 30% to 40% |
| - urinal fistula. | 30% |
| - Absence of front urether, with a hole in perineum. | 50% |
| - Absence of front urethra, with a hole between umbilicus and perineum. | 40% |
| <u>Tenth (chest)</u> | |
| - Fracture of chest bones, not accompanied with splancnnic injury. | From 10% to 20% |
| - Fracture of a rib according to complications. | From zero to 20% |
| <u>The Two Lungs</u> | |
| - Light chronic bronchitis. | From 5% to 20% |
| - Acute chronic bronchitis. | From 20% to 50% |
| - compilcated chronic bronchitis with emphysema, or asthma, or cardial failure. | From 50% to 100% |
| - Infective pleural effusion. | From 5% to 30% |
| - Hemorrhagic pleural effusion. | From 10% to 40% |
| - purulent pleural effusion. | From 20% to 70% |
| - Tubercular atack resulting in simple fibrosis. | From 5% to 10% |
| - Tubercular attack resultin in moderate fibrosis. | From 10% to 40% |

| Resulting Residual Incapacity | Percentage of Incapacity degree |
|---|---|
| - Tubercular attack resulting in acute fibrosis. | From 40% to 70% |
| - Advanced uncurable tubercular attack. | From 70% to 100% |
| - Silicosis accompanied with simple fibrosis in the two lungs. | From 10% to 30% |
| - silicosis accompanied with moderate fibrosis in the two lungs. | From 30% to 60% |
| - silicosis accompanied with acute fibrosis in lungs. | From 60% to 90% |
| - silicosis accompanied with pulmonary tuberculosis in the two lungs. | 100% |
| - Asbestosis accompanied with simple fibrosis in the two lungs. | From 10% to 20% |
| - Asbestosis accompanied with moderate fibrosis in the two lungs. | From 20% to 40% |
| - Asbestosis accompanied with acute fibrosis in the two lungs. | From 40% to 80% |
| - Asbestosis accompanied with pulmonary tuberculosis in the two lungs. | 100% |
| - Byssinosis (cotton or flax asthma) and not accompanied with changes in x rays (photograph) | Percentage of incapacity is estimated at the percentage of shortage in respiration potency. |
| - Byssinosis accompanied with chronic bronchiocrisis, and bronchial asthma. | From 10% to 50% |
| - Byssinosis accompanied with emphysema. | From 50% to 90% |
| - Emphysema resulting from inhalation of vapours. | From 10% to 90% |
| - Emphysema resulting in instruments. | From 10% to 90% |
| - Malignant tumors resulting from inhalation of vapours or dust. | 100% |
| Heart and Aorta | |
| - Conglutination in cardiac membrane, or attack in cardiac valve, or inflammation in cardiac muscle, or damage in cardiac muscle, as a result of a clot in coronary arteries, and the heart is equivalent | From 10% to 20% |
| - Together with some apparent symptoms and non equivalence of the heart. | From 20% to 60% |
| - The heart and two kidneys are affected due to occurrence of infection or poisoning | 80% |
| - Aortic aneurysm or cardiac wall | From 30% to 90% |
| | From 30% to 80% |
| Eleventh - Genitalia | |
| - Healing scar in penis which does not impede erection | Zero |
| - Loss of glans penis. | 25% |
| - Partial absence of a spongia part | 30% |
| - Loss of penis | 60% |
| - Loss of penis with constriction the hole of urethra | 70% |
| - Loss of penis and testes. | 90% |

| Resulting Residual Incapacity | Percentage of Incapacity degree |
|---|---------------------------------|
| - Loss of a testicle before maturity. | 35% |
| - Loss of a testicle from maturity age up to the age of 40. | 25% |
| - Loss of a testicle after the age of forty. | 15% |
| - Loss of testes before maturity age. | 60% |
| - Loss of testes from maturity age to the age of 40 | 40% |
| - Loss of testes after the age of forty. | 30% |
| - Hydrocele according to size and complication. | From zero to 10% |
| - Infective Hydrocele. | From 10% to 15% |
| - Tuberculosis of epididymis, and testicle from the sides | From 20% to 40% |
| - Tuberculosis of epididymis, prostate and spermatoct. | From 40% to 50% |
| Females | |
| - Loss of womb and two ovaries before maturity age. | From 40% to 60% |
| - Loss of womb before giving birth. | 40% |
| - Loss of womb after giving birth. | 30% |
| - Loss of one ovary before or after maturity age . | 30% |
| - Slip of womb or vagina. | From 5% to 15% |
| Tubercular Glands | |
| - Tubercular glands | From 5% to 20% |
| - Suppurative tubercular glands accompanied with fistulas | From 2% to 25% |
| - Cancer of glands. | From 40% to 100% |
| Malignant Tumors | |
| Incapacity percentage shall be estimated) according to the deficiency of the organ) in performing its function, or its amputa-) -tion, or relapse of the case, or the im-) -possibility of making surgical operation.) | From 40% to 100% |
| Some Diseases | |
| - Syphilis as an occupational disease. | 50% |
| - Habitual fistula once or repeated, and according to its position. | From 20% to 40% |
| - Blood cancer. | From 20% to 100% |

In assessing the degree of incapacity in cases of loss of an organ, the following should be observed:

1) The wounds have been completely healed without leaving any complications or hindrances to the movements of the remaining joints, such as scars, damages, calcifications, inflammation, sensory complications or otherwise, and the degree of incapacity shall be increased according to the resulting complications.

2) In case of the presence of any complications resulting from an amputation, a full description of the case causing the disability, and the complications must be stated in the medical * report, and the degree of limitation of each movement of such joints shall be defined in comparison with the normal bases.

3) In case of the presence of sensory complications its position must be defined, and also the extent of surplus or shortage of sensibility, as well as its kind.

4) If the insured person is left handed, the degree of his incapacity resulting from injuries in the upper left limb shall be assessed at the same percentages prescribed for such incapacity in the right limb.

5) If any organ of the body specified above becomes totally and permanently incapacitated from performing its functions, it shall be deemed to be lost. if the incapacity according to the degree to which the organ has been incapacitated for the performance of its functions.

6) with the exception of the conditions specified in the third item of Article (55), if the injury results in loss of one or more parts of any organ of the body in the above schedule, the percentage of incapacity shall be assessed within the Limits of the percentage fixed for the loss of such organ, and shall not in any case exceed such percentage.

**** Second : In Cases of Eye-Sight Loss**

| Eye-sight degree | percentage of Eye- sight power | percentage of Eye-sight loss | disability Degree of the Injured Eye |
|------------------|--------------------------------|------------------------------|--------------------------------------|
| (1) | (2) | (3) | |
| 6/6 | 100 | - | - |
| 6/9 | 19 | 9 | 3 |
| 6/12 | 84 | 16 | 6 |
| 6/18 | 70 | 30 | 11 |
| 6/24 | 58 | 42 | 15 |
| 6/36 | 40 | 60 | 24 |
| 6/60 | 20 | 80 | 28 |
| 5/60 | 14 | 86 | 31 |
| 4/60 | 8 | 92 | 33 |
| 3/60 | 2 | 98 | 35 |
| 2/60 | - | 100 | 35 |
| 1/60 | - | 100 | 35 |

* certificate.

** Second is amended as per decree No. 64/89 issued in October, 31/1989

In assessing the degree of incapacity residual resulting from loss of vision, the following rules shall be observed:

1- The degree of incapacity from diminution of vision is estimated according to the difference between the degree of incapacity corresponding to the power of vision of the eye before and after the injury, provided that there is a record showing the power of vision before the injury (column 4).

2- If there is no record for the power of vision before the injury, the eye is considered to be normal 6/6.

3- Taking into consideration the provisions of the first item, if the single eye is injured, the degree of incapacity is estimated according to the degree of loss of vision in it, assuming that the total vision of this eyesight is 100% (column 3).

4- If the vision of single eye is lost, it will be considered total incapacity.

5- Taking into consideration the provisions of the first item, in cases of injury to both eyes, the degree of incapacity is estimated on the basis of the half of the total power of vision in each eye, in other words, considering the vision in each eye 50% (column 3).

Cases of Loss of Hearing:

(a) Hearing shall be considered as sound and intact if its diminution does not exceed 15 Decibels for each of two ears.

(b) The percentage of the loss of hearing for one ear, at the rate of 1.5 degree percent shall be calculated as equal to the loss of one decibel of the hearing ability in excess of the 15 Decibels.

(c) The loss of hearing shall be considered as 100% if the average of weakness in the hearing capacity for both ears reaches 85 decibels, and the degree of incapacity resulting therefrom shall in this case be considered as equal to 55% of the total incapacity.

In assessing the degrees of incapacity resulting from the loss of hearing, the following shall be taken into consideration:

1- That the loss of hearing shall be measured in respect of the average hearing capacity for sounds of frequency ranging from 125 to 100 cycles/ second.

It shall be observed that measuring the hearing decrease shall be made by an electrical hearing measuring device, to enable reaching easily such frequency degrees which cannot be easily created by the tuning fork.

2- The degree of incapacity resulting from hearing diminution shall be estimated by the difference between the degree of hearing before the injury and the degree after the injury, if there is a record indicating such degrees.

3- In case there is no record of the state of hearing, the hearing shall then be considered as 100% sound, according to age of the injured worker that is one third $\frac{1}{3}$ decibel shall be added for every year over the age of 45.

4- With due regard to the provisions of item (2) in case where the injury is in the single ear, the degree of incapacity shall be estimated according to the percentage of hearing of such ear, considering the hearing capacity thereof is equal to 100% of the total hearing.

5- Subject to the provisions of Article (4) , in case the injury involves the two ears in different degrees of hearing capacity, the percentage of hearing capacity shall be estimated according to the following system :-

a) Percentage of loss of hearing capacity of both ears together:

Percentage of loss of hearing capacity of the ear with more hearing capacity $\times \frac{5}{6}$ + percentage of loss of hearing capacity of the ear having less hearing capacity.

b) The degree of the resultant incapacity shall be estimated on the basis that a loss of 100% in hearing capacity equals 55% of total incapacity. In all the foregoing, it

is stipulated that the case of incapacity should have stabilized completely.

2- If the disability is not included in the above schedule, the percentage shall then be estimated in proportion to the disability occurred to the worker in his earning capacity, provided such disability is to be indicated in the medical certificate.

3- If the resulting disability has a special effect on the injured person's earning capacity from his original occupation, the type of work performed by the injured person shall be indicated in details, together with its effect in such cases on the increase of the disability ratio over the stated ratios for each case in schedule no. (2) attached with this law.

The minister of insurance may increase the ratio indicated in the said schedule, or added new cases, at the proposal of the board of directors, and the decision shall fix the date it comes into force.

What in case of more than one partial disability:
(Article 56)

If the injured person has sustained a previous injury, the following rules should be regarded in determining his indemnity :

1- If the aggregate ratio of disability from the present injury and previous injury is less than 35% the injured person shall be indemnified for his latest injury on the basis of the disability ratio resulting from it alone, and wage referred to in article (19) at the date of establishing the latest disability.

2- If the aggregate ratio of disability resulting from the present injury and the previous injuries is equal to 35% or more, he shall be indemnified as follows:

a) If the insured person has been indemnified for his previous injury by a lump sum indemnity, his pension shall

be assessed on the basis of disability ratio resulting from his all injuries, and the wage referred to in article (19) at the date of establishing the disability resulting from the recent injury.

b) If the injured person is entitled to a disablement pension, his pension shall be assessed on the basis of disability ratio resulting from all his injuries, and the wage referred to in article (19) at the date of establishing the disability resulting from the recent injury, provided such pension shall not be less than his pension to which he is entitled in respect of the previous injury.

5. Additional compensation in cases of death and permanent invalidity:

They are specified as their equivalents in old age, invalidity and death insurance with the additional compensation increased by a half.

What in case of bad conduct: (Article 57)

Wage compensation (in case of temporary disability and permanent partial disability compensation injury indemnity shall not be payable in the following cases:

A) If the insured person intentionally caused injury to himself.

B) If the injury is due to serious and willful misconduct on the part of injured person such as:

1- Each act committed by the injured person under the influence of alcohol or drugs.

2- Each manifest infringement of the precaution instructions posted up in apparent places in work location.

All this, unless the injury results in the insured person's death or the occurrence of permanent disability with a ratio exceeding 25% of the full disability.

It is not allowed to adhere to one of the two cases (A) and (B) except if such is established by the investigation carried out in this regard according to the provision of the two articles (63 and 64) of this law.

Medical re-examination : (Article 58)

1- Each of the injured person, the treating quarter, and the competent organization shall have the right to apply for medical re-examination once each six months during the first year of the date of establishing disability, once every year during the following three years; and the treating quarter must re-evaluate disability ratio each time. Re-evaluation is not allowed after the elapse of four years from the date of establishing disability.

2- In case of modifying disability ratio on medical re-examination the following rules should be observed:- (Article 59)

A) If the insured person is a pensioner the disablement pension shall be modified as of the first of the month following the establishment of the last disability ratio, or to be suspended according to what the medical re-examination reveals, and pursuant to what befalls on disability ratio of increase or decrease. If the ratio of disability became less than 35% payment of pension shall be stopped finally, and the injured person shall be granted a lump sum indemnity.

B) If the injured person had previously been indemnified for the disability ratio established at first by a lump sum indemnity, the following shall be observed:-

1- If the degree of disability assessed on medical re-examination is more than that formerly assessed, and less than 35%, the injured person shall be entitled to an indemnity calculated on the basis of the last ratio, and the wage at establishing the disability in the first time, or which the indemnity already paid to him shall be deducted. The decrease of disability ratio than that previously assessed shall not produce any effect.

2- If the degree of disability assessed on the medical re-examination is equal to 35% or more, the injured person

shall be entitled to a disablement pension calculated on the basis of the wage at establishing disability on the first time; and this pension shall be paid to him as of the first of the month following the date of the establishment of the last disability degree, out of which shall be deducted the difference between the indemnity previously paid to him and the amount of pension, assuming he is entitled thereto on the basis of the degree of disability assessed at the first time.

Payment of disability pension : (Article 60)

Payment of disability pension shall be suspended as of the first of the month following the date fixed for medical re-examination, if the pensioner does not apply for the re-examination as required by the treating quarter or the competent authority, on the date notified to him by them.

Suspension of the pension shall continue until the pensioner applies for medical re-examination. If medical re-examination reveals that the degree of disability is less than the ratio previously assessed, the new ratio shall be considered the basis for the settlement as of the date that was fixed for medical re-examination.

The competent authority may disregard the failure of the insured person to attend medical re-examination if he produces acceptable justifications.

The due pension during the suspension period shall be subject to the result of the medical re-examination.

4.6

Medical Arbitration

1- The insured person may submit an application for reconsidering the decision of the treating quarter within one week from the date of notifying him with the termination of treatment, or of the date of his return to

work, or of his non ailment of vocational disease and within one month from the date he is notified of the non-establishment of disability, or the assessment of its ratio.

The application will be submitted to the competent authority attached with medical certificates supporting his point of view, and to pay one hundred piastres as an arbitration fee. (Article 61)

2- The competent authority should refer the application to an arbitration committee for whose formation and organization of its task a decree will be issued by the Minister of Insurance in agreement with the Minister of Manpower.

The competent authority should notify the injured person of the medical arbitration decision by a registered letter with receipt of acknowledgement within three days at most of its receiving the notification. The decision shall be binding to the two disputing parties, and the competent authority shall implement all commitments resulting therefrom.(Article 62)

4.7

General Provisions

1- The employer (or the work supervisor) shall notify the police of any accident occurring to any of his workers which incapacitates him from work within 48 hours from the date of his absence from work. Such notification shall comprise the name and address of the injured person, a brief description of the accident, its circumstances, the injured organ, and the place to which the injured person was taken for treatment.

The administrative inquiry carried out by the competent authority of the employer is enough in case the accident occurs within the bounds of the work place, with regard to the insured workers engaged in governmental or public sectors.

2- The authority (police or governmental or public sector employer) making the investigation shall draw an inquiry in duplicate for each notification. The inquiry shall include a detailed description of the accident circumstances, and the statements of witnesses if any, it shall clarify in particular whether the accident was the result of a deliberate act or serious willful misconduct on the part of the injured person. The inquiry shall also include the statement of the employer or his representatives, and those of the injured person as soon as his condition so permits. Such authority shall forward a copy of the inquiry to the competent authority which may request the completion of inquiry if it deems so necessary.(Article 64)

3- The employer should provide necessary first aid to the injured person even though the injury does not prevent him from performing his work.

The private sector (the supervisor of work) should notify the competent authority on the form prepared for this purpose of every work accident occurring among his workers promptly on its occurrence, and to hand a copy of such notification to the injured person or his attendant on conveying him to the place of treatment.(Article 65)

4- The social insurance organization shall be held responsible for all entitlements prescribed according to the provisions of this chapter, even though the injury involves the responsibility of a person other than the employer, without prejudice to any right the insured person may have toward such responsible person. (Article 66)

5- The social insurance organization shall be held responsible for all the entitlements guaranteed pursuant to this part for a period of one calendar year from the date of service termination of the insured person, if

symptoms of a vocational disease appeared on him during such period irrespective of his being unemployed or was engaged in a job which does not give rise to such disease.(Article 67)

6- Neither the insured person nor his beneficiaries may insist on dispute against social insurance organization in respect of claiming for indemnities which are due as a result of the injury pursuant to any other law.

Also, they have no right to do so against the employer, unless the injury resulted from a default on the part of the employer.(Article 68)

7- The insured person shall not enjoy the benefits prescribed by the provisions of medical care, treatment and wage indemnity, throughout his secondment, or delegation period abroad.(Article 69)

8- The Minister of Insurance is entitled to issue a decree at the proposal of the board of directors, modifying Schedule No.(1) (appended to social insurance law) by adding new cases to it. Such modification shall apply to cases that happened prior to issuance of the decree, and no pecuniary differences shall be payable in respect of the period preceding the modification. (Article 70)

9- The insured person, the pensioner, or their beneficiaries shall combine the pensions prescribed under Work Accident Insurance, and the wage, or other entitlements stipulated upon, in this law according to the following:

1) The insured person shall combine the injury pension, and his wage without limits.

2) The insured person shall combine without limits the injury pension, and unemployment indemnity where the conditions for entitlement of such unemployment indemnity and the injury pension are fulfilled.

3) The insured person, or the pensioner or beneficiaries shall hold together, the injury pension and the pension provided for in the Insurance of Senility, disability, and decease, without exceeding pension settlement wage, or the bigger wage on which basis any of the two pensions is settled, computed pursuant to the provisions of social insurance law, according to cases; and without exceeding the maximum limit, with respect to the total of the two pensions on the basic wage. Regarding pension on the variable wage, it is imperative that the total of both pensions shall not exceed the relative maximum limit of pension on maximum variable subscription wage.

4) The pensioner shall hold together pursuant to the Armed Forces Insurance and Pensions Laws - his basic and additional pension, according to such laws, and the injury pension on the basic wage, and variable wage referred to in the previous item, with what shall not exceed the maximum limit, for holding together pension on basic and variable wages pursuant to the provisions of social insurance Law.
(Article 71)