Workers’ Compensation Insurance Activities 2004-2006
WORKERS’ COMPENSATION INSURANCE
Activities 2004-2006

Report by the Workers’ Compensation Insurance Taskforce, led by Renaud ROSSEEL, of the International Networking Working Group, chaired by Mogens N. SKOV
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1. Introduction

AISAM’s International Networking Working Group, under the inspired leadership of Mogens N. Skov, Denmark, decided to set up a taskforce dedicated to Workers’ Compensation Insurance (WCI) in October 2004 following a very successful first seminar on the subject held in May 2004 the aim of which was to contribute to the debate in Europe on the privatisation of social security systems.

Speakers included workers’ compensation specialists from Belgium, Finland, Denmark and Norway. In these countries (and for example also in Portugal), workers’ compensation insurance has been underwritten by the private insurance sector for several decades.

In all other European countries, insurers have a limited role in workers’ compensation insurance: in France for example, cover of accidents at work for the self-employed in the agricultural sector returned as recently as 2002 to the social security sector with an option to select a private insurer as management body; in Spain, the mutual sector, through workers’ compensation mutuals, is active in the workers’ accident prevention area as well as being the (mutual) provider of social security benefits.

This first seminar was attended by around 50 delegates, mainly from AISAM members active in the field, some of which for as long as 100 years, but also from other insurers interested in this debate1. A report summarizing the presentations of the various speakers can be obtained from the AISAM Secretariat General2.

The success of this 2004 seminar showed the need for a forum enabling mutual workers’ compensation insurers to exchange experience and best practices. The WCI Taskforce was therefore founded and has met regularly over the last two years; it has not only discussed relevant developments in the different markets but it also organised a second seminar in October 2005, the results of which are contained in this second report. Furthermore, it contributed to the international WorkCongress7 held in September 2006 in Hong Kong which is the subject of the third part of this report.

We should like to thank the dedicated members of the 2004-2006 WCI taskforce - Renaud Rosseel, Mensura, Belgium, and Taskforce leader, Henrik Harrestrup, Naersikring, Denmark and Andreas Lörtscher, Swiss Mobiliar, Switzerland – for their contributions over the last two years. We hope that the foreseen continuation of the Taskforce will further underline the contribution the mutual insurance sector has made and continues to make in this area, such a critical one for the economic sustainable growth of our societies and their welfare systems.

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1 See also AISAM’s press release of 19 May 2004
2 For copies of the report, please contact AISAM’s Secretariat General at aisam@aisam.org, or download the order form from the documentation section of the public library on www.aisam.org
2. Workers’ Compensation and Accident Insurance: Prevention, Active Claims’ Handling and Rehabilitation, Seminar, Brussels, 7 October 2005

AISAM held its second seminar on “Workers’ compensation insurance” on Friday, 7 October 2006 in Brussels. The seminar was hosted by AISAM member Mensura, a mutual insurer and workers’ compensation specialist on the Belgian market. 40 participants from 9 countries met for a full day’s discussions around the themes of prevention, active claims’ handling and rehabilitation. This part of the report contains the programme, two articles which summarize the discussions, the press release and an overview of the speakers and their presentations.
2.1 Programme

Chair: Lieve LOWET, Secretary General, AISAM

9.00 – 9.10: Welcome by Jean-Claude DEBUSSCHE, Member of AISAM’s Board, CEO of Assubel-APRA (now Mensura)

9.10 – 9.20: Presentation of the hosting company Assubel-APRA by Renaud ROSSEEL, Commercial Director

9.20 – 10.05: Prevention: The role of the European Agency for Safety and Health at work
- Brenda O’BRIEN, Brussels Liaison Officer, EASH, Bilbao

10.05 – 10.45: Prevention: The role of prevention in workers’ compensation insurance
- Edwin NYS, General Manager Assubel Consult, Assubel-APRA, Belgium

11.15 – 11.55: Prevention: The added value of a national prevention institute
- Marc DE GREEF, Director General, Prevent, Belgium

11.55 – 12.35: Risk Management in workers’ compensation insurance
- Juha ETTALA, Nordic risk management organisation, If, Finland

14.00 – 14.40: Active Claims Handling: a Nordic perspective
- Bengt-Lasse LUND, Medical Director, Gjensidige Nor, Norway

14.40 – 15.25: Active Claims Handling: an American perspective
- Robert SHORT, Senior Vice President, WCF Group, USA

15.25 – 16.05: Managing whiplash injuries
- Andreas LÖRTSCHER, Legal Advisor Claims, Swiss Mobiliar, Switzerland

16.30 – 17.10: Reintegration into work
- Jørgen GAWINETSKI, Managing Director, Rehab, Denmark

17.10 – 17.50: Round table: Active Claims Handling
Moderator: Lieve LOWET, Secretary General, AISAM
Panel: Juha Ettala, If, Norway; Bengt-Lasse LUND, Gjensidige Nor, Norway; Robert SHORT, WCF Group, USA; Andreas LÖRTSCHER, Swiss Mobiliar, Switzerland; Jørgen GAWINETSKI, Rehab, Denmark

17.50 – 18.00: Closing remarks – Renaud ROSSEEL, Commercial Director, Assubel-APRA (now Mensura), Leader of AISAM’s Workers’ Compensation Insurance Taskforce
2.2 Prevention and active management of claims arising from workplace accidents

This article was published in De Verzekeringswereld/Le Monde de l'Assurance, a Wolters Kluwer Belgium magazine, and is reprinted and translated here with their agreement.

At the beginning of October, the Assubel-Apraria headquarters was the venue for the second international seminar on workers’ compensation insurance, organised by the Association Internationale des Sociétés d’Assurance Mutuelle (AISAM). This year, participants from nine countries looked into the prevention of workplace accidents and active claims management. The topics generated a very enlightening exchange on how insurers actively handle claims in countries that have very different legislation on the matter.

After a welcoming speech by Jean-Claude Debussche, CEO of Assubel-Apraria, Renaud Rosseel, sales director, briefly outlined the history of this mutual insurer that works to prevent workplace accidents and explained the recent merger with Apria.

PREVENTION IN EUROPE

The first topic of the day was prevention of workplace accidents, presented by Brenda O’Brien of the European Agency for Safety and Health at Work (EASH). The purpose of EASH, which operates under the auspices of the European Union, is to improve working conditions in Europe by providing appropriate scientific and economic information to all interested parties. To that end, the agency’s Internet site (http://europe.osha.eu.int) plays an essential role. The entire European network is accessible via the site, which offers a wide range of useful information and lessons drawn from previous prevention campaigns. Every year, the agency organises a campaign consisting of a prevention week revolving around a specific theme. This year’s campaign, running from 24 to 28 October under the slogan “Stop that noise”, strives to reduce workplace noise. “On that occasion, we are not only going to reach out to the newcomers among the companies, but also to students in school. Because that’s where awareness starts,” Brenda O’Brien pointed out.
It is also EASH’s intention to detect new workplace risks and to anticipate accidents. In addition, EASH has a special division that promotes the introduction of safety at work provisions in all facets of EU legislation. Every year, EASH focuses on a specific risk sector. In 2006-2007, the agency will focus on the catering, hotel and restaurant sector. In 2008-2009, it will turn to road transport. In addition to all these activities, EASH also contributes to the new EU strategy on safety and health at work and strives to incorporate the new member states into the operations of the agency.

**PREVENTION BY INSURERS**

Prevention was also touched on by Edwin Nys, general manager of Assubel Consult. He stressed the role that workers’ comp. insurers can play. He first outlined the Belgian model of workers’ comp. insurance that, for more than a century, has proven its efficiency. His presentation surprised a number of foreign participants, and no doubt the Czechs, who are now actively reforming their workers’ comp. insurance coverage.

“Most workers’ comp. insurers have their own prevention departments that, in close cooperation with the insured company, pursue an effective prevention policy, ranging from awareness exercises to tailored training. Insurance companies spend annually around 11 million euros on this activity. In its segment of companies with more than 200 employees, Assubel-Apra has so far set up nearly 70 safety plans that run for a 3-year period. In two-thirds of cases, these plans are producing excellent results. More specifically, after one year these companies saw their claims ratio fall by 40% and even more after two years, with an impact on insurance premiums that were advantageous to the insured company”.

**PREVENTION BY PREVENT**

Prevent is a multidisciplinary prevention institute ([www.prevent.be](http://www.prevent.be)) that grew out of a joint initiative by workers’ comp. insurers. This year Prevent opened a Luxembourg branch, PreventLux. The institute provides support, advice and information to insured companies and institutions, to workers’ comp. insurers, to external prevention and protection services, to employers and trade unions, to public services and other socially active groups. The institute fulfils its tasks by conducting studies and gathering information via the creation of a partners’ network for the exchange of experiences, by developing training tools and programmes and organising awareness campaigns. “For these activities, Prevent has a budget of 4.3 million euros and can call upon a network of some 40 colleagues,” explained Marc De Greef, Prevent general manager.

He pointed out that, “Prevent pays close attention to safety and health in small- and medium-sized companies by means of the Pro-safe campaign ([www.pro-safe.be](http://www.pro-safe.be)) that it organises with its partners, Assuralia and Unizo. This campaign includes specific research, support and actions for SMEs, such as the Pro-safe awards, that reward efforts by SMEs in the area of safety and health at work.”

**RISK MANAGEMENT AND ACCIDENTS AT WORK**

Next, the Finn Juha Ettala described his role as risk manager in workers’ comp. insurance. He heads the risk management department of the Nordic sites of IF, an industrial insurer. Alongside risk management in the conventional fields of property, business interruption and cargo, his duties also include risk assessment and prevention in the areas of liability and workplace accidents. “These latter two areas are a real challenge”, he asserted. “There
are many statistics that we can use as a base, but there are long-term risks, and that’s what makes it so interesting.” According to Juha Ettala, workers’ comp. insurance is operating in a changing environment, where work is increasingly globalised and subject to outsourcing. Moreover, the population is ageing, corporate culture is changing constantly owing to mergers and restructuring, and the psycho-social factors are playing an ever growing role. He points out that, “Management of workplace accident risks is not always a priority for company managers and it is not always easy to communicate the results of risk management. That is why we have developed a very simple colour-coded grid. The safety aspects where the company has earned a good score are shown in green and those that require action are in red, with between the two a blue and a yellow score. The user sees at a glance the company’s high and low points.”

In the Scandinavian countries as well, the building and metalworkers’ sectors also received the lowest scores for accident risks and in that they do not differ from other European countries. However, in the Scandinavian countries we also find specific sectors that require special attention, such as the wood and paper industries. In Norway and Denmark, only serious workplace accidents receive compensation from the insurers. In Finland, however, all of them are included in the insurance system. “In this latter country, we have launched a Zero Tolerance programme. Obviously it’s utopian to think that we can really avoid all workplace accidents, but we nevertheless reflect on the problem and try out all kinds of innovative approaches”, Juha Ettala explained with satisfaction.

CLAIMS SETTLEMENT IN NORWAY
The overarching theme of the AISAM seminar’s afternoon programme was the active settlement of claims. The Norwegian Bengt Lasse Lund, medical director at Gjensidige, the Norwegian insurer, was the first to take the floor.

“An individual who, in the wake of an accident is still at home more than three months after the accident will probably never return to his former employer. That is what Norwegian statistics tell us. It is not because of the seriousness of the accident, but rather because the victim, facing an uncertain situation and the negative stimulus of his environment, must also deal with secondary health problems. That is why a workplace accident must be treated as soon as possible, otherwise the victim runs the risk of becoming a health care surfer, going from one doctor to another”, warned Bengt Lasse Lund. While ten years ago, only 9% of claims were settled during the first year, now the figure has reached 60%.

“To attain success, a drastic change was needed in people’s behaviour. We had to convince our claims department that the victim was not the enemy. We had to encourage our adjusters to provide proper guidance to the victim, based on our knowledge and experience, in order to lead him through the jungle of health care and to the specialist he requires and to take charge of the troublesome details, such as doctor’s appointments, transport and child care. The most important task of a doctor is to listen to the patient, to answer all his questions and in that way foster trust and tranquillity. The insurer pays the doctor for a one-hour appointment because we know that the 15 minutes a doctor usually devotes to his patients is not enough to soothe an accident victim. After the doctor has reported to the patient and to the insurer, the claims adjuster contacts the patient to review together the medical report and to underscore the positive points. At the same time, persistent medical problems are raised in addition to any minor problems the patient is facing. Seventy percent of claims are settled in this way. This method gives more time to the claims adjusters to deal with the seriously injured insured parties.”

In that regard, according to Bengt Lasse Lund, reincorporating the individual is an important aspect. “It sometimes requires extensive adaptation of the victim’s life and work environments, but you should consider it an investment and not a cost. When, thanks to these investments, we are able to partially reincorporate someone in his job, that means that, from the insurer’s viewpoint, we need to pay during the victim’s lifetime, only 50% of the original claim. The total cost of settlement cases has been falling by at least 20%. On top of that, the claims adjustors feel their work is a lot more useful. Instead of merely sending out cheques, they can really feel committed to the victim.”

CLAIMS SETTLEMENT IN THE UNITED STATES
Robert Short, senior vice-president of the Worker Compensation Board, provided a rundown of workplace accident settlement in the United States, where a no-fault system is in place that provides for compensation of medical care and benefits in
Marc De Greef: “Prevent pays particular attention to safety and health in small- and medium-sized companies; that is the aim of the Pro-safe campaign that Prevent organises with partners such as Assuralia and Unizo.”

the event of temporary or permanent occupational disability. Since 2004, medical costs have risen higher than work disability benefits. “In the United States as well, we are looking for a way to control the costs of workplace accident arrangements. We achieve that by cooperating with certain care providers, which gives us some certainty concerning quality and cost. In exchange for price reductions, care providers receive a large volume of patients. We negotiate similar agreements with the pharmaceutical companies in order to control costs. We also carefully consider whether medical intervention is really the best solution.”

Robert Short spoke at length on the subject of fraud in workers’ compensation insurance. “Fraud can occur at three levels. First of all, the employees may transmit inaccurate information concerning their payroll and their job grade. Next, the workers may not be truthful about the cause of their disability, if caused by a non-work related accident, or they may apply for benefits after they return to work or merely pretend to have an injury. Lastly, we have also discovered doctors who cheat on their fees. One way of detecting such deviant behaviour is by making use of psychology software during the claims settlement procedure. We also look into aspects such as the nature of the injury, behaviour, the duration of the recovery period and the cost of secondary injuries.”

CLAIMS SETTLEMENT IN SWITZERLAND

“A few years ago, a kind of war broke out between Swiss insurers and the victims of whiplash, also known as traumatic cervical syndrome, which resulted in a sudden increase in the number of court cases. This went on until the insurers decided to forgo their defensive policy and began to give the victims personalised assistance.” This adventure was recounted by Andreas Lörtscher, claims legal adviser at Swiss Mobiliar.

He mentioned a CEA study (www.med.svv.ch/fr/cea.htm) on the frequency and the cost of injuries resulting from whiplash in ten European Union countries. It turns out that there is a huge difference among the countries. In the United Kingdom, Italy, Norway and Germany, 50% or even more of car accidents with injuries involve whiplash, while in France and Finland, for example, the percentage was only 3% and 8.5%, respectively. Andreas Lörtscher attributes the extraordinarily high frequency in some countries to the impact of the media, the emergence of specialised advisers and self-help associations. It is noteworthy that whiplash cannot be medically proven and that symptoms are very general (headaches, dizziness, concentration problems, memory loss, fatigue, itching, depression, etc.). In Switzerland, the main concern today for the claims adjusters is to have those who complain of whiplash return to work as
quickly as possible, by talking to their family doctor, their employer, insurer, lawyer and their social environment (family). The claims adjuster steps in only as a coordinator to help structure the victim’s daily life.

**ACTIVE CLAIMS SETTLEMENT, A WIN-WIN SITUATION**

The participants of a roundtable session at the end of the seminar agreed that active claims management creates a win-win situation for the victim, the insurer and for society. But active claims management requires a serious effort because the victims of a workplace accident are often influenced negatively by their family, advisers or by other people who fear that the victim is not receiving the right occupational disability benefits.

**“Stop That Noise” Campaign**

According to EASH, millions of workers everyday in Europe are exposed to noise pollution. In Europe, one out of every five workers during at least half of his work time has to raise his voice to be heard. Seven percent of workers suffer from work-related hearing problems. The loss of hearing as a result of exposure to noise is the most frequently mentioned occupational disorder in the European Union. On the list of the 10 most frequent occupational diseases for which compensation was paid out in 2003, loss of hearing is in second place in Belgium. Noise is a problem mainly in factories and on building sites; 40% of factory workers and 35% of workers in the building sector are exposed to high noise levels during at least half their work time. Noise can also have an impact in other sectors, not only in agriculture and transport, but in education and in hotel-restaurant-catering businesses as well.

Veerle De Graeve
Preventie en actief schadebeheer bij arbeidsongevallen

Begin oktober vond in de zetel van Assubel-Aprra het tweede internationale seminarie over arbeidsongevallen plaats, georganiseerd door de Association internationale des Sociétés d'Assurances Mutuelle (AISAM). Dit jaar bogen aanwezigen uit negen landen zich over de preventie van arbeidsongevallen en actief claims management. Het werd een leerrijke uitwisseling over hoe verzekerders in landen met een totaal verschillende wetgeving terzake, actieve klachtenbehandeling concreet invullen.

Na een korte verwelkoming door de CEO van Assubel-Aprra, Jean-Claude Debussche, schetste commercieel directeur Renaud Rosseel kort de geschiedenis van deze onderlinge arbeidsongevallenverzekeraar, tot en met de recente samensmelting met Aprra.

**PREVENTIE IN EUROPA**

Het eerste onderwerp van de dag was de preventie van arbeidsongevallen, waarin Brenda O'Brien van het European Agency for Safety and Health at work (EASH) de spits afbeet. Het is de bedoeling van dit agentschap, dat onder de vleugels van de Europese Unie opereert, om de arbeidsvoorwaarden in Europa te verbeteren door alle betrokkenen technische, wetenschappelijke en economische informatie te verschaffen. Daarin speelt de website van het agentschap (http://europe.osha.eu.int) een sleutelrol. Via deze webstek wordt het Europese netwerk toegankelijk, verspreidt men alle informatie en maakt men ook gewag van alle preventiecampagnes die op het getouw gezet worden. Elk jaar organiseert het agentschap een preventieweek rond een specifiek onderwerp. Dit jaar -van 24 tot 28 oktober – luidde de slogan ‘Weg met de herrie’ (‘Stop that noise’), een oproep om geluidsoverlast op de werkvloer te verminderen. Volgend jaar wil de campagne aandacht besteden aan jongeren en veiligheid op het werk. “Daarvoor zullen we niet alleen de nieuwkomers in bedrijven aanspreken, maar ook de leerlingen in scholen. Want het bewustzijn begint daar”, aldus Brenda O’Brien. Het is trouwens de bedoeling van EASH om tegelijk de nieuwe risico’s op

**Preventie door verzekeraren**
Preventie was ook het onderwerp van de bijdrage van Edwin Nys, general manager van Assubel Consult. Hij belichtte meer bepaald de rol die de arbeidsongevallenverzekeraars daarin kunnen spelen. Maar allereerst schetste hij het Belgische arbeidsongevallenmodel, dat al meer dan honderd jaar zijn nut bewijst. Het lokte dan ook bewondering uit bij tal van buitenlandse deelnemers, zeker bij de Tsjechen, die momenteel aan een her- vorming van hun arbeidsongevallendekking werken.

"De meeste arbeidsongevallenverzekeraars beschikken over eigen preventiediensten, die – in nauwe samen- werking met het verzekerde bedrijf – een effectief preventiebeleid uitwerken, gaande van bewustworing- dingstrainingen tot opleidingen op maat. Daarvoor besteden de verzekeringsmaatschappen samen jaar- liks ongeveer elf miljoen euro. Assubel-Apra heeft in zijn segment van bedrijven met hoogstens 200 werknemers momenteel zo’n 70 safety plans met een looptijd van drie jaar georganiseerd. In tweederde van de geval- len leveren die uitstekende resultaten op. Concreet bete- kent dit dat de S/P-ratio voor die bedrijven na één jaar, maar zeker na het tweede jaar, met 40% daalt, met een gunstiger verzekeringsschadeplaag voor de onderneming tot gevolg."

**Preventie door Prevent**

De Greef: "Prevent besteedt bijzondere aandacht aan veiligheid en gezondheid in kleine en middelgrote bedrijven via de campagne Pro-safe (www.pro-safe.be), die het samen met partners als Assuralia en Unizo organiseert. Ze omvat specifieke research, ondersteuning en acties voor KMO’s, zoals de Pro-safe-awards, die de inspanningen van KMO’s op het vlak van arbeidsveilig- heid en gezondheid belonen.

**Risk Management en arbeidsongevallen**
De Fin Juha Ettala schetste zijn rol als risk manager in de arbeidsongevallenverzekeringen. Ettala is hoofd van de risk managementafdeling van de noordse vestigingen van de industriële verzekeraar IF. Naast risk management in de klassieke domeinen van Property, business interruption en cargo, bestaat zijn taak ook uit de risico- inschatting en –preventie op het domein van aansprake- lijkheid en arbeidsongevallen. “En die laatste twee domeinen vormen een echte uitdaging”, zo meent hij. “Er bestaan wel veel statistieken waarop we ons kunnen baseren, maar het blijft om langetermijnrisico’s gaan en dat maakt het zo interessant.” De arbeidsongevallenverzeker kering krijgt volgens Ettala te maken met een veran- derende omgeving, waarin het werk geglobaliseerd en geoutsourcet wordt, de werknemerspopulatie vergrijst, de bedrijfscultuur door fuses en herstructureringen voortdurend verandert en psycho-sociale factoren een

Edwin Nys: "In tweederde van de zowat 70 safety plans die we momenteel bij bedrijven lopen hebben, verwachten we een daling van de S/P-ratio met 40% na twee jaar."
steeds grotere rol spelen. Juha Ettala: “En risk management inzake arbeidsongevallen is nog altijd geen prioriteit bij het management van bedrijven. Het is bovendien moeilijk om de resultaten van risk management te communiceren. Daarom hebben wij een heel simpele voorstelling ontwikkeld, nl. een kleurenrooster. Veiligheidsaspecten waarvoor het bedrijf goed scoort, krijgen een groene kleur, die waarvoor onmiddellijke actie nodig is, kleuren rood, met daartussenin nog blauwe en gele schakeringen. In één oogopslag worden daar mee de pijnpunten van een bedrijf duidelijk.”

Ook in de Skandinavische landen scoren de constructie- en de metaalindustrie het slechtst op het vlak van arbeidsongevallen, daarvan verschillen ze niet van andere Europese landen. Toch zijn er ook heel specifieke sectoren waarin de noordse landen aandacht besteed moet worden, zoals de houtindustrie en de papierfabrieken. In Noorwegen en Denemarken worden overigens alleen zware arbeidsongevallen door de verzekeringsafdeling van de verzekeringsmakelaars verzekerd, in Finland komen alle arbeidsongevallen in het verzekeringssysteem terecht. “In dat laatste land starten merkers, die van de ene arts naar de andere geneesmiddelen onder controle te houden. Bovendien moet worden, zoals de farmaceutische bedrijven om ook de kostprijs van geneesmiddelen onder controle kap t te stellen. Nadat de arts zijn verslag aan de verzekeringsmakelaar nog de klant te bekommeren.”

Daarbij wordt niet alleen de eventueel nog resterende medische problemen besproken, maar ook de randproblemen waarmee het slachtoffer nog kampt. 70% van de claims eindigt hiermee, omdat de klant weet waar hij aan toe is en zich gerustgesteld voelt. De medische kosten wegen er sinds 2004 zwaarder door dan de arbeidsongeschiktheidsuitkeringen. De medische kosten wegen er sinds 2004 zwaarder door dan de arbeidsongeschiktheidsuitkeringen. “Dit vraagt soms zeer zware aanpassingen van de leef- en werkomgeving van het slachtoffer, maar je moet het zien als een investering, niet als een kost. Als je iemand, dankzij zware investeringen, weer deelde aan het werk krijgt, betekent dit dat je als verzekeringsmakelaar slechts 50% van de oorspronkelijke, levenslange schadevergoeding moet betalen. De totaalkosten van schadegolven daalt op die manier met minstens 20%.”

Daarbij speelt volgens Bengt-Lasse Lund reintegratie een zeer belangrijke rol. Dit vraagt soms zeer zware aanpassingen van de leef- en werkomgeving van het slachtoffer, maar je moet het zien als een investering, niet als een kost. Als je iemand, dankzij zware investeringen, weer deelde aan het werk krijgt, betekent dit dat je als verzekeringsmakelaar slechts 50% van de oorspronkelijke, levenslange schadevergoeding moet betalen. De totaalkosten van schadegolven daalt op die manier met minstens 20%. Daarenboven vinden schaderegelaars hun job veel nuttiger: in plaats van gewoon rekeningen te betalen, kunnen ze zich geëngageerd inzetten voor het slachtoffer.”

Schaderegeling in de VS

Robert Short, senior vice-voorzitter van het Workers Compensation Fund, schetste de arbeidsongevallenrege ling in de Verenigde Staten, die berust op een no-fault-systeem en zorgt voor de vergoeding van medische verzorging en uitkeringen bij tijdelijke en blijvende arbeidsongeschiktheid. De medische kosten wegen er sinds 2004 zwaarder door dan de arbeidsongeschiktheidsuitkeringen. “Ook in de VS gaat de zoektocht verder om de kosten van het arbeidsongevallen systeem te beheersen. Dit gebeurt o.a. via de samenwerking met bevoorrechte zorgverstrekkers, wat zekerheid creëert inzake kwaliteit en kosten. In ruil voor korting kunnen de zorgverstrekkers rekenen op een grote patiëntentoevoer. Gelijkwaardige prijspaartekenen worden onderhandeld met de farmaceutische bedrijven om ook de kostprijs van geneesmiddelen onder controle te houden. Bovendien wordt altijd zorgvuldig afgewogen of een medische ingreep wel de beste oplossing is.”

Robert Short besteedde bijzondere aandacht aan de fraudebestrijding bij arbeidsongevallen. “Fraude kan op drie niveaus voorkomen. Allereerst kunnen de werkgevers verkeerde informatie doorgeven over hun pay-roll en de jobclassificaties. Daarnaast kunnen werknemers liegen over de oorzaak van hun arbeidsongeschiktheid
(ongeval in de privé-sfeer), uitkeringen genieten terwijl ze al aan het werk zijn of een letsel veinzen. Ten slotte kunnen ook de artsen frauderen met hun rekeningen. Onder meer op basis van psychologische software zal men afwijkend gedrag tijdens een schaderegelingprocedure opsporen. Men houdt daarbij eveneens rekening met criteria als het soort letsel, het behandelingspatroon, de duur van de herstelperiode en de kostprijs van secundaire letsel.

SCHADEREGELING IN ZWITSERLAND

“Enkele jaren geleden woedde er tussen de Zwitserse verzekeraars en de whiplash-slachtoffers een ware ‘oorlog’, met een drastische stijging van het aantal rechtszaken tot gevolg. Tot de verzekeraars beslisten om hun defensieve politieke veldtochten te laten varen en begonnen de slachtoffers gepersonaliseerde hulp te verschaffen. Dit vertelde Andreas Lörtscher, juridisch adviseur Claims bij Swiss Mobiliar.

Lörtscher haalde een CEA-studie (www.med.svv.ch/CEA-Studie) aan over de frequentie en de kostprijs van whiplash-letsel in tien landen van de Europese Unie. Daaruit bleken er grote verschillen te bestaan tussen de landen onderling. Zo gaat het in het Verenigd-Koninkrijk, Italië, Noorwegen en Duitsland bij 50% of meer van de lichamelijke letsel bij een auto-ongeval om een whiplash, terwijl dat in Frankrijk en Finland bijvoorbeeld slechts om 3% respectievelijk 8,5% gaat. De opvallende stijging in sommige landen is volgens Lörtscher onder meer te wijten aan psychologische factoren, de invloed van de media en de opkomst van gespecialiseerde adviseurs en zelfhulpgroepen.

Bovendien kan een whiplash niet medisch bewezen worden en zijn de symptomen vrij algemeen (hoofdpijn, duizeligheid, concentratieproblemen, geheugenverlies, vermoeidheid, prikkelbaarheid, depressie).

In Zwitserland is het nu de bedoeling van schaderegelaars om mensen met een whiplash zo vlug mogelijk weer aan het werk te krijgen door te praten met de behandeling, de werkgever, de verzekeraar, de advocaat en de sociale omgeving (familie) van het slachtoffer. De schaderegelaar treedt op als coördinator en structureert de dagelijkse routine van het slachtoffer.

Actief schadebeheer = win-win

In een afsluitend rondetafelgesprek waren alle deelnemers...
mers het erover eens dat een actief schadebeheer een
win-winsituatie creëert voor het slachtoffer, de verzeke-
raar en de maatschappij. Maar een actieve schaderege-
ling vraagt een serieuze inspanning omdat het slachtof-
fer van een arbeidsongeval vaak negatief beïnvloed
wordt door familie, raadgevers en anderen die vrezen de
arbeidsongeschiktheidsvergoedingen mis te lopen.

Campagne
‘Stop de herrie’

Volgens EASH worden in Europa elke dag mil-
joenen werknemers blootgesteld aan lawaai.
Een op de vijf werknemers in Europa moet
minstens de helft van de werktijd zijn stem verhef-
fen om gehoord te worden. 7 % lijdt aan een arbeids-
gebonden gehoorstoornis. Gehoorverlies ten gevolge
van lawaai is de meest gemelde beroepziekte in de
Europese Unie. In de top tien van de beroepsziekten
waarvoor in 2003 een vergoeding werd toegekend
wegens arbeidsongeschiktheid, staat doofheid in
België op de tweede plaats. Lawaai vormt vooral een
probleem in fabrieken en in de bouw: 40 % van de
werknemers in fabrieken en 35 % van de werkne-
mers in de bouw worden tijdens meer dan de helft
van de werktijd aan hoge geluidsniveaus blootge-
steld. Maar lawaai kan ook een rol spelen in veel
andere sectoren, niet alleen in de landbouw en het
transport, maar ook in het onderwijs en de horeca.

Veerle De Graeve
Prévention et gestion active des sinistres en Accidents du travail

Au début du mois d’octobre, le siège d’Assubel-Apra a accueilli le deuxième séminaire international sur les accidents du travail, organisé par l’Association internationale des Sociétés d’Assurance Mutuelle (AISAM). Cette année, les participants de neuf pays se sont penchés sur la prévention des accidents du travail et sur le claims management actif. Cela a donné lieu à un échange très enrichissant sur la manière dont les assureurs s’acquittent concrètement du traitement actif des réclamations dans des pays qui ont sur cette matière des législations totalement différentes.

Après les mots de bienvenue prononcés par Jean-Claude Debussche, CEO d’Assubel-Apra, Renaud Rosseel, directeur commercial, a esquissé brièvement l’histoire de cette association d’assurance mutualiste contre les accidents du travail en évoquant sa fusion récente avec Apra.

La prévention en Europe


Aisam

PRÉVENTION PAR LES ASSUREURS
La prévention faisait également l’objet de la contribution d’Edwin Nys, general manager d’Assubel Consult. Il a mis plus précisément en lumière le rôle que les assureurs Accidents du travail peuvent y jouer. Mais il a d’abord esquisse le modèle belge de l’assurance Accidents du travail qui, depuis plus d’un siècle, fait la preuve de son efficacité. Il a suscité l’étonnement de nombreux participants étrangers, et certainement des Tchèques, qui s’activent à réformer leur couverture des accidents du travail.

“La plupart des assureurs Accidents du travail disposent de leurs propres services de prévention, lesquels - en étroite coopération avec l’entreprise assurée - mettent en œuvre une politique de prévention effective, qui va d’exercices de conscientisation à des formations sur mesure. Les compagnies d’assurances consacrent à cette action un montant annuel global qui avoisine les onze millions d’euros. Dans son segment des entreprises de plus de deux cents salariés, Assubel-Apра a mis en place jusqu’ici près de septante safety plans d’une durée de trois ans. Dans les deux tiers des cas, ces plans produisent des résultats excellents. Cela signifie concrètement que le ratio S/P de ces entreprises diminue de 40 % après un an, et certainement après deux ans, avec des répercussions sur la prime d’assurance advantageuses pour l’entreprise assurée.”

PRÉVENTION PAR PREVENT
Prevent est un institut de prévention multidisciplinaire (www.prevent.be) né d’une initiative commune des assureurs Accidents du travail. Depuis cette année, il a également une branche luxembourgeoise, PreventLux. L’institut dispense son soutien, ses conseils et de l’information aux entreprises et institutions assurées, aux assureurs Accidents du travail, aux services externes de prévention et de protection, aux partenaires sociaux, aux services publics et aux autres acteurs sociaux. L’institut réalise sa tâche en menant des études et en collectant de l’information, en mettant sur pied un réseau de partenaires pour échanger des expériences, en développant des outils et des programmes de formation et en organisant des campagnes de conscientisation. “Prevent dispense à cet effet d’un budget de 4,3 millions d’euros et il peut compter sur une quarantaine de collaborateurs,” a précisé son directeur général Marc De Greef.

Il a souligné: “Prevent apporte une attention particulière à la sécurité et à la santé dans les petites et moyennes entreprises, par la voie de la campagne Pro-safe (www.pro-safe.be), qu’il organise avec ses partenaires Assuralia et Unizo. Cette campagne comporte une recherche spécifique, un soutien et des actions pour les PME, telles que les Pro-safe-awards, qui viennent récompenser les efforts des PME en matière de sécurité du travail et de santé au travail.”

RISK MANAGEMENT ET ACCIDENTS DU TRAVAIL
quelles nous pouvons nous baser, mais il subsiste des risques à long terme et c’est ce qui rend la chose telle-ment intéressante.” Car, selon Juha Ettala, l’assurance des accidents du travail s’inscrit dans un environnement changeant, où le travail devient de plus en plus globali-sé et sujet à l’outsourcing. Par ailleurs, la population vieillit, la culture d’entreprise se modifie en permanence, du fait des fusions et des restructurations, et les fac-teurs psycho-sociaux jouent un rôle sans cesse plus important. Il précise : “Le risque management en accidents du travail n’est toujours pas une priorité pour la direc- tion des entreprises. La communication n’est par ailleurs pas facile pour ce qui est des résultats du risk management. C’est pourquoi nous avons développé une pré-sentation très simple, à savoir une grille avec des couleurs. Les aspects de sécurité pour lesquels l’entre prise mérite une bonne cote sont représentés en vert et ceux pour lesquels une action est nécessaire en rouge, avec entre les deux une variante bleue et une variante jaune. Il suffit d’un coup d’œil pour découvrir les points déli-cats dans une entreprise.”

Dans les pays scandinaves, eux aussi, ce sont les sec-teurs de la construction et de la métallurgie qui sont les plus mal cotés en matière de risques d’accident, en quoi ils ne diffèrent pas des autres pays européens. Toutefois, on trouve également dans les pays nordiques des sec-teurs spécifiques auxquels il convient d’attacher une attention spéciale, telles les industries du bois et du papier. En Norvège et au Danemark, seuls les accidents du travail graves sont indemnisés par les assureurs. En Finlande, par contre, ils sont tous repris dans le système de l’assurance. “Dans ce dernier pays, on a lancé un programme ‘Tolérance zéro’. C’est évidemment une u-to pie que de croire qu’on pourrait vraiment éviter tous les accidents du travail, mais on n’en réfléchit pas moins au problème et on tente toutes sortes d’innovation,” se féli-cite Juha Ettala.

RÈGLEMENT DES SINISTRES EN NORVÈGE
Le programme de l’après-midi du séminaire AISAM a été tout entier placé sous le signe du règlement actif des sinistres. C’est le Norvégien Bengt-Lasse Lund qui s’est chargé d’ouvrir le feu. Il est directeur médical chez l’as- sureur norvégien Gjensidige.

“Celui qui, suite à un accident du travail, est encore chez lui plus de trois mois après l’accident ne retourne-ra probablement jamais chez son ancien employeur. C’est en tout cas ce qui ressort des statistiques norvé-giennes. Ce n’est pas tant que l’accident en soi ait été tellement grave, mais c’est parce que la victime, confrontée à l’incertitude de sa situation et à des stimu- li négatifs de son environnement, doit faire face à des problèmes de santé secondaires. C’est pourquoi un acci-dent du travail doit être traité aussi rapidement que posi- sible, à défaut de quoi les victimes risquent fort de deve-nir de coûteux ‘surfeurs de soins de santé’, passant d’un médecin à un autre prestataire de soins,” avertit Bengt-Lasse Lund. C’est ainsi que, il y a dix ans, 9 % seule-ment des sinistres étaient réglés au cours de la premiè-re année. Aujourd’hui, on est passé à 60 %.

“Pour y parvenir, il a fallu une modification drastique des comportements. Nous avons dû persuader notre département Sinistres que la victime n’était pas un ennemi. Nous avons encouragé nos régleurs à orienter correctement les victimes, sur la base de nos connaissances et de nos expériences, dans la jungle des soins de santé vers le véritable spécialiste de son cas et à pren-dre en charge les tracas pratiques de sa situation, tels les rendez-vous pour les consultations, les transports, la garde d’enfants. La tâche la plus importante d’un méde-cin, c’est d’écouter le patient, de répondre à toutes ses questions, de créer ainsi la confiance et de le tranquilli-ser. L’assureur paye d’ailleurs le médecin pour une consultation d’une heure, parce que nous savons que les quinze minutes qu’un médecin consacre en moyenne à chacun de ses patients ne suffiraient pas à tranquilliser la victime de l’accident. Après que le médecin a adres-sé son rapport à l’assureur et au patient, le régleur de sinistres reprend contact avec ce dernier, pour revoir ensemble le rapport médical et pour en souligner, avec lui, les aspects positifs. En même temps, ce ne sont pas seulement les problèmes médicaux qui subsistent qui sont évoqués, mais également les problèmes marginaux auxquels la victime est confrontée. 70 % des sinistres sont ainsi réglés, parce que le client sait où il en est et il s’en sent tranquillisé. Cette façon d’opérer ménage au régleur de sinistres plus de temps pour s’occuper des assurés qui sont grièvement blessés.”

A cet égard, selon Bengt-Lasse Lund, la réintegra-tion joue un rôle très important. “Cela demande parfois de très lourdes adaptations de l’environnement de vie et de travail de la victime, mais il faut voir la chose comme un investissement, et non comme un coût. Lorsque, grâce à ces investissements, on remet partiellement quelqu’un au travail, cela signifie que, en tant qu’assureur, on ne doit payer, sa vie durant, que 50 % de l’indemnité origi-nelle. Le coût total des dossiers de sinistres diminue de manière d’au moins 20 %. Par-dessus le marché, les régleurs de sinistres jugent leur métier beaucoup plus utile : au lieu de payer simplement les décomptes, ils peuvent s’engager pour la victime.”

RÈGLEMENT DE SINISTRES AUX ÉTATS-UNIS
Robert Short, senior vice-president du Worker Compensation Fund, a retracé le régime des règlements de sinistres Accidents du travail aux États-Unis, lequel repose sur un système no-fault et prévoit une indemni-sation des soins médicaux et des allocations en cas d’in-capacité temporaire et permanente de travail. Depuis 2004, les frais médicaux pèsent plus lourd que les allo-cations pour incapacité de travail. “Aux États-Unis éga-lement, on poursuit la recherche afin de maîtriser les coûts du régime des accidents du travail. Cela se pra-tique, entre autres, par une coopération avec certains
Prestataires de soins privilégiés, ce qui a pour effet d’apporter de la sécurité en matière de qualité et de coûts. En échange de réductions dans les prix, les prestataires de soins peuvent compter sur un volume important de patients. On négocie des accords analogues avec des entreprises pharmaceutiques, pour contrôler également l’évolution des coûts pharmaceutiques. Par ailleurs, on examine soigneusement si l’intervention médicale est bien la meilleure solution.

Robert Short a apporté beaucoup d’attention à la lutte contre la fraude dans les accidents du travail. “Les fraudes peuvent se produire à trois niveaux. Tout d’abord, les employeurs peuvent transmettre des informations inexactes sur leurs pay-roll et sur leurs classifications de fonctions. Ensuite, les travailleurs peuvent mentir quant à la cause de leur incapacité de travail (accident de la vie privée), profiter d’allocations alors qu’ils sont déjà retournés au travail ou feindre une lésion. Enfin, on rencontre également des médecins qui fraudent avec leurs honoraires. C’est entre autres à partir de logiciels psychologiques qu’on parvient souvent à déceler les comportements déviants au cours de la procédure de règlement des sinistres. On tient compte également à cet égard de critères tels que la nature de la lésion, le mode de comportement, la durée de la période de rétablissement et le coût des lésions secondaires.

RÈGLEMENT DE SINISTRES EN SUISSE

“Il y a quelques années, une sorte de guerre a eu lieu entre les assureurs suisses et les victimes d’un ‘coup du lapin’ (syndrome cervical traumatique), avec comme conséquence une augmentation brusque du nombre des procédures judiciaires. Jusqu’à ce que les assureurs se décident à abandonner leur politique défensive et commencent à fournir aux victimes une aide personnalisée.”

C’est cette aventure qu’a racontée Andreas Lörtscher, conseiller juridique Claims chez Swiss Mobiliar.

Il s’est référé à une étude CEA (www.med.svv.ch/fr/cea.htm) sur la fréquence et le coût des lésions consécutives au coup du lapin dans dix pays de l’Union européenne. Il en ressortait qu’il y avait une différence énorme selon les pays. Ainsi, au Royaume-Uni, en Italie, en Norvège et en Allemagne, il s’agissait d’un whiplash dans 50% ou même plus des cas d’accidents de voiture avec des lésions, alors que, en France et en Finlande, par exemple, il n’y en avait, respectivement, que 3% et 8,5%. La fréquence extraordinaire dans certains pays était à imputer, selon Andreas Lörtscher, à l’influence des médias et à l’émergence de conseillers spécialisés et de groupes d’entraide. On remarquera, par ailleurs, que le traumatisme en question ne peut pas se prouver médicalement et que les symptômes sont très généraux (céphalées, vertiges, problèmes de concentration, perte
de mémoire, fatigue, démangeaisons, dépression). En Suisse, la préoccupation des régleurs de sinistres est aujourd’hui de remettre au travail aussi rapidement que possible les personnes qui se plaignent d’avoir subi un ‘coup du lapin’, en parlant avec leur médecin traitant, avec leur employeur, avec l’assureur, avec l’avocat et avec leur environnement social (famille). Le régleur du sinistre intervient en tant que coordinateur pour structurer la vie quotidienne de la victime.

RÈGLEMENT ACTIF DU SINISTRE = WIN-WIN
Dans une table ronde de conclusion, tous les participants se sont montrés d’accord pour considérer qu’une gestion active du sinistre crée une situation win-win pour la victime, pour l’assureur et pour la société. Mais une gestion active du sinistre demande un sérieux effort, vu qu’il est fréquent que la victime d’un accident du travail soit influencée de manière négative par sa famille, par des conseillers ou par d’autres personnes qui redoutent qu’elle n’obtienne pas certaines allocations d’incapacité de travail.

Campagne ‘Halte au bruit’

D’après l’EASH, des millions de travailleurs sont chaque jour en Europe exposés à des nuisances sonores. En Europe, un travailleur sur cinq est contraint durant au moins la moitié de son temps de travail d’élèver la voix pour pouvoir être entendu. 7 % des travailleurs souffrent de troubles auditifs liés au travail. La perte de capacité auditive consécutive au bruit est la maladie professionnelle la plus fréquemment mentionnée dans l’Union européenne. Dans les dix premières maladies professionnelles pour lesquelles une indemnité d’incapacité de travail a été accordée en 2003, la surdité occupe en Belgique la deuxième place. C’est surtout dans les usines et les chantiers de construction que le bruit constitue un problème : 40 % des ouvriers en usine et 35 % des travailleurs du secteur de la construction sont exposés durant plus de la moitié de leur temps de travail à des niveaux de bruit élevés. Mais le bruit peut également jouer un rôle dans bon nombre d’autres secteurs, non seulement dans l’agriculture et le transport, mais également dans l’enseignement et dans le secteur horeca.

Veerle De Graeve
2.3 Article in Nieuwsbrief Arbeidsveiligheid
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Occupational accidents
Prevention – the role of occupational accident insurers

Insurance companies are playing an increasingly prominent role in their clients’ accident prevention policies. Clients who optimise safety conditions pay lower insurance premiums and are even being rewarded with a share of the profits. According to the Occupational Accidents Fund, in 2003 fifteen of Belgium’s seventeen occupational accident insurers had their own prevention departments.

On 7 October the Association Internationale des Sociétés d’Assurance Mutuelle (AISAM) held a seminar on “Workers’ compensation and accident insurance: prevention, active claims handling and rehabilitation.” The director of Assubel Consult, Assubel-Apra’s prevention department, explained the situation in Belgium to an international audience.

The Belgian Model
The loss and premium levels in Belgium are satisfactory. The insurance companies have proactive prevention policies to make employers and employees aware of their responsibilities.

Proactive safety policies
Preventing accidents and reducing both the frequency and the gravity of losses is in the interest of employees, employers, the government and insurers alike, so insurance companies have a long record of investing in preventing occupational accidents. They do so in two ways: individually and collectively.

Individual efforts: Most insurers have set up prevention departments which work with clients (safety officers and “committees for prevention and protection in the workplace”) to deliver effective shop floor prevention policies. Employing prevention experts (engineers and technicians) to act on clients’ request or at their own discretion really pays off, improving the quality of service and giving insurers an indisputable competitive edge.

Collective efforts: In addition to their individual efforts the insurers have developed a proactive prevention policy for the sector as a whole, the most obvious manifestation of which is their support for Prevent.

There are around a hundred engineers working for insurers’ prevention departments who can use their experience and know-how to assist their companies’ clients. They pay regular visits to clients’ premises, by invitation or at their own initiative. Often they develop a privileged relationship with their clients’ safety officers, and because a wide range of different
companies come to them for advice, they can learn from each other’s experience. Everyone benefits from this cross-fertilisation.

Their role in constantly reminding the workforce of safety issues and providing appropriate training can be extremely effective, and when accidents do occur they work with the company prevention officers to uncover the causes and take steps to prevent similar occurrences in future.

The figures

According to the 2003 annual report of the Industrial Accidents Fund, fifteen of the seventeen insurance companies have in-house safety departments. They employ sixty-seven engineers and 20 staff members from other backgrounds as training consultants (figures in FTEs, full-time equivalents).

Number of consultants holding safety diplomas

- Level I: 64;
- Level II: 11;
- Level III: 38.

Number of visits to client companies and grounds for visits

- Half-day “safety in the workplace” visits 19,121;
- Safety policy development visits 197;
- Initial contacts or contacts for specific reasons 891;
- Follow-up or regular scheduled visits 4,750.

Prevention department activities

In 2003 the insurers specially targeted certain types of companies. These included:

- Companies where a serious accident had occurred;
- Companies with above-average frequency and gravity rates;
- Companies with a “high-risk sector” NACE index;
- Companies specifically asking for help;
- Companies where accident numbers or incapacity rates are still rising.

The training consultants give training sessions to improve motivation, awareness and responsibility. They teach methods for identifying and analysing risks and investigating occupational accidents. They discuss the existing health and safety legislation and they teach staff and managers how to recognise risks and act appropriately.

Conclusion

A change of corporate culture initiated by top management (and, even more importantly, supported and sustained by top management) is the only way of successfully implementing a prevention policy, which needs to be part and parcel of the day-to-day running of the business.

The prevention departments try to drive this message home. They offer the means of changing corporate culture through prevention action plans to increase motivation and awareness. They underpin the implementation of these prevention policies with training and advice.

Examples of tailor-made activities:

- Manual and mechanical lifting of loads;
- Training of agency staff, working with contractors;
- Risk limitation in electricity plants;
- Training for members of committees for prevention and protection in the workplace;
- Toolbox meetings;
- Hazardous chemicals;
- Maintenance-related safety issues;
- Induction brochures for new employees;
- …
The three-year prevention action plans are means of accomplishing several objectives:

1. Objectives benefiting the client company:
   • Assistance in meeting legal obligations;
   • Assistance in reducing occupational accidents;
   • Long-term benefits, in both human and financial terms

2. Objectives benefiting the insurance companies:
   • The insurers’ prevention departments improve the soundness of their portfolios and help generate long-term contracts.

3. Objectives benefiting the prevention departments:
   • By gauging the risks accurately the prevention departments can tailor prevention plans to specific companies’ needs, thus increasing their chances of success.

If all of these objectives – a healthy, expanding portfolio, fewer accidents in client companies and better safety conditions for staff – are achieved, prevention departments can say, “Mission accomplished.”

Edwin Nys, Director Assubel Consult
Preventie: rol van arbeidsongevallenverzekeraars

De verzekeringmaatschappijen spelen een steeds prominentere rol in het preventiebeleid van hun klanten. Klanten die optimale veiligheidsomstandigheden creëren, moeten lagere verzekeringssom betalen en krijgen zelfs een deelname in de winst. Uit het rapport van het Fonds voor de arbeidsongevallen leren we dat in 2003 in België 15 van de 17 arbeidsongevallenverzekeringmaatschappijen hun eigen preventiedienst hebben.

De internationale associatie van onderlinge verzekeringmaatschappijen (AISAM) organiseerde op 7 oktober een seminarie *Workers' compensation and accident insurance: prevention, active claims' handling and rehabilitation*. In een internationaal gezelschap lichtte de directeur van Assubel Consult, de preventiedienst van Assubel-Aprá, de situatie in België toe.

### Belgisch model

In België vallen de vergoedingen en premies goed mee. De verzekeringmaatschappijen voeren een actief veiligheidsbeleid, zodat de werknemers zich bewust zijn van hun verantwoordelijkheid.

### Actief veiligheidsbeleid

Het voorkomen van ongevallen en het streven naar een verminderde schadelast, zowel wat de frequentie als de ernst ervan betreft, dient de belangen van alle betrokken partijen: werknemers, werkgevers, overheid en de verzekeraars zelf. De verzekeraars investeren dan ook al vele jaren in de preventie van arbeidsongevallen. Die inspanningen krijgen op twee manieren gestalte: de individuele wijze en de collectieve wijze.

**Op individuele wijze:** De meeste verzekeraars hebben preventiediensten opgezet die, in samenwerking met de verzekerde ondernemingen (veiligheidshoofden, comités voor preventie en bescherming op het werk) bijdragen tot het voeren van een doeltreffend preventiebeleid op het terrein. Het inzetten van preventiedeskundigen (ingenieurs en technici) die op verzoek of uit eigen beweging handelen, biedt een aanzienlijke meerwaarde aan de aangeboden diensten en houdt voor de verzekeraars een onbetwistbaar concurrentievoordeel in.

**Op collectieve wijze:** Als aanvulling op de individuele acties hebben de verzekeraars op het niveau van de sector een actief preventiebeleid uitgewerkt, dat voornamelijk vertaald wordt in hun steun aan Prevent.

De preventiediensten van de verzekeraars bestaan uit een honderdtal ingenieurs, die de verzekerde maatschappijen bijstaan met hun ervaring en praktische kennis. De deskundigen bezoeken de bedrijven regelmatig, op eigen initiatief of op aanvraag. Ze hebben vaak een bevoorrachte omgang met de preventieadviseur van het verzekerde bedrijf. Omdat zij bij verschillende bedrijven over de vloer komen, kunnen ze ervaringen uitwisselen. Die ervaringen kunnen ze dan elders implimenteren, zodat iedereen er baat bij heeft.

Door de mensen op de werkvloer voortdurend bewust te maken van de veiligheidssthema’s en op te leiden, creëert men een doeltreffend hefboom-effect.
Als er een arbeidsongeval voorvalt, werken deze deskundigen samen met de preventieverantwoordelijken van het bedrijf om de oorzaak te analyseren en om te onderzoeken welke maatregelen herhaling kunnen voorkomen.

Cijfers
Het jaarrapport van 2003 van het industriële ongevallenfonds geeft aan dat al 15 van de 17 verzekeringmaatschappijen een intern veiligheidsdepartement hebben. Hierin zijn 67 ingenieurs en 20 anderen aan de slag als opleidingsconsulent (in FTE, full-time equivalents).

Aantal consulten met een veiligheidsdiploma:
- niveau I: 64;
- niveau II: 11;
- niveau III: 38.

Aantal interventies in het verzekerde bedrijf en de reden hiervoor:
- halve dagen gespendeerd aan veiligheid in het bedrijf: 19 121;
- bezoeken om tot een beleid te komen: 197;
- eerste contacten of contacten voor specifieke reden: 891;
- bezoeken voor opvolging of systematische contacten: 4 750.

Activiteiten van preventiedienst
In 2003 richtten de verzekeraars zich vooral op specifieke bedrijven, voornamelijk:
- bedrijven waar er een ernstig ongeval plaatsvond;
- bedrijven waar de frequentie- en ernstgraad boven het gemiddelde van gelijkaardige bedrijven lag;
- bedrijven met een NACE-code van een risicovolle sector;
- bedrijven die zelf om hulp vragen;
- bedrijven waar het aantal ongevallen of het percentage onbeschikbaarheid blijft stijgen.


Conclusie
Een verandering in cultuur, die moet uitgaan van de directie en vooral moet gedragen worden door de directie, is de enige manier om een preventiebeleid te voeren, geïntegreerd in het dagelijkse beleid.

Deze boodschap tracht men over te brengen aan de verzekerde bedrijven. Men biedt hen onder de vorm van preventieactieplannen de mogelijkheid aan om deze cultuurverandering over te brengen aan alle betrokkenen door middel van motivatie en sensibilisatie. De implementering van dit preventiebeleid wordt ondersteund door opleiding en advies.

Met de preventieactieplannen, die gegoten wordt in een driejarenplan, worden meerdere doelstellingen bereikt:
1. Voor het bedrijf:
   - hulp bij de invulling van hun wettelijke verplichtingen;
   - hulp bij het beheersen van hun arbeidsongevallen;
   - het bedrijf maakt op termijn winst, zowel op menselijk als op economisch vlak.
2. Voor de verzekeringsmaatschappij
   De preventiedienst van de verzekeringsmaatschappij helpt de maatschappij bij het gezond maken van de portefeuille en sluit bovendien langdurige contracten af.
3. Voor de preventiedienst
   Door de juiste inschatting van het risico kan de preventiedienst een preventieplan op maat van het bedrijf opstellen, wat de slaagkansen van hun acties alleen maar ten goede komt.

Voorbeelden van op maat gemaakte campagne’s:
- manueel en mechanisch hijsen en heffen van ladingen;
- opleiden van interims en werken mer derden;
- risico’s bepreken bij elektriciteitswerken;
- opleiden van leden van het comité PBW;
- toolbox meetings;
- gevaarlijke chemische producten,
- veiligheid bij onderhoud;
- brochure opstellen voor het onthaal van nieuwe werknemers;
- …
Als al deze doelstellingen – zoals een gezonde groeiende portefeuille, minder arbeidseengevallen voor de bedrijven en dus meer welzijn van de werknemers op het werk – behaald worden, dan is de taak als preventiedienst vervuld.

Edwin Nys – directeur Assabel Consult
2.4 Press release

AISAM’S 2ND SEMINAR ON WORKERS’ COMPENSATION INSURANCE CALLS FOR ACTIVE CLAIMS MANAGEMENT

AISAM held its Second Worker’s Compensation and Accident Insurance seminar last Friday in Brussels hosted by Assubel-APRA specialized in Worker’s Compensation insurance.

Speakers and an audience from nine different countries focused on Prevention and Active Claims Management in the area of Worker’s Compensation and Accident insurance. Renaud Rosseel, leader of AISAM’s Worker’s Comp. Insurance taskforce and commercial director at Assubel-APRA introduced the newly formed mutual insurer to the participants.

In the area of prevention, the Belgian model where both insurers and a national prevention institute called Prevent work towards the same goal of not only reducing industrial accident rates but also on increasing occupational health, safety and more largely well-being was discussed. This type of collaboration was underlined as being essential by Brenda O’Brien from the Bilbao-based European Agency for Occupational Health and Safety. The mutual insurance model was retained as being especially adapted to workers’ compensation insurance as a proper safety programme at company level often gives rise, not only to a reduction in premium, but also to rebates, hence multiplying the stimuli for a proper OSH policy.

In the area of claims management, experiences from such widely diverse legislations as Norway, Switzerland and the US underlined the importance of taking care of the victim. Gjensidige’s Bjengt-Lasse Lund explained: “We pay the doctor for 60 minutes, not the traditional 15 minutes, and only the patient has the right to leave. The report goes both to the patient and the insurer. In the large majority of the cases, the claim ends there. This leaves us more time for the really badly hurt victims.” Case management in both the US and Switzerland pointed in the same direction: “There is a risk that injuries become chronic not from one risk factor but from a combination of different risk factors (pre-traumatic, the accident, post-traumatic)” explained Andreas Lörtscher from Swiss Mobiliär. Bob Short, WCF, Utah added: “Through efficient case management, 95% of the victims are able to return to the same employer. Furthermore, we have a multidisciplinary teamwork approach to manage medical costs which today account for more than half the total losses in this area.”

The day concluded with a round table discussion which underlined that, although the worker’s accident victim is too often influenced by family, advisors and other stakeholders who fear for a loss of disability rights, active claims management is a win-win situation for all concerned parties: the victim, the insurer and the society at large. This was confirmed by all countries represented around the table.
2.5 Speakers and their subjects

Welcome
by Jean-Claude DEBUSSCHE, Member of AISAM’s Board, CEO of Assubel-APRA (now Mensura)

Jean-Claude Debussche has been Chairman of Assubel’s Executive Committee since 2002.

Following his training as an actuary, he joined the Assubel group in 1982 to manage studies in the field of group insurance and pension funds.


Both companies have always played an active role within AISAM.

JC Debussche was born in 1956, is married and has two children.

Presentation of the hosting company Assubel-APRA (now Mensura)

by Renaud ROSSEEL, Commercial Director

Renaud Rosseel is currently Commercial Director and Director for private individual and small/medium sized companies for Assubel-APRA having joined the company in 1988 as Manager Enterprises.

Before joining Assubel, he worked as an Engineer for Winterthur in fire, theft, technical lines and workmen’s compensation.

Renaud first trained as an Industrial Engineer before going on to complete his education with a vocational certificate in Fire Security (protection), a Licence in safety regulations and labour hygiene and a Post Graduate in Sales Management.

He is married with one daughter and lives near Brussels.
Prevention: The role of the European Agency for Safety and Health at work

by Brenda O’BRIEN, Brussels Liaison Officer, EASH, Bilbao

Brenda O’Brien is the Brussels Liaison Officer for the Bilbao-based European Agency for Safety and Health at Work. The Brussels office was set up very recently. It represents the interests of the Agency in the EU institutions and other international and European organisations, as well as raising the Agency’s profile across a spectrum of stakeholders in occupational health and safety. Previously, Brenda worked in Bilbao with the Agency, focusing on its campaigns and programmes.

Before that, Brenda O’Brien worked in Brussels for several years with a trade union organisation, specialising in the European Social Dialogue, press and campaign work.

Brenda holds a degree in European Studies from the University of Limerick, and a postgraduate Master of Letters (Sociology) from Trinity College, Dublin, Ireland.

Outline

The presentation gives an overview of the work of the European Agency for Safety and Health at Work, its role, function, network and activities. Particular emphasis is paid to the activities which foster a prevention culture in Europe, including the promotion of good practice. The European Week campaigns, the largest health and safety campaigns in Europe, will be explained in detail, as well as current work priorities.
Prevention: The role of prevention in workers’ compensation insurance

by Edwin Nys, General Manager Assubel Consult, Assubel-APRA (now Mensura), Belgium

Edwin Nys has been General Manager of Assubel Consult NV since 1 June 2005.

He began his career as a prevention engineer in the food industry. He then made the switch to the insurance group APRA as prevention adviser, and then 5 years later acquired international experience as quality & risk manager for an internationally oriented port operator. After 7 years he returned to the insurance group APRA, working first as business development manager and then as commercial manager.

Edwin’s basic training includes a diploma as an industrial engineer in electro-mechanics, he has a Bachelor’s degree in safety techniques and a Master’s in total quality management. He also holds a level-1 fire safety and risk management certificate. He has also attended various management, sales and marketing courses.

He was born on 18 June 1963, is married with 2 daughters and lives in Schoten, near Antwerp.

Outline

The Belgian industrial accident insurance model offers many benefits for employers and victims alike: more than adequate compensation, the guarantee of accurate rate fixing, ensuring employers take responsibility with regard to industrial accidents and an active prevention policy. As regards this last point, industrial accident insurers have in the past voluntarily made greater efforts (on average around EUR 11 million per annum, for the past 6 years) than is strictly necessary under the 1971 law.

Most insurers have set up their own prevention services, which contribute to an effective prevention policy in close collaboration with the insured firm. How they operate, what their various tasks are and how the approach to prevention evolves will be addressed during the discussion.
Prevention: The added value of a national prevention institute

by Marc De GREEF, Director General, Prevent, Belgium

Marc De Greef is currently Managing Director of Prevent, the Belgian Institute for Occupational Safety and Health.

At the same time he is also Managing director of PreventLux, Centre de Promotion du Bien-être au Travail, Professor at the University of Leuven and at the University of Antwerp Management School, Member of the Belgian Council for Occupational Safety and Health, Chairman of the ISSA (International Social Security Association) Information Section, Chairman of ENSHPO (European Network of Safety and Health Practitioner Organisations) and member of different European networks.

Marc holds a Master in Applied Economics and a Master of Business Administration (MBA).

He was born in Leuven on 1st November 1957 and is married with two daughters.

Outline

Prevent is a multidisciplinary prevention institute; its activities are focused on the prevention of occupational risks by promoting quality in working conditions and improvements in the work organisation. It provides support, advice and information to occupational accident insurers as well as to businesses, professional associations, social partners, public authorities and other social actors such as the external services for prevention and protection,

Prevent works to develop, collect and mobilise knowledge on issues of occupational well-being. To do so, it conducts studies and collects information and documentation from all around the world. The institute also works actively to develop regional, national and international networks allowing information and experience to be exchanged.

Prevent provides advice, supplies information and documentation, creates and distributes publications, develops tools and training programmes and organises information and awareness-raising campaigns. The institute devotes particular attention to the issue of occupational health, safety and well-being in small and medium-sized enterprises.
Risk Management in workers’ compensation insurance

by Juha ETTALA, Nordic risk management organisation, If, Finland

Juha Ettala is Nordic Head of Risk Management, If P&C Insurance Ltd, Industrial. He started in this position on January 1st, 2002. Prior to this he headed the Risk Management function of Sampo’s non life operations in Finland and has worked in the industrial insurance industry since 1982. Before joining the insurance industry, Juha worked for Det norske Veritas in Oslo, Norway as a risk surveyor in the offshore industry and before that as an explosives safety officer in the Finnish Defence Forces.

Juha Ettala is a member of various European and International insurance associations. He has been a lecturer at the Helsinki University of Technology on risk management in process industries and chairman of the Finnish Risk Analysis Society. He is also the editor-in-chief of Risk Consulting magazine and has written publications on different Risk Management topics.

He holds a Licentiate of Technology degree in Process Engineering from the Helsinki University of Technology. Juha was born on 15th April 1953 and is married with 3 children

Outline

Risk Management is growing in importance in Commercial and Industrial companies. In the WCI area the risk management challenges are related to developing premium rating systems including incentives for safety improvement measures as well as implementing the best safety practices to support companies’ employee safety work. Globalisation of work, outsourcing, ageing work force, attitudes and culture as well as psychosocial factors are changing the whole business environment and affecting also WCI related risk management practices.
Active Claims Handling: a Nordic perspective

by Bengt-Lasse LUND, Medical Director, Gjensidige Nor, Norway

Bengt-Lasse Lund has been a medical advisor for Gjensidige for the last 20 years. Since 1994, he has been the medical director responsible for all medical advisory and health care activity in the company.

These days, his responsibilities include building Norway’s largest occupational health care company owned by Gjensidige.

He is a former president of the Norwegian medical association and CEO of the hospital services in the city of Oslo.

Born in 1945 and educated in Oslo, he has been an MD since 1970, and is a specialist in general and orthopaedic surgery.

Bengt-Lasse is married, a father of 3 and grandfather of 3.

Outline

The Norwegian company Gjensidige has since 1993 changed attitudes to claims handling. Instead of just paying the bill, it started to act like a health care provider. Shortly after an accident the victim is offered medical examination and advice. Those with no physical or mental stress after the accident will have the possibility of returning to normal life faster, and those with problems will receive the necessary medical services as soon as possible.

This way of working reduces the time spent on claims handling and the customers feel they are taken care of in a positive way. The concept is simple and well known to doctors all over the world. The shortage of time available for contacts with the victim is probably the reason why this has not been standard procedure, at least in Norway.

The concept is a win-win way of claims handling.
Active Claims Handling: an American perspective

by Robert SHORT, Senior Vice President, WCF Group, USA

Robert Short is Senior Vice President and Chief Operations Officer at Workers Compensation Fund (WCF) in Salt Lake City, Utah. His areas of responsibility include claims administration, medical case management, medical utilization review processes, vocational rehabilitation, provider networks and relationships, and the operation of the special investigations’ unit anti-fraud efforts. WCF is a non-profit mutual insurance company, providing insurance to more than 30,000 employers and 65% of the workers’ compensation market in Utah.

In addition to his responsibilities with WCF, Robert is also President & CEO of Pinnacle Risk Management Services Company which is a third-party administrator specializing in workers’ comp and general liability claims for large self-insured employers operating in ten states.

Before joining WCF in 1993, he was a senior vice president of administration at First Health Strategies, the largest third-party health care management company in the United States.

Robert has thirty plus years experience in property casualty, group health, and workers’ compensation. He also has an AEI and SCLA affiliation, is a graduate of the University of Utah and a native of Salt Lake City, Utah.

Outline

The workers’ compensation system in the United States continues in its cost containment evolution. Claims management methods in containing costs range from simply paying the bills to a thorough examination of every stage in the life of a claim. The speaker will describe the basis of workers’ comp. in the US and industry loss trends, and will deliver a close review of specific claim management methods in containing workers’ compensation claim costs. These methods include claim adjuster caseloads, medical management, physician interface, preferred provider organizations, drug costs management, and employer involvement in the process.

He will also give an explanation of fraud investigation, which includes implementation of insurance fraud, identifying techniques involving predictive behaviour modelling to stop the claim payments and prosecute those involved in the fraud.

Aggressive claims management strategies can bring huge cost savings and deliver better outcomes to the injured worker, employer and insurance carrier.
Managing whiplash injuries

by Andreas LöRTSCHER, Legal Advisor Claims, Swiss Mobiliar, Switzerland

Andreas Lörtscher has worked in various functions in the claims department of Swiss Mobiliar since 1985.

Until 2000 he worked as head of a department where he was responsible for processing the serious bodily injuries covering half of Switzerland. Since 2000 he is the legal advisor for all liability litigations throughout Switzerland that exceed CHF 1 million. He is also jointly responsible for the initial and on-going training of solicitors and claims managers working for Swiss Mobiliar in the field of serious bodily injuries.

He read law at the University of Berne and graduated in 1984 with the title of a solicitor.

He was born on 21 May 1958, is married and has three children.

Outline

This speaker will first cover the basics concerning whiplash injury (economic significance in Switzerland, movement mechanism, typical symptoms) before going on to talk about case management. A few years ago there was something like a "war" between the Swiss insurers and the victims of a whiplash injury. A massive increase in the number of court cases ensued. Four or five years ago, the insurers abandoned their defensive strategy and began to provide individual care for the victims.

A case manager's first aim is to get the victim back to work. The case manager therefore discusses the case with the physicians, the employers.... For example, if the victim has lost his job, the case manager helps him/her to find a new one.

The third part of the presentation will include three new medical studies from Switzerland about whiplash injury.
Reintegration into work

by Jørgen GAWINETSKI, Managing Director, Rehab, Denmark

Jørgen Gawinetski is managing director of Rehab A/S, which is a shareholder-company established in 2002 by 21 Danish mutual insurance companies. Today 25 companies are shareholders.

The aim of the company is to help the seriously injured back to their normal life after the event.

Prior to joining Rehab, Jørgen was insurance director and member of the Executive Board of Sygeforsikringen “danmark” (a health mutual insurance company with over 1.8 million individual members) for 15 years. He retired from “danmark” in January 2005, but has continued with Rehab A/S.

Jørgen was born in December 1939 in Austria, has a law degree from the University of Copenhagen followed by training in the Danish insurance industry. He was the first Danish insurance-ombudsman from 1975 to 1990 during which time he also practiced law with right of audience before the Danish Supreme Court.

Jørgen was a member of CEA’s Health Committee until December 2004 and was its vice-president for 4 years.

Outline

This presentation will start with an overview of the Danish legislation on the subject and continue with the way it is managed by the public social service, the insurance sector, employers and some other stakeholders. It will also cover the new insurance initiative: Rehab a/s.
Round table: Active Claims Handling

Moderator: Lieve LOWET, Secretary General, AISAM

Lieve joined AISAM as Deputy Secretary General on 1 June 2003 becoming Secretary General in October 2004. Prior to this, she worked at McKinsey as European insurance expert, specializing in European regulations and bancassurance; she was also a Board member of the European Financial Institutions Centre (EFIC), McKinsey’s business unit specialized in research and analysis of financial institutions which she helped found. She started her career as a banker at BBL (now ING) Belgium.

Lieve holds a law degree from KUL (Katholieke Universiteit Leuven), Belgium, a BA in philosophy and a Masters degree in International Affairs from SAIS (School of Advanced International Studies), Johns Hopkins University, Washington-Bologna-Nanjing.

She is married with 3 children and lives in Brussels.
3. WorkCongress7, The 7th International Congress on Work Injuries Prevention, Rehabilitation and Compensation, Hong Kong, 27-29 June 2006

WorkCongress brings together experts from various professions worldwide, such as medicine, law, social work, work safety, economics and management and from many countries to discuss their experience and research relating to the prevention of work injuries, the rehabilitation of injured workers and their proper compensation every two years. Generally different professions have difficulty communicating with each other. WorkCongress attempts to encourage a dialogue between various professions and disciplines. This year's event brought together around 700 participants from twenty countries around the world and 130 speakers.

AISAM was represented at this major event by Renaud Rosseel, the leader of the WCI Taskforce, who made a presentation during the session dedicated to “Compensation, including financial arrangement and medical benefits, provided to workers who are disabled by workplace injuries and diseases”. The text of his presentation which aims to show that mutual insurance is the best solution in workers’ compensation for employees, employers and society at large is reproduced below.

The role of insurance (premiums) in prevention and compensation

A. Problem definitions

In the summary below, we explain why an insurance company specialising in workers’ compensation insurance (mutual or otherwise) can make a difference to employees, employers and society as a whole in a privately organised market by encouraging prevention, organising adequate compensation and improving rehabilitation.

B. Method

In order to demonstrate the role of insurance in prevention and compensation, case studies from various European countries will be used.

To illustrate this, the examples of Belgium and Denmark (appendix) will be addressed.

Belgium: the “71 system”

B.1. Background and history

There are currently two systems covering workers’ compensation insurance in Belgium. The first, introduced in 1967, is for public sector employees (national and local government), and the second, introduced in 1971, covers private sector employees. This presentation relates to the second system.

Up until the end of 1903, a victim had to prove the fault of an employer. However, the Workers’ Compensation Law of 24 December 1903 introduced compulsory compensation for blue-collar victims of industrial accidents, but it excluded accidents on the way to and from work. Additional cover remained optional.
In January 1904, the mutual insurance company Mensura (former Assubel-Apra), specialised in workers’ compensation insurance, was founded.

In 1930, the Workers’ Compensation Law was extended to include white-collar employees, and in 1945 to include domestic staff and accidents on the way to and from work (journey claims).

On 10 April 1971, workers’ compensation insurance was made compulsory for all private sector employers.

In 1987 the system was reformed, making insurers responsible for lost earnings instead of the Workers’ Compensation Fund.

In 1988, a Royal Decree made insurers responsible for indexation and charges. A European Court of Justice ruling (Case C-206/98) of 18 May 2000 confirmed that companies providing workers’ compensation cover were indeed insurers, although the Belgian government had excluded them from the scope of insurance legislation.

The experience of many years, as well as continuous consultation with the government, make this Belgian model exemplary.

Given the compulsory nature of workers’ compensation insurance in Belgium, the system remains closely linked to the social security system, two examples of which are:

1. The EVA-LEA electronic network links insurers to the social security structures.
2. The 2004 Federal Action Plan to Reduce Industrial Accidents (FARAO) links the federal government and insurers. The role of the FARAO is to measure and monitor industrial accidents and prevention practices in companies using a reliable and practical instrument. In order to satisfy these conditions, the FARAO meter must cover two components: an index that characterises industrial accidents and an index that evaluates prevention policy. Both indices together will then provide a classification system for comparing sectors and individual companies, but it will also provide a basis for directing the inspection policy of the Federal Public Service for the “supervision of welfare at work”.

The purpose of the first index, the Industrial Accidents Index (IAI), is to determine how many accidents at work happen in the ‘industrial environment’, and are thus due to the industrial activity. An accident at work can be considered as an industrial accident if it directly relates to a certain material agent and form. The IAI can then be defined as the total number of industrial accidents per 100,000 employees.

The second index, the Prevention Index (PI), has to give a summary of a number of items on the shop floor that are representative of the company prevention policy. For example, prevention structures, the operation of the prevention and protection at work committees, the induction of newcomers and temporary staff into the company, as well as the shortcoming found during inspections such as a lack of instruction cards, fall protection, personal protection equipment, etc. The prevention culture of the company can also be surveyed, for example, how does the management fulfils its responsibilities.

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3 EVA-LEA: stands for Electronische Verbinding Arbeidsongevallen/Liaison électronique accident du travail which translates as Electronic Declaration of Worker’s comp accidents ….
role in relation to the welfare policy, is there an active welfare policy on the part of management, etc.

While the IAI can be calculated relatively easily on the basis of existing data from the Industrial Accidents Fund, which is part of the Federal Ministry of Social Affairs (FOD), the PI requires experienced investigators. It is important that the objectivity of the investigator is kept to a maximum, otherwise the results will not be representative and comparable enough.

Workers’ compensation insurance, while remaining a specific line of business, is complemented by the rules on occupational diseases and the social security rules relating to illness and disability.

B2. The system

Workers’ compensation insurance in Belgium is implemented by private insurers but supervised by the government, which is also responsible for safeguarding the interests of victims and for financial monitoring. Income from workers’ compensation insurance helps to finance the general social security system through contributions of around EUR 200 million per year paid by the private sector to the Workers’ Compensation Fund (FWC), a component of the social security system, which are then passed on to the social security organisation itself.

All private sector employers are required to take out workers’ compensation insurance for their employees (blue-collar and white-collar). This does not apply to the self-employed. The system is not based on fault, i.e. the employee does not have to prove the fault of the employer. Compensation is paid out in lump sums and is calculated according to legal salary limits (legal ceiling = EUR 33,403 gross annual salary as of 1 January 2006).

B3. The market

Workers’ compensation cover represents around 5% of total commercial lines in Belgium.

90% of workers’ compensation insurance is distributed via brokers, which guarantees a strong professional approach, a dynamic focus on price/quality and forms an additional guarantee for the insured party.

The 71 system covers 2,400,000 employees and 222,000 companies, with a gross premium income of some EUR 913 million in 2004, collected by 13 active insurance groups, including 5 mutual societies. Premium income remained stagnant (see below) as employment remained constant, with few changes to salary levels, and with tough competition. On 1 July 2005, the legal ceiling was raised markedly (see point B4. product discussion), which meant an annual premium increase of around 10%. Whereas the 71 system covers more than 90% of the Belgian market, the 67 system, or workers’ compensation cover for the public sector, accounts for less than 10%.
Gross claims were EUR 977 million in 2004, with the average cost of an industrial accident for a blue-collar worker being a little less than EUR 4,500. This resulted in a gross claims ratio of 107% in 2004.

Overall provisions amount to EUR 6,000 million and financial income runs at around EUR 300 million. The system operates through capitalisation of provisions built up to cover future liabilities, unlike a social security based system, which is purely an allotment system.
This gave a positive result of EUR 63 million in 2004.

B4. Product and compensation

Workers’ compensation insurance is legally defined in Belgium. It covers industrial accidents and accidents on the way to and from work. There is a maximum salary that can be taken into account when settling claims. The current annually indexed level (legal ceiling) is EUR 33,403. Compensation is paid for temporary or permanent incapacity to work, death and medical expenses. Cover above this salary level is optional.

The employer-insurer relationship is based on a contractual relationship (the insurance policy), financially supervised by the federal government (through the insurance supervisory authority, called CBFA). The victim-insurer relationship fits in with the
compensation logic of social security, but with a better indemnification principle, i.e. capitalisation instead of allotment. The rights of the victim are precisely specified, and the insurer, supervised on this point by the FWC, ensures faster, justified reintegration into the work environment through an active claims handling policy.

Compensation: for temporary incapacity to work, compensation is calculated on the basis of 1/365 * 90% of the gross annual salary. For permanent incapacity to work, compensation for loss of earnings is paid at a maximum of 100% of the legal ceiling + 100% of minimum guaranteed monthly wage set by the government, and is indexed. A maximum of one third of the compensation may be paid as a lump sum. In the event of death, the spouse receives 30% of the compensation, indexed, and any children 15% or 20% each. Again a maximum of one third of the compensation may be paid as a lump sum. Related medical expenses are also covered by the workers’ compensation insurance, and may in certain cases include aesthetic costs.

First-pillar social security, as paid out by the sickness funds, acting as payors, does not intervene.

A workers’ compensation policy has a one-year duration (expiry date 31/12), but with 10 or more people covered it may be extended to 3 years. Up until 1992, the legal duration was 10 years. Policies may only be cancelled annually, 3 months before the expiry date. With 3-year policies, cancellation may take place after a claim, or according to the specific terms of the contract. For example, for policies for up to 100 insured people, only the insurer may cancel the policy, as stipulated by the conditions.

The cover may be suspended if, for example, the employer does not pay the premium. However, the victim of an accident will still receive compensation from the workers’ compensation insurer and the cost will be reclaimed from the employer. After a certain period, a cancellation of the insurance policy will follow and then the FWC will pay in the event of an accident, with a right of recourse against the employer. The victim remains the central focus and will always receive compensation. On average, only 6% of claims are rejected as not really being accidents at work.

The rates for industrial accident insurance cover are fixed (maximum rate), according to the level of risk, which is analysed together with the Ministry of Economic Affairs. However, the fixed rate can be reduced depending on the company’s activities, the number of people to be insured and statistics for previous similar cover. A rate above the maximum rate is not allowed, unless a price increase application has been submitted to the Federal Ministry for Economic Affairs, and it has given its prior consent.

Some recent developments and possible extensions relating to industrial accident insurance are:

- Working at home: increase in the number of people working from home and the subsequent adaptation of employment contracts.
- Unmarried partner: an increase in the number of people choosing different lifestyles, rejecting marriage, for example, and preferring a cohabitation contract or just simply living together.
- Social and cultural activities organised by the employer: there is no longer a distinction between the compulsory or optional participation of the employee.
- Temporary stay abroad for professional purposes: need for a clear demarcation between work and private life.
- (Increased) exposure to the risk of war when abroad for professional reasons.

At the end of the Eighties and early Nineties, a pool of industrial accident insurers was also set up in order to insure employers for industrial accidents, for which cover has been refused, often as a result of extremely unfavourable claims statistics, according to a predetermined distribution formula.

**B5. Supervisory and professional bodies**

Although workers’ compensation insurance in Belgium is entrusted to private insurers, it is supervised by the government.

The Workers’ Compensation Fund (FWC) is a social security institution with 400 staff members responsible for protecting victims’ rights, supervising the correct application of workers’ compensation legislation, and technical, medical and social monitoring. Around 23% of the premiums paid for workers’ compensation, i.e. EUR 210 million, goes from insurers to the social security system via the FWC. On top of this, employers pay social security contributions to the FWC, which amount to more than EUR 180 million.

The Banking, Finance and Insurance Commission (CBFA) is the federal organisation responsible for the financial supervision of the entire Belgian financial sector. It was created on 1 January 2004 through the merger of the previously separate insurance supervisory body and the banking and finance supervisory body. It is responsible for prudential supervision of the sector, including the *a posteriori* control of the solvency margins, as stipulated by the European directives.

Assuralia (previously BVVO/UPEA) is the insurance industry trade association, which defends their interests, lobbies on their behalf, and provides technical services. The Worker’s compensation insurers are represented on its Board and there is also a working group on worker’s compensation and several committees for workers’ compensation insurers: one on prevention, one on legal matters, and one on financial and technical issues.

**B6. Welfare and quality at work/Prevention**

In the Belgian private sector, there were almost 165,500 bona fide industrial accidents in 2004, 122 of which had fatal consequences. There were also around 19,700 accidents on the way to and from work, resulting in 73 fatal accidents. Although the number of serious industrial accidents fell, i.e. 3 serious industrial accidents per 1000 employees, there is room for improvement. Preventing accidents and trying to reduce claims, with regard to both their frequency and seriousness, serves the interests of all parties: employees, employers, government - as a defender of the public interest - and the insurers themselves.
All employers either must have an internal department dedicated to prevention and protection at work, or be affiliated to an external service providing the same services. Insurers have their own prevention departments, and also a collective body, called Prevent, set up on the initiative of workers’ compensation insurers. The independent institute Prevent, which was set up in 1952 (under the name ANPAT / NVVA) at the initiative of workers’ compensation insurers, organises collective action in the field of prevention and is funded by insurers and income generated from its multidisciplinary prevention and protection activities. The Federal Ministry for Employment, Labour and Social Dialogue has so far always assigned a number of specific roles to Prevent. This includes, for example, the national coordination of the collection and distribution of data from the European Agency for Health and Prevention at Work, the preparatory work to evaluate the application of European directives in Belgium, scientific and technical assistance when drawing up the preliminary drafts of directives, etc.

The fact that workers’ compensation insurance is part of the private sector has a clear advantage in the field of prevention. The three main reasons for a strong prevention policy are:

- Human - no one may endanger another person’s health or life.
- Financial - the direct and indirect costs of the absence of such a policy.
- Legal - specific legislation requires all employers to monitor the well-being of their employees.

Belgian workers’ compensation insurers have consequently invested in prevention services for many years. Individual insurers provide prevention services and currently have around 100 engineers (with extensive experience and practical expertise) working in the field at an annual cost of about EUR 14 million. A company’s risks are analysed and a plan of action is developed in close collaboration with the people in the company responsible for taking prevention forward. Particular attention is paid to training and there is a move towards a wider prevention policy covering ergonomics, psychosocial areas (stress, aggressiveness, sexual harassment, etc.) and toxicology, for example.

The government is working to increase accountability and create greater safety awareness among employers in consultation with workers’ compensation insurers. This is very good news for mutual insurance companies as they can conduct prevention activities that joint stock companies, especially listed ones, which are focused on ROI, cannot necessarily carry out. The recent Royal Decree of March 2005 on serious accidents is a good example.

Employers are now forced to submit a detailed report on a serious accident within 10 calendar days, in order to prevent repetitions. They have to send it to the Public Department of Supervision of Welfare at Work (i.e. the former Technical Inspectorate). If an employer fails to do so, an independent expert, appointed by the government, will take action. This expert will send the bill for his work to the insurer. In this way the insurer - who will recover the full amount from the insured - is made aware of the lax behaviour of his client.
As an industrial accidents insurer and on account of its company objectives, Mensura has set up a subsidiary to monitor serious claims and help employers complete and implement the detailed report.

In consultation with representatives of private insurers, the government is developing a legal framework (Bill submitted in early 2006) to target employers which, on the basis of the information on record from reported accidents, differ considerably from the average profile (frequency and seriousness of accidents), and which are clearly failing in their duties in the field of prevention. The estimated contribution to be paid by the employer to the insurer will enable (extra) prevention interventions by the insurer.

The legislative proposal fits in with the FARAO plan, in which one of the points of action is the application of the insurance technique to reduce the frequency and seriousness of industrial accidents.

Companies that have had manifestly more industrial accidents than their sector average over 2 of the last 3 years will be considered as companies with an “increased risk”. The insurance companies will be required to charge these companies a fixed prevention contribution. This amount still has to be set by a Ministerial Decree, but a contribution of between EUR 3,000 and EUR 15,000 per year, depending on the number of employees, is being proposed. This contribution will be used to finance the insurance company’s prevention engineers who investigate the causes of the lack of prevention in companies.

The proposed bill also targets those companies that create unfair competition. These are companies which, through their unsafe conduct, put the entire sector under pressure to work more cheaply and thus less safely. They let other companies pay for their industrial accidents, and compete unfairly with companies who are serious about welfare and quality at work.

Furthermore, debates have arisen between the government, insurers and the temping agencies’ trade association, with the purpose of making users of agency staff accountable. Temping has become a booming business in Belgium and far beyond.

Fewer accidents do not only mean lower indirect costs for the employer, but also lower premium rates and premiums in the long term. When insuring through a mutual insurer, there is the additional potential of a premium refund, which is significantly higher as a result of better results. The employer can use these extra funds to improve safety.

The trade unions are also positive about the system of workers’ compensation insurance in Belgium, and go so far as to promote the medical inspection of absenteeism after workers’ compensation. It is clear that the culture of abuse has an ever-decreasing chance of success.

B7. Modernising social security

Since January 2003, insurers have been involved in modernising the social security system through EVA/LEA (Electronic Declaration of Workers’ Comp Accidents), a project started in 1999 that provides an electronic link between workers’ compensation insurers, the FWC, the Crossroad Bank for Social Security and Social Security Institutions. It aims to switch over from a manual system to an automatic system, and
controls the fulfilment of compulsory insurance and correct payments and settlements of the companies. A single entry into the database informs the social security and the workers’ compensation insurer at the same time. The result of a first EVA/LEA check revealed that 10,000 companies had workers’ compensation cover but no social security number (out of about 222,000), and 16,000 companies had a social security number but no workers’ compensation insurance.

C. Findings

Benefits for employees

- Employees receive adequate compensation on the basis of capitalisation.
- Technical, medical and social control via the FWC (Workers’ Compensation Fund).
- Subject to additional premiums, a number of extra risks can be insured (e.g. unmarried partner).
- Accident prevention through attention to safety at work.
- Active claims handling means humane reintegration.
- Increasing government pressure on employers to improve the working environment.

Benefits for employers

- Employers pay an appropriate premium to foster the mechanism of solidarity. When insured with a mutual society, employers are also entitled to premium rebates.
- Increased employer accountability.
- Relationship between premium & prevention.
- Better prevention leads to fewer accidents and lower costs, both direct and indirect.
- Medical inspection of absences.
- A competitive market means better rates

Benefits for society

- Accident prevention through attention to safety at work.
- Insurers and employers contribute to the financing and modernisation of social security.
- Integrated reporting and declaration system for all social security, thereby reducing costs and avoiding errors.
- Better safety conditions reduce labour tensions.
- Supervision of insurance companies ensures adequate prudential control.

D. Conclusions

More than 100 years of experience with a private workers’ compensation insurance system show the advantages of this system, creating a win-win-win situation for employees, employers and society as a whole (or the social security system in particular).

The level of compensation, although restricted to clearly specified lump sums, is very generous by European standards.
The current system provides a high level of protection for the social rights of employees, while offering highly competitive premiums to employers, and helps to optimise prevention efforts as well as social security system.
Appendix

The Danish workers’ compensation insurance system in brief

Legislation

Since 1916, workers’ compensation has been compulsory for all private sector employers – from 1898 and until 1916 it was on a voluntary basis. The employer is obliged to insure the risk of work injuries with a private insurance company.

The WC Act has been changed several times over the past 90 years. The last substantial reform dates from 2004, when - among other things - the definition of an industrial accident was changed and sudden lifting accidents accepted as accidents.

In Denmark, unlike many other workers’ compensation systems, the insurance companies are not allowed to decide whether an accident is covered by the law and to fix the compensation. This is done by The National Board of Industrial Injuries (Arbejdsskadestyrelsen).


The market

In 2004, the Danish workers’ compensation market had gross premium income of EUR 500 million collected by about 15 insurance groups. This is about 10% of the total premium income in the Danish non-life insurance market.

From 2000 to 2004, claims ratios have been between 101% and 118%, so the market is not very profitable.

The insurance companies are free to fix the premium rates.

Most of the small and medium sized mutual insurance companies have a joint solution to cover workers’ compensation risks. The risk is placed in a joint company – Nærsikring.

Compensation

If an accident is accepted under the law (note that commuting accidents are excluded), the compensation is defined by the law.

The compensation includes cash benefits (for example for damaged personal equipment, e.g. glasses), benefits in kind (medical treatment etc.), payments in the event of permanent injury, temporary and permanent incapacity to work and compensation to spouse and children in the event of death.

Permanent injury compensation is defined as a medical disability related to the degree of the health impairment, measured on the basis of a dismemberment scale. The payment is a lump sum payment with a maximum in 2006 for 100% disability at app. EUR 88,000. The compensation is reduced by 1% for every year over the age of 40.

Compensation for temporary and permanent incapacity to work is calculated on the basis of 80% of the total earnings in the year before the injury (maximum app. EUR
53,000 in 2006). The compensation will be paid out monthly as an annuity but up to 50% disability can be paid out as a lump sum payment.

Compensation to the spouse is 30%, and to any children 10% each, of the total earnings in the year before the death. The spouse is also paid a lump sum of EUR 16,500 (2006).

**Supervision**

There are several bodies involved in the supervision of the system:

As mentioned above, the private insurance companies do not have the authority to fix the compensation. This is done by the National Board of Industrial Injuries.

The Social Appeal Board takes decisions in complaints about the social and occupational legislation. Both the victim of an industrial injury and the private insurance company have the possibility to appeal against the decisions from the National Board of Industrial Injuries.

The Danish Working Environment Authority (WEA) is an agency under the Ministry of Employment. It is the authority which contributes to the creation of safe and sound working conditions in Danish workplaces. The Danish Working Environment Authority has the authority to penalise enterprises which do not comply with the working environment rules. The rules are set out in the Working Environment Act. All occupational accidents which result in one day or more of unfitness for work in addition to the day on which the accident occurred have to be reported by the employer to the WEA. Since 1 January 2005 and for the next seven years, the WEA will screen the health and safety conditions of all Danish enterprises with employees. All enterprises will be screened about every three years.

The insurance companies that write workers’ compensation insurance are obliged to collect a contribution from the employers to run working environment committees with representatives from the labour market, both the employers and employees. These committees support the Ministry of Employment in working environment matters.

The Danish FSA – Finanstilsynet – are responsible for the financial supervision of the entire Danish financial sector.

The insurance trade association – Forsikring & Pension – looks after its members’ interests. A special forum is dedicated to workers’ compensation, and there is a special committee where most of the workers’ compensation insurance companies are represented.

**Safety at work and rehabilitation**

All employers with more than 10 employees must have an internal department dedicated to safety and protection at work. The supervision of this is done by the WEA as mentioned above.

The medical, occupational and social rehabilitation is mainly supported by the social security system (through local government services). In recent years it has become more common for the insurance companies, as the risk carriers, to focus more and more on active claims handling and rehabilitation measures, as it is very important to have victims of serious work related injuries back to work as soon as possible. As a part of
this, a large group of mutual insurance companies have set up a company – Rehab – which offers active claims handling services to the owner companies in the area of personal accidents.
4. Conclusion

Through the activities of the Worker’s Compensation Insurance Taskforce, AISAM and its members endeavour to contribute to the current and relevant public-private debate which is now taking place in several countries across the world. Should the state continue its role as carer, providing social security services in a broad number of fields or should it concentrate on setting out the framework and the main principles in which the private sector can competitively, and to the benefit of all parties, play its role? Some may argue that private sector companies are not the appropriate provider of services which have traditionally been provided by the State given their focus on return on investment.

Mutual insurers can clearly be a bridge to a potential solution: as they have no shareholders, their focus is exclusively on their members, their insured policyholders, and their task is to satisfy members’ need. There is no confusion. Members come first.

Furthermore, prevention services before the claim, and rehabilitation services after the claim, receive the same level of attention as underwriting. The fact that several of AISAM’s members are active in this area underlines this point, and so did the success of the second Worker’s Compensation and Accident insurance seminar which we organized in 2005 and which is reported on in this brochure. AISAM’s contribution to WorkCongress7 in 2006 further underlines its willingness to give the same consistent message internationally and to spread its experience.

As Renaud Rosseel highlighted, the involvement of private mutual insurers in areas typically covered by social security such as accidents at work lead to a triple win situation: for the employees, for the employer/members and for society.

The debate is far from over and remains a current focus of attention. AISAM’s WCI Taskforce has planted a flag and would like to continue to be a forum for further discussion on this subject, thereby underlining the role of mutual insurers. A third seminar is planned for 2007 where we hope to be able to welcome many of you.

If this report incites you to join our discussion and to learn from each other for the benefit of our members, employees and the society at large, then please join our taskforce!

Lieve Lowet,
AISAM Secretary General
Brussels, September 2006