

Social Security in Israel

by WILBUR J. COHEN and CARL H. FARMAN *

Israel is one of the most recent additions to the roster of nations providing the protection of old-age and survivors insurance to their people. The National Insurance Law, enacted in late 1953, also established a system of maternity benefits and benefits for work accidents. The law and its background are summarized in the following pages.

ISRAEL'S first social security measure designed to cover more than a single risk was enacted on November 18, 1953, and became effective April 1, 1954. It provides benefits to the aged and to widows and orphans, maternity benefits, and benefits for work accidents. The provision of work accident and maternity benefits represents the improvement of existing programs and their consolidation into a single social insurance act. The chief new program established by the 1953 law is old-age and survivors insurance.

The history and content of this social insurance law reveal a blend of local mutual aid society practice with workers' protective legislation under the British mandate, plus the incorporation of other social insurance principles common to many recent plans and modern laws. It is the purpose of this article to trace this unique combination of influences to their issue in the 1953 law and to show the setting of the act within the varied welfare services of the State of Israel.

Early Programs

Palestine on the eve of its independence as the State of Israel had one act classifiable as a social insurance measure—the Workmen's Compensation Ordinance, adopted in 1927 and completely revised in 1947. It also had an important health insurance organization of nearly 40 years' standing—the Workers' Sick Fund (Kupat Holim)—which began oper-

* Mr. Cohen is the director and Mr. Farman a staff member of the Division of Research and Statistics, Office of the Commissioner. Mr. Cohen gathered most of the background information in personal interviews in Israel in November 1952.

ations in 1912 with 150 members and has been since 1920 a part of the General Federation of Jewish Labor (Histadruth).

Under the General Federation there also were smaller funds that provide for invalidity, unemployment, and death. These funds are still in operation. The Workers' Sick Fund, covering two-thirds of the population, continues to give workers their main protection against illness. The workmen's compensation law operated for more than 25 years to indemnify for and give medical attention to occupational injuries. The principal provisions of these two measures are therefore an important chapter in the story of Israel's protection for workers.

Most highly developed of the country's social insurance institutions is the Workers' Sick Fund, which includes in its membership all labor-union members—65–70 percent of all gainfully employed persons. By payment of a single contribution the worker meets his union membership dues, the cost of health insurance, and membership in other funds, including those for unemployment (established 1932), widows and orphans (1938), and old-age insurance (1943). For his membership in the Sick Fund the worker pays 3.8 percent of wages, and if his dependents are to be fully covered there is an added fee equal to three-fourths of the single person's contribution. Employers usually pay 3 percent of payrolls. Small grants—somewhat increased in recent years—have been made by the Government for the construction or maintenance of hospitals.

The premiums entitle the worker to medical attention in the Fund's

own clinics and hospitals or in hospitals under contract with the Fund, to cash sickness benefits for 6 months, and to maternity care that includes part of the cost of hospitalization (or a cash grant instead of hospital care). Cash maternity benefits are provided under separate legislation. Cash sickness benefits under the Fund are about one-fourth of the workers' wages.

Of the Fund's estimated 1952 budget of 19.5 million Israeli pounds,¹ 42 percent came from members' dues, 37 percent from employer contributions, 12 percent from payments for services, and 8 percent from Government grants. The two principal items of expense were dispensaries (and auxiliary institutes), which accounted for 49 percent of the outgo, and hospitalization and convalescent homes (24 percent). In 1952 the Fund had 381,843 members; their dependents brought the total number entitled to services to approximately 975,000.

Growth since the founding of the State of Israel is shown by the fact that in 1948 there were 142,675 contributing members and a total coverage of 328,000 persons.²

The workmen's compensation program has been another important protection to workers. Under British mandate, the League of Nations Mandated Territory of Palestine promulgated in January 1927 what was cited (because of earlier publication in draft form) as the Workmen's Compensation Ordinance of 1926.³ With an occasional change to keep benefits in line with higher living costs or to increase coverage, it remained the law for 20 years and was then greatly expanded and improved by the Workmen's Compensation Ordinance of 1947.

¹ The official value of the Israeli pound in United States money is 55 cents.

² I. Kanev, "Social Insurance in Israel" (English abstract), *Labour Studies*, February 1953, pp. 23–30.

³ International Labor Office, *Legislative Series*, 1927—L.N. 2.

The Ordinance made employers liable to pay amounts specified in the law to manual workers in all types of employment whose annual income does not exceed IL 3,000. Under the 1953 amendments⁴ benefits for temporary disablement were three-fourths of the average weekly wage, subject to a maximum of IL 23 a week. For persons in the lower wage brackets the benefits were equal to full wages, but could not be more than IL 14 weekly. They were paid from the first day of illness for not more than 6 months and were then replaced by a permanent disability pension—at the same rate if incapacity was total but scaled downward for partial disablement.

Death benefits took the form of lump-sum payments equal to three times the worker's average annual earnings, but not less than IL 2,150 or more than IL 4,300. For surviving children the payment was a sum equal to IL 6 multiplied by the number of months between the child's age at the death of the parent and the attainment of age 16.

Cash was also allowed for such customary medical care as treatment and hospitalization, and in addition artificial limbs and surgical appliances were provided.

The program was under the supervision of the Ministry of Labor, with the Director of Labor recording agreements arrived at between the worker (or the worker's survivors) and the employer or insurance company.

Among the program's limitations were the fact that insurance was not compulsory and that it made only partial provision for medical services. Nevertheless, in 1952 it applied to 21,000 accidents—75 of them fatal—and paid substantial benefits.

Certain related services have also been significant. Under the maternity benefit program first enacted in 1927, the employer was liable—or could insure with the Workers' Sick Fund—for specified benefits, which amounted, under the Ordinance of 1945, to 75 percent of wages for 4 weeks before and 4 weeks after con-

finement. Agriculture and domestic service were not covered.

In addition to health insurance, the Workers' Sick Fund pays lump-sum benefits for invalidity. The

Widows' and Orphans' Fund also pays a lump sum on the death of the breadwinner; both this Fund and the Old-Age Fund may continue to pay benefits supplementing those pro-

Table 1.—Selected social insurance benefit provisions, by program, as enacted in 1953¹

Type of beneficiary	Amount of monthly flat-rate basic benefit ¹ (in pounds)	Benefit as percent of wages	Benefit duration
Old-age and survivors insurance			
Aged worker, no dependents.....	15. 000	-----	Life.
Aged worker, with dependents:			
1.....	22. 500	-----	For aged person, life; for children, to age 14 (age 18, if in school).
2.....	28. 500	-----	
3 or more.....	34. 000	-----	
Widow, aged 50 or over.....	15. 000	-----	Life or remarriage.
Widow, no children:			
Aged 45-49 at widowhood.....	11. 250	-----	Life or remarriage.
Aged 40-44 at widowhood.....	7. 500	-----	Life or remarriage.
Under age 40.....	180. 000	-----	-----
Widow any age, with children:			
1 child.....	22. 500	-----	For the widow, life or remarriage; for children, to age 14 (age 18, if in school).
2 children.....	28. 500	-----	
3 or more children.....	34. 000	-----	
Widow on remarriage.....	180. 000	-----	-----
Full orphan:			
1 child.....	15. 000	-----	To age 14 (age 18, if in school).
2 children.....	22. 500	-----	Do.
3 children.....	28. 500	-----	Do.
4 or more children.....	34. 000	-----	Do.
Work accident insurance			
Worker:			
With temporary disability.....		75. 0 ³	Up to a maximum of 26 weeks.
With permanent total disability.....		75. 0 ³	During disability.
With permanent partial disability:			
More than 24 percent.....		Pension in proportion to disability.	-----
5-24 percent.....		Lump sum in proportion to disability.	During disability.
Survivor:			
Widow, aged 50 or over, or invalid.....		45. 0	Life or remarriage.
Widow, no children:			
Aged 50 or over.....		45. 0	Life or remarriage.
Aged 40-49.....		30. 0	Life or remarriage.
Under age 40.....		135% of 1 year's wages ²	Life or remarriage.
Widow who has or has had children:			
1 child.....		60. 0	For widow, life or remarriage; for child, to age 14 (age 18, if in school).
2 children.....		67. 5	
3 or more children.....		75. 0	
Widower, aged 50 or over, or invalid.....		45. 0	Life.
Other dependents:			
In addition to widow and children.....		Same as for children.....	Life.
No widow or child eligible:			
1 dependent.....		37. 5	Life.
2 dependents.....		56. 25	Life.
3 or more dependents.....		75. 0	Life.
Maternity insurance			
Insured working woman ⁵ (maternity allowance).....		75. 0 ⁴	12 weeks.
Insured working woman (birth grant).....	55. 000	-----	-----
Wife of insured worker (birth grant).....	55. 000	-----	-----

¹ Basic benefits are increased by amounts related to cost-of-living index. See text tabulation, page 5, for total amounts of benefits in May 1954, when index was 217.

² Lump sum.

³ Up to a maximum of 5 pounds a day.

⁴ Payable only if total benefits for widow and children do not exceed maximum for total survivor benefits—75 percent of wages.

⁵ Employed or self-employed.

⁶ Up to a maximum of 35 pounds a week.

vided under the compulsory insurance program. For unemployed workers, the Fund established in 1932 provides cash benefits, low-cost food, holiday camps for children, and sometimes communal feeding facilities.

Planning

The 1953 legislation resulted from the development of the programs just noted and from the formal recommendations of several committees to which the Parliament (Knesset) gave careful attention. The chronology of planning and proposals for legislation dates from 1945. In that year the Social Insurance Committee of the General Federation of Jewish Labor proposed a comprehensive program to cover the risks of old age, invalidity, death (through survivor pensions), sickness, maternity, industrial injuries, and unemployment. Costs were to be divided about equally among insured persons (who would pay 6 percent), employers (7 percent), and the Government (6 percent).

In 1948, only a month after formation of the new independent Government, the Federation issued another report, the product of its Social Research Institute. The recommendations advocated the same comprehensive program as in 1945, but in more detail and with the suggestion that the plan go forward in three stages. The first would see establishment of all the social insurance programs, including unemployment insurance, and also of basic medical services for the whole population. After 3 or 4 years, according to the estimate, the program would enter its second stage, with the emphasis placed on providing more medical services, including specialist care, and on the transfer of social work from private to public agencies. Three to 4 years later, in the final stage, family allowances would be paid and an expanded public housing program would be offered.

The head of the Workers' Sick Fund, Itshak Kanev, was chairman of the committees whose reports have been described, and in 1949 he was also made head of the governmentally appointed Interministerial Committee for Social Insurance Plan-

ning. This committee's proposals, as published in 1950, were similar to the 1948 recommendations. Certain points were common to the two plans. Contributions would be a percentage of the workers' pay; short-term benefits would be computed on a percentage basis; old-age, invalidity, and survivor benefits were to be computed on a flat-rate basis; and the comprehensive system would be inaugurated in three stages. The 1950 plan also contained special provisions for a national hospital fund to provide needed care for insured persons and their dependents.

When legislative action was forecast in March 1951, the intention of the Government was to include in its forthcoming bill a comprehensive program covering insurance against all risks except possibly unemployment. The bill introduced on July 4, 1951, however, concentrated on old-age and survivors insurance, maternity grants, and funeral benefits.

With some important modifications, including the addition of work accident insurance, this bill unanimously passed its first reading in the Knesset early in 1952. It was changed in some additional aspects—mainly in benefit amounts and percentages—to become the law of November 18, 1953.

Dr. George Lotan, Director of the National Insurance Institute—the administrative agency established by the law—has explained certain characteristics of the program:

The National Insurance Law of Israel in its present form is the result of comprehensive studies of the legislation of other countries in this field and of the development of mutual aid institutions in Israel itself.

Old-age and survivors insurance comprises the whole population. It is in some of its clauses based on findings of the Beveridge Report.

Hospitalization as a condition of the payment of maternity grant may be characterized as a special trend of the law. The health of mothers and their infants in a country like Israel can be safeguarded best, if confinement takes place in a hospital. The number of hospital beds for pregnant women is sufficient to cope with the needs.

Work-accident insurance replaces the Workmen's Compensation Ordinance . . . enacted as early as 1927 by the Mandatory Government. With the introduction of medical and vocational rehabilitation as additional benefits, it keeps in line with the modern tendency first of all to rehabilitate the injured worker, and to regard financial compensation for loss of earning power as of second importance.

The collection of the insurance fees will be carried out in close cooperation with the Income Tax Department, and individual records will be kept only with the National Insurance Institute. Here the arrangements of the [United States system of] old-age and survivors insurance . . . served as a model for our scheme.

The National Insurance Institute starts its work after voluntary insurance schemes, especially those operated by the General Federation of Labor, had been in existence for many years. The implementation of the law will therefore in many cases represent no additional burden to the national economy; on the contrary: the reserves, which will accumulate during the first years, may temporarily serve as a source of financing development projects.

Present Law

Under the act of 1953, old-age benefits become payable 3 years from April 1, 1954, and survivor benefits 1 year from that date. The amount of the basic benefits is shown in table 1, and these benefits are increased in accordance with the cost-of-living index. The benefits that would have been payable in May 1954, when the index was at 217, are shown below in terms of pounds per month.

Basic benefit	Total after cost-of-living increase
15,000	32,550
22,500	48,825
28,500	61,845
34,000	73,780
11,250	24,415
7,500	16,275
180,000 (lump sum)	390,600

The old-age and survivor pensions are also increased if the worker contributes for more than 10 years and if he continues working after he reaches retirement age. For each contribution year beyond 10 the pensions are increased by 2 percent, with a maximum increase of 50 percent.

For each contribution year after the worker has reached retirement age, the pensions are increased 5 percent, with a maximum of 25 percent.

The retirement ages are 65 for men and 60 for women; for persons employed in certain types of heavy manual labor the ages may be reduced by the Minister of Labor to 62 for men and 57 for women. Men who are 70 years of age and women who are aged 65 may receive benefits whether they retire or not. For the first 5 years after an individual reaches the minimum required age, however, retirement is a condition for receipt of benefit.

The normal minimum qualifying period is 5 years of contributions; this requirement is reduced to 3 years for men aged 60-67 and women aged 55-62 who were in the country on the date the law was passed.

Survivor benefits are payable after 1 year of contributions. They are discontinued for widows on remarriage and for orphans at age 14 (age 18 if in school).

The new work accident insurance will provide temporary disability benefits (called "injury benefits") up to a maximum of 26 weeks at 75 percent of wages, with a maximum of IL 5 daily (payable 7 days a week). The worker who is permanently and totally incapacitated will receive a pension at the same rate as the temporarily disabled worker. When the incapacity is more than 25 percent but less than total, the rate of the pension will be proportionate to the disability. For incapacity of 5-24 percent, lump-sum payments—also proportionate to the disability—will be made.

Survivor benefits for the dependents of those dying as a result of work-connected injury are varying percentages of what the total permanent disability pension would have been; they vary also according to the age of the widow if she does not have and has not had dependent children.

For a widow who is aged 50 or is an invalid at the time of her husband's death from a work injury, the pension is 60 percent of the amount her husband's total disability benefit would have been. The invalid widow is also entitled to a pension on the same terms. Widows aged 40-49

who do not have and have not had dependent children receive 40 percent of what would have been the total disability benefit of the insured husband, and they receive 60 percent when reaching age 50. If the widow is under 40 years of age, she receives a lump sum that is equal to three times the annual pension to which a surviving widow aged 50 would have been entitled.

The widow with a child or children receives the full widow's pension, with no reduction because of age. In addition she is entitled to an increase of 20 percent in the rate of the pension for total disability of her husband if she has one dependent child, 30 percent additional for two children, and 40 percent for three or more children.

The widow who has had but no longer has eligible child beneficiaries dependent on her continues to receive the full benefit even if she is under age 50.

For a full orphan, the work accident survivor benefits are 60 percent of what would have been the total disability benefit of the insured; it is 80 percent if there are two children; 90 percent for three; and the full benefit for four or more children.

If there is neither widow nor child, other surviving dependents receive a pension as follows:

<i>Number of dependents</i>	<i>Percent of insured's pension</i>
1	50
2	75
3 or more	100

If the maximum for a wife and any children is less than 100 percent of the total disability benefit that would have been payable to the deceased worker, then any other dependents may receive partial benefit; the amount is the same as for a child dependent. The maximum survivor pension is the full pension for total disability.

The worker who is disabled from a work accident or occupational disease will receive full medical care (including general and specialist services and medicines) and vocational rehabilitation. Medical attention is provided by the Government itself through its health services and through the facilities of the new In-

Table 2.—Comparison of financing provisions of social insurance programs, as proposed and enacted

Program	Percent of earnings				
	1945 plan	1948 plan	1950 plan	1951 bill	1953 law
Old-age and survivors insurance:					
Total contribution.....	2.0	2.5	3.0	3.0	2.75
Insured person.....	.67	.7	1.0	1.0	1.0
Employer.....	.67	.8	1.5	1.5	1.5
Government.....	.67	1.0	.5	.5	1.25
Maternity insurance:					
Total contribution.....	(²)	.7	1.1	1.1	1.16
Insured person.....		.3	.3	.3	.4
Employer.....		.4	.3	.3	.4
Government.....		0	.5	.5	3.36
Work accident insurance:					
Total contribution.....	1.0	1.2	1.5	(⁵)	1.5
Insured person.....	0	0	0	-----	0
Employer.....	1.0	1.0	1.5	-----	1.5
Government.....	0	0	0	-----	0

¹ Ten percent of other income (contributions of the employer and the insured person combined). It will not be paid initially but at a date to be decided by the Ministers of Finance and of Labor with the approval of the Finance Committee of the Knesset.

² Not available.

³ Forty-five percent of other income (contributions of the employer and the insured person combined). It will not be paid initially (see footnote 1).

⁴ Estimated average; individual rates will vary with risk.

⁵ Bill as originally written did not include work accident insurance.

⁶ Estimated average; individual rates will vary with risk (0.5-3 percent of wages).

insurance Institute, and by those existing agencies or institutions approved by the Minister of Labor after consultation with the Minister of Health.

The provision for maternity benefits resembles rather closely those in the British National Insurance Act. There is a lump-sum grant for all births, payable to the mother for hospital care and purchase of necessary items for the infant. This grant amounts in value to IL 55; it may be paid all in cash, partly in kind, or directly to the hospital. There is also a maternity allowance to employed or self-employed women, payable for 12 weeks and amounting to 75 percent of earnings, subject to a maximum of IL 35 a week. The woman may not be gainfully working during receipt of the allowance; in addition she must have had employment for the 10 consecutive months preceding the earliest date on which benefit is payable and must have paid contributions for 9 of those months. The birth grant is given to the insured woman worker or the

Table 3.—Comparison of selected benefit provisions in social insurance programs, as proposed and as enacted

Program	1945 proposal	1948 proposal	1950 proposal	1951 bill	1953 law
Old-age and survivors insurance.	Subsidy to existing mutual funds recommended. Minimum pension rate suggested.	Flat-rate payments, with cost-of-living changes.	Flat-rate payments, increased 50% after 20 years' insurance. Cost-of-living changes.	Flat-rate payments, increased 2% per contribution year after 10 years' coverage. Cost-of-living changes. Means test a condition of benefit initially.	Flat-rate payments, increased 2% per contribution year after 10 years' coverage. Cost-of-living changes.
Maternity insurance.	$\frac{3}{4}$ of wages for 12 weeks. Medical care.	$\frac{2}{3}$ of wages for 12 weeks to employed or self-employed women; medical care and layette for all births.	100% of wages for 12 weeks to employed or self-employed women; infant benefits, cash or kind, for all births.	100% of wages for 12 weeks to employed or self-employed women; infant benefits, cash or kind, for all births.	75% of wages for 12 weeks to employed or self-employed women; birth grant of IL 55 for all births.
Work accident insurance.	Periodic cash benefits for all risks. Medical care.	Periodic benefits for all risks. Medical care.	Periodic benefits for all risks, usually at 75% of wages or salary. Medical care.	Not in original bill, general funeral grants being provided. Bill amended before first reading to include periodic benefits for all risks, usually at 75% of wages or salary. Medical care.	Periodic benefits for all risks, usually at 75% of wages or salary. Medical care.

wife of the insured man, provided only that application is made within 1 year after the child's birth. The birth grants first became payable as of April 1, 1954, as did the maternity allowances payable to women already entitled to benefits from their employers under the Employment of Women Ordinance, 1945.

Administration of the system is in the hands of an Insurance Institute, under the Ministry of Labor. The composition of the Council, or governing body, of the Institute is determined by regulation. The Minister of Labor is the chairman of the Council. The administrative organization is headed by the Director of the Institute, an official appointed by the Minister of Labor, who also appoints the heads of each branch of insurance. The director, deputy director, actuary, and heads of the different insurance branches make up the directorate of the Institute. This directorate appoints the remainder of the staff.

Appeals concerning benefits and other matters are heard by special courts that include a regular magistrate and two representatives of the public. Appeal may be made from these courts only on questions of law, and the matter then goes to a Court

of Appeal composed of three professional judges.

It should be noted that the new law established fewer programs than were originally proposed as the first stage of a comprehensive plan and thus represents a more limited undertaking than was first intended. It set up the first part of stage one, as the head of the Workers' Sick Fund has pointed out, rather than the whole first stage as suggested by the Interministerial Committee.⁵ The initial stage as originally projected would have had employed persons insured against all the normal social insurance risks immediately. For the programs adopted, however, there is essential unity between planning and legislation. Since unemployment is being attacked through public works, there would appear to be gaps only at points such as invalidity insurance and family allowances.

In most of the world's social insurance programs, invalidity insurance has been most commonly linked with old-age and survivor benefits. Israel has put old-age and survivor pensions into operation before in-

⁵ Itshak Kanev, "National Insurance in Israel—The First Law," *Weekly News Bulletin*, Government Information Service, Jan. 12, 1954, pp. 11-16.

validity pensions, with the possibility that the latter will be linked to health insurance, as in Great Britain and Belgium. The similarity of all the planning is clearly illustrated in table 2 and table 3, which show certain provisions of the present law, compared with corresponding provisions in recent plans and proposals.

Programs Related to Social Security

Israel, like every other country, depends on many programs besides social insurance to reduce poverty and to perform needed services for its people. Private and State assistance are both of great importance. Among the factors that make Israel's development unusual in these respects are the strong tradition of self-help and mutual aid, the recency of independence, the volume of immigration, and the important assistance given by organizations outside Israel.

Observers are unanimously agreed that the diversity and emphasis on improvement in the social services are unusual in view of the size of Israel. In 1950 the Youth Immigration (Aliyah), operating on a budget of about \$13 million, placed about 15,000 children and youths aged 10-17 and supervised their care.⁶

Children's homes of all types totaled 152 in 1950; they had accommodations for 11,000 children. Most are under private auspices. Hadassah, the Women's Zionist Organization of America, operates the Hadassah Medical Organization, which has a wide network of medical institutions in the country. In 1949 its outpatient clinics in Jerusalem alone were caring for 1,000 patients daily. In that year the Organization admitted to its institutions 8,000 pregnant women, as well as 9,700 infants and 7,100 children aged 1-4. It was the largest agency providing maternity and infant welfare services in the country, outstripping even the Workers' Sick Fund in giving this type of care.⁷

With the great increase in immi-

⁶ Louis H. Sobel, "An American Social Worker in Israel," *Jewish Social Service Quarterly*, December 1950.

⁷ Henrietta Szold Foundation for Child and Youth Welfare, *Child Care in Israel*, edited by C. Frankenstein, Jerusalem, 1950, pp. 24, 38.

gration, the problem of the unsettled, unadjusted immigrant came to the foreground, and to meet this need there was founded in November 1949 a joint institution (Malben) of the Israeli Government, the Jewish Agency, and the American Joint Distribution Committee. Since January 1951 the Joint Distribution Committee has financed the institution, though about \$1.5 million of its \$7.75 million budget was met by the International Refugee Organization in 1951.⁸ In 1951, Malben cared for about 13,000 persons, including the aged, those with tuberculosis, the mentally ill, and those with chronic diseases.

Mishan, an organ of the General Federation of Jewish Labor, provides relief or institutional care for Federation members and their dependents. Established as a relief agency in 1935, when its activity was primarily for the unemployed, it had had the advantage of several years' experience when Israel became independent.

⁸ B. Pleskin, "Social Welfare in Israel," *Labour Studies* (English abstract), Dec. 1951, pp. 20-22.

Mishan provides both permanent and temporary relief to all age groups, irrespective of the reason for need. In Jerusalem, Tel-Aviv, and Haifa, 1,545 persons were aided in 1952; most of them were newcomers to Israel. The figure represents between 1 percent and 2 percent of the actively employed members of the Federation of Labor in those cities. Mishan also operates homes for the aged and homes, summer camps, and convalescent centers for children.

There are, finally, the official governmental agencies engaged in welfare services—the National Departments of Social Welfare, of Health, and of Labor and Social Insurance and departments of some local governments, including Tel-Aviv, Jerusalem, and Haifa. Coordination of public and private social services has been a matter of continued interest.⁹

Conclusion

Israel's social insurance law is an interesting combination of original characteristics and of traits derived

⁹ *Social Services in Israel*, New York, United Nations, Nov. 9, 1953.

from other models. Among the parallels with other systems are the cost-of-living provision (Denmark), the incentive to work beyond regular age through payment of a substantial increment for contribution years at advanced age (Great Britain and France), the combination of contributions that are calculated in percentage terms with benefits for certain risks in flat-rate amounts (New Zealand), and the variation of widows' benefits according to age (Great Britain). For contributions, the fixing of a minimum wage as well as a maximum may be found also in the Italian pension amendments of 1953. Insistence on retirement as a condition for old-age benefit is, as in the United States and Great Britain, combined with unconditional payment at a later age.

The total effect is thus a reflection of the varied practices of other national systems, adapted to the requirements of Israel as determined by long experience with workmen's compensation, maternity benefits, and particularly the various benefits of the General Federation of Jewish Labor.