



BULLETIN 2025.1 (February 2025)

Dear member,

Although we are already in the month of February I wish you and your family a good and healthy new year. In this first Bulletin of 2025 we inform you about important issues that happened during last year and that will be of interest to you.

At the end of May last year we conducted our Annual General Assembly at SHAPE, and we already informed you about that meeting last year. We plan to hold another Annual General Assembly on 23 May 2025 at SHAPE where we will share the latest developments with you. This meeting is important because you as members decide how we operate on your behalf. Prior to the meeting elections will be held for the Executive Committee (EXCOM) of ANARCP. More information about the Annual General Assembly is presented in Chapter 1 below and more information about the elections is presented in Chapter 3 below.

In last year's Bulletin I raised our concern over the Defined Contribution Pension Scheme (DCPS), the successor of our coordinated Defined Benefit Pension Scheme (DBPS). Since the DCPS does not offer a minimum pension but only pays a lump sum on retirement, this continues to produce many problems. One of the problems that needed to be solved was, that the DCPS lump-sum was taxed for some members in Germany. The lump-sum was taken up after the end of contract, but this was allowed in accordance with the DCPS rules approved by all Nations. Negotiations between NATO IS and the German Government seemed to have identified a solution, but unfortunately the issue is not yet concluded. Another issue where still no progress was made is bringing an end to the DCPS. The Confederation of retired staff, together with the active staff Confederation, proposed already six years ago that a real pension scheme should be introduced for the active staff. These days the possibility of introducing a new pension scheme is under study.

Under the current worrying political climate in Europe and the position of the USA regarding NATO, many members are asking questions about the continuity of our pensions in case NATO comes to an end. We hope that this will not happen, but fortunately, our coordinated pensions are guaranteed by the individual nations in case NATO would stop to exist.

In the area of the Health Insurance we can claim a few successes. The new list of serious illnesses is now in effect, but still needs to be included in the update of the NATO Benefit Guide, which is expected later this year. As a second positive development the new cover for Home Care under the Long-Term Care cover is now in effect and claims can be prepared, even though reimbursements will not start until July 2025. More about this is covered in paragraphs 5.2 and 5.3 below.

The NATO Table of Benefits also needs to be updated for 2025, to include the new limits for the Home Care coverage. ANARCP will also press for an update of the previous reimbursement limits, since the current limits are about 15% below the cumulative inflation figure since the last update.

Last year's newsletter from the CNRCSA mentioned that the active staff had pressed for a so called rebalancing of contributions for the health insurance and that it was proposed to delete the footnote to art 51.2 of the Civilian Personnel Regulations (CPRs). The footnote stated that those recruited prior to 2001 and having contributed to the group insurance scheme for a minimum of 25 years before 3 August 2016, did not have to pay premiums after the age of 65. Those that retired after 3 August 2016, or with less than 25 years of contribution, were required to pay a premium. This footnote was introduced in 2016.

Before the introduction of the footnote in 2016 the CNRCSA was against the payment of medical premiums by retired staff because they already overpaid during their active time. The RMCF, the fund from which the medical claims are paid for those that retired after 2001, was healthy in 2016 with an amount of around 200 M€ so that we advocated at that time that there were no financial reasons to ask for additional contributions. However, the NATO Administration and the active staff were of the opinion that extra contributions were needed and so it was decided. With the introduction of the Modernisation Plan in 2023 the active staff continued their view that the RMCF could be at risk and insisted that all retired staff should contribute. During our Annual General Assembly we informed you (also in the minutes) of our concerns of the pressure put on us while the RMCF had grown in the meantime to well over 400 M€. ANARCP, on behalf of the CNRCSA, contracted the actuary of the international Committee of Staff Representatives (CRP), as trusted actuary of the actives, to review our detailed assessment that the RMCF was in no danger of depletion in the foreseeable time. Unfortunately, even the reassurance of the actuary was not sufficient to convince the NATO Administration and the active staff. They preferred to stick to their own pessimistic calculations of the RMCF development and a draft of the plan to rebalance the premiums that was on the agenda of the JCB as a status update was approved while many implementation details were still left unanswered. For example, how to collect premiums from Provident Fund retired staff, whose address is unknown to NATO, was not even discussed. Also ANARCPs concern of the hardship especially to the Provident Fund retired staff and to

survivors, often with very low income, was ignored. To our surprise the other three Associations of the CNRCSA changed their mind and approved the NATO plan for rebalancing of premiums, without prior consulting with ANARCP, so that we were in the end the only retiree Association that was against the plan. We heard from a number of retired staff that they consider that appeals are warranted. More on this topic is included in section 5.4 below.

Last year we also informed you about the loss of purchasing power by our retired staff in Türkiye, suffering from a rampant inflation. A special allowance of 100% was given to the active staff to compensate the loss of purchasing power and to make the jobs in Türkiye more attractive. In accordance with art 36.2 of the Pension Scheme Rules it was expected that also the retired staff would be compensated. That did not happen and despite our active support no compensation was provided for retired staff in Türkiye in 2024. As a result of the lack of progress a number of retirees ended their membership. We deplore this because lesser retirees diminishes the weight of our voice. More on this topic is covered in Chapter 6 below.

In the area of taxation, previous problems in Belgium and Luxemburg related to tax deductibility of medical premiums is now resolved, while in France and in the Netherlands there are still unresolved tax issues. In France the issue remains to be limited to retired staff residing in the Alsace region so that NATO staff do not seem to be affected as yet. In the Netherlands there is some improvement on how our pensions should be taxed, now that a tax court agreed with the application of a Supreme Court decision of 2009 that we, together with ESA, tried to get implemented. Unfortunately, there is not yet a decision that the invalidity pension should be treated the same as any Coordinated Pension the way our Pension Rules prescribe, but there are still some court cases about this. The advice for the retired staff in the Netherlands remains to be to continue not to accept the final tax decisions.

In summary, the problems we retired staff are faced with, do not diminish. Our EXCOM is of the opinion that we have to defend the interests of our members especially now that our status is constantly challenged. Unfortunately, there is no longer always consensus with the other three Associations. We believe that protecting the interests of our members is more important than maintaining good relations. We are also concerned that unfinished proposals are continued to be pushed through the Joint Consultative Board (JCB) without a sound basis and that the NATO Administration is not addressing our concerns. In my time as CNRCSA chair I managed to get art 90 of the CPRs amended so that we have an equal status with the Confederation of active staff associations. In practice however the retired staff are often overruled. In my perception, the purpose of the JCB is that the concerns of active staff and retired staff are heard and taken into account when preparing decisions. There is still work to do!

I would like to finish positively with the good news that our ANARCP association is still growing, which shows the trust in us from the existing members and also from the new members that progress can only be made when we stand united.

With my warmest regards,
For the Executive Committee

Hessel Rutten
ANARCP EXCOM Chair

1 ANNUAL GENERAL ASSEMBLY

ANARCP will be holding its Annual General Assembly on Friday 23 May 2025 at the SHAPE Officer's Club in Mons. This will be preceded by EXCOM meetings and the Plenary meeting with NATREPs on Thursday 22 May 2025.

On Thursday evening 22 May 2025 ANARCP will also host the annual dinner for ANARCP members at the SHAPE Officer's Club.

The invitation and agenda will be sent out at a later date. Members are welcome to propose agenda items for discussion.

2 PERSONNEL

It is with sadness that we announce the deaths of the following members:

Mrs. Maria BEGAS - RETERA (Netherlands)
Mr. Frans BLAAUW (Netherlands)
Mr. Cornelis van den BURG (Germany)
Mr. Thomas COUTTS - BRITTON (United Kingdom)
Mr. Piet van DUIVENBODE (Netherlands)
Mr. Jan Frederik EIKEN (Norway)
Mrs. Leontien GLAS - MOL (Netherlands)
Mr. Torstein HAMMARGREN (Norway)
Mr. Andre HORCHNER (Netherlands)
Mr. Henk JANSEN (Netherlands)
Mr. Maximilian KELLNER (Germany)
Mr. Rainer KUNZ (Germany)
Mr. Mac MCCREEDY (Netherlands)
Mr. Kurtay ORAL (Türkiye)
Mr. Peter PLAXTON (United Kingdom)

Mr. Jan de POOTER (Netherlands)
Mr. Wouter SEKREVE (Netherlands)
Mr. Peter SEMBRITZKI (Germany)
Mr. Pim SERVAAS (Netherlands)
Mrs. Godelieve TIBERGHEIN – BOTTEMANNE (Belgique)
Mr. Lenzi TOGAYLI (Netherlands)
Mr. Larkin VANCE (USA)
Mrs. Theresa de WIT - BELLEKOM (Netherlands)
Mrs. W. van ZWET - GOUWELOOS (Netherlands)

We express our sincere condolences to their families and friends.

We welcome the following new members to our Association (as per 31 Jan 2025):

Mr. Michel van den BERG (Netherlands)
Mr. Alan BERRY (Netherlands)
Mr. Dieter BLANKENBURG (Germany)
Mr. Martin BOMMEZIJN (Netherlands)
Mr. Rob van den BOOM (Netherlands)
Mr. Jerome BORGSTEIJN (Netherlands)
Mrs. Manuela CAMACHO SANTANA (United Kingdom)
Mr. Klaus CLOOSTERS (Germany)
Mr. Ben DAMOISEAUX (Belgique)
Mrs. Chantal DEGOUIS (Belgique)
Mr. Patrick DE LAERE (Belgique)
Mr. Kosta DIAMANTIS (Belgique)
Mr. Wilco DISSEVELT (Netherlands)
Mr. Daniel DRABKIN (Belgique)
Mr. Rob van ENGELSHOVEN (Netherlands)
Mr. Friedrich FRANKEN (Germany)
Mr. Hans GEUKES (Germany)
Mr. Richard GRIFFITHS (France)
Ms. Renate HEBEY (Germany)
Mr. Manfred HEINRICHS (Germany)
Mrs. Corinne HENNEBERT (Belgique)
Mr. Andre van HERK (Netherlands)
Mr. Heinz HILLMANN (Germany)
Mr. Danny HOVAERE (Belgique)
Mr. Jean-Philippe HUBIN (Belgique)
Mrs. Mary JÄGER (Germany)
Mr. Detlef JANEZIC (Belgique)
Mr. Wilfried JANSEN (Germany)
Mr. Manfred KATZSCHNER (Netherlands)

Mr. Ilkan KILINC (Belgique)
Mr. Andy KOMEN (Netherlands)
Mr. Edgar KROPP (Germany)
Mr. Bernd LEHMANN (Germany)
Mrs. Georgie LERNER (Netherlands)
Mr. Michael LISKA (Belgique)
Mr. Ulrich MAASSEN (Germany)
Mr. Rolf MAHNKE (Germany)
Mrs. Elke MAHR (Germany)
Mr. Robert MALEWICZ (Netherlands)
Mr. William MALEY (Belgique)
Mr. Jan MOOREN (Netherlands)
Mr. Andrew MOXON (Belgique)
Mr. David NELSON (United Kingdom)
Mrs. Sera ORZEL GAETA (United Kingdom)
Mr. Kors PENNIN (Netherlands)
Mr. Peter van der POUW (Netherlands)
Mrs. Elisabeth POWELL-BERBEN (Germany)
Mr. Anthony QUATTRONE (USA)
Mr. Bernt RASMUSSEN NORDSTRØM (Germany)
Mr. Stephen REDSHAW (Netherlands)
Mr. Harrie RITZEN (Netherlands)
Mr. Andrew ROGERS (United Kingdom)
Mr. Jerome ROGERS (Germany)
Mr. Rosario ROMEO (Italy)
Mr. Jan SALDEN (Netherlands)
Mrs. Meriam van SCHAAIK (Netherlands)
Mr. Valentijn SCHOLTEN (Germany)
Mr. André SCIALOM (USA)
Mr. Harm SIEGERS (Germany)
Mr. Willem SMEETS (Germany)
Ms. Andrea STEINBACH (Germany)
Mr. Friedrich STELTEN (Germany)
Mr. Benny SUFFELEERS (Netherlands)
Mr. Bert TIEMS (Netherlands)
Mr. Alex VAN LEEUWEN (Belgique)
Mr. Patrick VEREECKE (Belgique)
Mrs. Brigitte WALLEN LUNDY (Belgique)
Mr. Frank WEBERNDORFER (Netherlands)

3 ANARCP ELECTIONS

Two EXCOM members have come to the end of their mandate this year. Our chairman Hessel Rutten and the member and also national representative (NATREP) for Türkiye, Süleyman Acar, have come to the end of their 3-year's term. Both of them stand for re-election. Unfortunately, the secretary post is still vacant. At the moment this task is shared between Huub Simons and Fehmi Dincer, as a non-formal member of the EXCOM, but in accordance with our Bye Laws the secretary function should be with a voted EXCOM member. For the upcoming elections candidates can be proposed for three EXCOM slots.

Unfortunately, last year our NATREP for Denmark, Mr. Gert Thorsen, as well as the deputy NATREP, Mrs Kirsten Overby, both decided to stop as the NATREP. So far we have not yet found a replacement. If you reside in Denmark and you want to represent the Danish members then please let us know. A NATREP is an important function in ANARCP as the NATREPs are usually very well informed about the national situation and are thus best positions to answer many questions of the local members.

We appeal to all of you to put your name forward to fill the vacant slots and in particular for the slot of the secretary. If you are interested, please complete the nomination at Annex A before 21 March 2025.

In case multiple candidates are nominated, voting slips will be distributed at the end of March to vote for the candidate of your choice.

Regarding the roles of EXCOM members, if you want more information about what the role of EXCOM members entails, please contact any of the existing EXCOM members. We will be happy to reply to any questions. Also note that all new EXCOM members will get full support from the other members to help them get familiar with the role and lack of relevant knowledge is not necessary a problem.

4 PENSION ADJUSTMENTS

The pension adjustments for 2025 are based on the national inflation figures for the period 1 Januari 2024 until 31 December 2024. The inflation figures over the year 2024 have now been published by AAPOCAD, and have been endorsed at NATO HQ. The adjustment of our pensions will be done with the February pension payments and will also include the correction for the month of January 2025.

The published inflation data are as follows:

Belgium	+4.4%
Canada	+1.8%
Denmark	+1.8%
France	+1.8%
Germany	+2.8%
Greece	+2.9%
Italy	+1.4%
Luxembourg	+1.6%
Netherlands	+3.9%
Norway	+1.7%
Portugal	+3.1%
Spain	+2.8%
United Kingdom	+2.5%
United States	+2.9%
Türkiye	+44.5% (special allowances granted during 2024, adding up to +43.4%, as of end of December, will be deducted from this figure to establish the adjustment percentage as of 1 January 2025; leaving +1.1%.)

5 THE NATO MEDICAL PLAN

5.1 Phase 2 of Modernisation of the Medical Plan

After the implementation of the modernised NATO Medical Plan in January 2023, several issues were left for further development and adjustment. The modernization of the NATO Medical Plan continued in 2024 with a phase 2 of the modernization. Phase 2 of the modernization includes issues such as updating the list of serious illnesses, considering options for improved home care, and considering options for further cost containment. ANARCP, through our umbrella organization, the Confederation of NATO Retired Civilian Staff Associations (CNRCSA), submitted specific proposals for improving the list of serious illnesses and introducing home care under the long-term care coverage.

5.2 Updated List of Serious Illnesses

The CNRCSA proposal for updating the list of serious illnesses has been accepted. A new list with a new definition of what constitutes a serious illness has been introduced as of 1 July 2024 and will also be published in the next update of the NATO Benefit Guide. An updated list of serious illnesses is included under Annex B.

It should be noted though that the list is not all-inclusive and that other serious conditions can be approved upon request from Allianz.

5.3 New Cover for Home Care

The CNRCSA proposal to include non-medical support at home under the NATO medical coverage has also been accepted. The new coverage has come into effect on 1 January 2025. The new coverage is a mandatory insurance for all active staff members and all retired staff members and the premium is set at 0.3% of the last active salary scale (NATO then pays an additional 2/3rd part, being 0.6%).

The new cover has been set-up as a top-up cover under the NATO Medical Plan and as such it is not available for the so called old-CMC retired staff that retired before 2001 and have a premium free medical cover.

An information campaign was started by Allianz in January, which included details of the new coverage. Important part is that coverage for home care can be requested if three or more of the six activities of daily living (ADL) (bathing, dressing, toileting, transferring, continence and eating) can no longer be performed without assistance. This is then only applicable in case of long-term support, which means that short-term home care for example after rehabilitation is not covered.

The coverage, if approved, consists of a fixed monthly allowance for non-medical support at home that can be spent as and where necessary. Submitting invoices is not necessary, but a detailed medical report with an estimate of the required support is required when submitting the request for cover. In addition to the monthly allowance, a limited amount per 3 years will be reimbursed for making adjustments to the home that are necessary to be able to continue living at home for longer. Prior approval is required and invoices must be submitted for this. It should also be noted that the first reimbursements will only be paid out starting on 1 July 2025. For any request submitted after 1 July 2025 it needs to be demonstrated that the condition has lasted for at least 6 months.

The proposed monthly reimbursement amounts, as well as the 3-year limit for making adaptations to the house, are shown provisionally in the table below. Small adjustments are still possible and the limits will eventually be published by Allianz in the next release of the NATO Benefit Guide.

Country	monthly amount	3-yearly limit
Belgium	900 EUR	3.335 EUR
Luxembourg	1.049 EUR	3.887 EUR
Great Britain	729 GBP	2.700 GBP
Canada	1.696 CAD	6.283 CAD
Denmark	7.449 DKK	27.597 DKK
France	844 EUR	3.128 EUR
Germany	817 EUR	3.028 EUR
Greece	300 EUR	1.112 EUR
Hungary	82.001 HUF	303.797 HUF
Italy	608 EUR	2.254 EUR
Netherlands	838 EUR	3.105 EUR
Norway	13.535 NOK	50.144 NOK
Poland	1.176 PLN	4.356 PLN
Portugal	333 EUR	1.234 EUR
Spain	486 EUR	1.801 EUR
Turkey	170 EUR	629 EUR
United States of America	1.355 USD	5.020 USD

5.4 Health Insurance Premiums For All

As part of Phase 2 of the NATO Medical Plan Modernization, the Confederation of NATO Civilian Staff Associations (CNCSC), representing the active staff, has demanded a different distribution of medical insurance contributions between active staff and retired staff. The rebalancing of premiums between active staff and retired staff was a requirement for the CNCSC to agree to the first phase of the modernization. Under the current system, active staff pay a health insurance premium that consists of two parts. The first part is a premium for Allianz Care, which pays the medical expenses for active staff. The second part is an additional premium, which is paid into the Retiree Medical Claims Fund (RMCF), at 1.5% of the current salary scale (1/3rd), with NATO adding an additional 3.0% (2/3rd). The RMCF pays the medical expenses to ensure continued medical coverage for retired staff that are over 65 years old and their dependants.

Different rules now apply to retired staff. Retired staff who retired before 2001 with more than 10 years of service are still covered under the medical contract with Allianz Care and do not pay any premium (old-CMC). Retired staff who retired before 3 August 2016 with at least 25 years of contribution to the medical coverage are covered by the RMCF and do not pay any premium either. All others, so everyone who had less than 25 years of contribution, or retired after 3 August 2016, do currently pay a premium as a contribution to the RMCF and that premium is 1.67% of

the last active salary scale (1/3rd part), with NATO adding an additional 3.33% (2/3rd part).

In addition, there are also retired staff who took early retirement between the age of 55 and 65 with at least 10 years of service. This group falls under the so-called “bridging cover” and only pay a premium for the medical coverage under the NATO contract, but no contribution to the RMCF. The “bridging cover” contribution is currently 1.67% of the last active pay scale (1/3rd part), with NATO adding an additional 3.33% (2/3rd part).

The RMCF is thus funded by contributions from active staff members and by contributions from some retired staff, while the fund is invested and receives an investment return. Studies from 2016 and 2021 showed that, under certain circumstances, the RMCF could be depleted sometime between 2043 and 2051. In 2016, this already led to the change of the footnote of Article 51.2 of the Civilian Personnel Regulations (CPRs) to allow for more income to be generated for staff that retired after 3 August 2016.

Following the 2021 study, the CNCSC further insisted that even more income should be generated by requesting contributions from all retired staff, including those who are currently not paying contributions. ANARCP disagrees with the forecast that the fund would be depleted in the near future and together with the CNRCSA has conducted its own study on the predicted evolution of the RMCF. This study has been validated by an independent actuary, who has also conducted actuarial studies in the past for the CRP (Committee of Staff Representatives), which acts on behalf of all coordinated organisations. Our own study has shown that the initial assumptions used in the 2021 study are no longer realistic and that with other assumptions there is no immediate risk of the fund being exhausted. There are also scenarios where the fund simply continues to grow, a trend that we have seen confirmed for several years in a row now.

Based on our own study, we have argued not to take a decision on adjusting the premiums at this time. ANARCP's position is that agreement must first be reached on the assumptions used to conduct a new study on the evolution of the fund, before any decisions are taken on changing the retired staff contributions. It is important to note that the impact of phase 1 of the modernization of the NATO medical plan also needs to be taken into account, while this information has still not been shared.

Unfortunately, ANARCP's pleas during the various NATO meetings did not help and in the end, the CNRCSA also decided by majority vote to go along with the plans of the NATO Administration to delete the footnote of Article 51.2 of the CPRs, and thus rebalancing of premiums, with ANARCP being the only Association that voted against the NATO Administration's plans.

Since the support of the CNRCSA is not there at the moment, discussion of the plan at NATO meetings is no longer possible. The NATO Administration has now also submitted the proposal to the Strategic Commands and to the Secretary General for endorsement. ANARCP has tried to convince SACEUR, as our patron, that the decision to delete the footnote should be delayed until such time that a new study can be conducted on the viability of the RMCF, using new commonly agreed assumptions. Unfortunately both Strategic Commands as well as the Secretary General have meanwhile endorsed the plan. Eventually, also the North Atlantic Council (NAC) has approved to remove the footnote of Article 51.2 of the CPRs.

The NATO Administration's plans for balancing the premiums for active staff members and retirees, as of 1 July 2025, are now as follows:

1. All retired staff over 65 will pay a premium to the RMCF of 1.5% of the last salary scale (with a 3% contribution from NATO). This will also apply to Provident Fund members who currently have no fixed pension at all. The 1.5% premium for all retired staff means a small reduction for retired staff who currently pay 1.67% premium.
2. Retired staff who take early retirement between 55 and 65 will fall under the "bridging cover" and will pay an additional 1.5% premium as a contribution to the RMCF in addition to the current premium for medical coverage of 1.67%. The total premium will then amount to 3.17% of the last salary scale. This premium will also be requested from all those who already fall under the "bridging cover".
3. All retired staff who receive a disability pension are currently exempt from paying premiums, but will also pay a premium of 1.5% of the last salary scale to the RMCF.
4. It is not yet entirely clear whether a premium will also be levied for retired staff who retired before 2001, but it is possible that this group will remain exempt from paying premiums.
5. The new proposal should come into effect on 1 July 2025.

It should be clear that this will be a significant change for a large group of retired staff, while for another group it will only mean a slight reduction in the premium.

What can we do about this now?

Unfortunately, the only option left is an appeal to the NATO Administrative Tribunal, but that can only be initiated after the plans have been implemented, so no earlier than 1 July 2025. ANARCP cannot file an appeal itself, but can support individual members who want to appeal. In the view of ANARCP, the retroactive adjustment of the CPRs and thus violation of acquired rights will have the best chance of success for such an appeal. With the amendment of the footnote in Article 51.2 of the NATO CPRs in 2016, it was specifically decided that the amendment should not have

consequences for retired staff who had already retired before the amendment, because otherwise their acquired rights would be violated. In contrast, the NATO Administration seems convinced that amending the footnote and changing the rights of already retired staff is not a problem. This would be a serious violation of acquired rights that NATO does not seem to care about. Which view is the correct one cannot be decided now but will be up to the NATO Administrative Tribunal to decide.

If you are interested to launch an appeal against the deletion of the footnote to Article 51.2 of the CPRs then please contact any of the ANARCP EXCOM members. ANARCP will provide legal and financial support as necessary to support any appeals and ANARCP will continue to protect the interests of affected retired staff in this case.

6 ADJUSTMENT OF PENSIONS FOR EXCESS INFLATION IN TÜRKIYE

In previous ANARCP Bulletins the issue of high inflation in Türkiye was already reported. This high inflation has now been seen in 2023 and in 2024 and has affected both active staff as well as retired staff.

Annual inflation rates in Türkiye in recent years have been much higher than those reported in the official data, resulting in the erosion of the living standards of the active and retired staff subject to the Turkish salary scale.

The situation in 2024 was even more complicated when active staff on the A and L salary scales received a temporary special allowance of 100% of the basic salary, to compensate the reduced attractiveness of the civilian positions in Türkiye.

This huge salary adjustment was unfortunately not automatically applied to pensions in Türkiye because of the separation of salary and pension adjustment rules. Our NATREP Türkiye, supported by ANARCP and CNRCSA, requested the NATO Administration to implement a similar adjustment to pensions on the authority of the approved report that authorized the 2025 salary adjustment. Although Article 36.2 of the Pension Scheme Rules of the NATO Civilian Personnel Regulation empowers the NATO Secretary General to rectify any important disparities that may develop between salaries and pensions, this did not happen.

The NATO Administration considered the implementation of Article 36.2 a matter to be discussed by the Coordinated Organizations and the matter was therefore handed back to the CRSG (The Committee of Representatives of the Secretaries/ Directors General of the Coordinated Organizations) and CAPOC (The Administrative Committee on Pensions of the Coordinated Organizations).

The CAPOC, the implementing committee that oversees the development of pensions, considered the matter in 2024 and recommended to the CRSG that no further action was required, as the pensions in Türkiye had been properly adjusted through several special adjustments throughout 2024. CAPOC also considered that the special temporary allowance on the salaries was not part of the salary and should therefore be excluded from any comparison between salaries and pensions.

In its 247th report of the Coordinating Committee on Remuneration (CCR) the situation changed again when the salary scales in Türkiye for 2025 were significantly increased. This then clearly increased the gap between salaries and pensions and the NATO Administration was asked again to request from the AAPOCAD and the CAPOC to reconsider the new situation and to request the implementation of Article 36.2 of the Pension Scheme Rules. This is still ongoing.

Unfortunately, many Turkish members were unhappy about the lack of progress during 2024 and decided to resign their membership from AAPOCAD and unfortunately some also resigned from ANARCP. ANARCP believes that this is a bad initiative and that joint coordinated actions are the best way forward to try to find a solution. Without sufficient number of Turkish members, defending their interests will become more problematic in the future.

ANARCP expects however that the matter will eventually be resolved.

7 REPLIES

For all communication relating to this Bulletin, please reply to:
anarcp@cnrcsa.nato.int.

Or by post:

ANARCP
SHAPE Personnel Branch
J1
B-7010 – SHAPE
Belgium

Allow us again to request all members who still receive this Bulletin in hard copy, but who have an e-mail address to communicate that to us. It will make the life of our Secretary a lot easier and it allows us to spend our financial means to better courses.

8 ANARCP WEBSITE

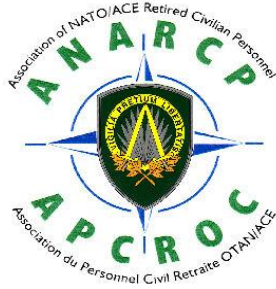
The url for our website remains unchanged: www.anarcp.org

There is a restricted part for members only. To login use the following:

Username: anarcp

Password: lamretired (first character upper case)

- Annexes:
- A ANARCP Executive Committee (EXCOM) election nomination form
 - B Updated List of Serious Illnesses



Association of NATO/ACE Retired Civilian Personnel
Association du Personnel Civil Retraité OTAN/ACE

ANARCP Elections 2025 NOMINATIONS

I (name)

present my nomination for election to the Executive Committee. I have the ability to hold active office, attend meetings as stated in the Constitution and Bye Laws and carry out whichever office the ANARCP Executive Committee deem appropriate.

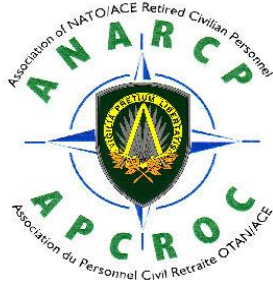
I attach a brief résumé of any past experience which may be useful whilst serving on the committee. I agree that this résumé shall be distributed to all members together with the voting paper.

Signed

Please send, before 21 March 2025 to:

ANARCP,
SHAPE Personnel Branch
J1
B-7010 – SHAPE
Belgium
Attn.: Elections

Or by Email to: anarcp@cnrcsa.nato.int



Association of NATO/ACE Retired Civilian Personnel
Association du Personnel Civil Retraité OTAN/ACE

Elections APCROC 2025 CANDIDATURES

Je soussigné(e) (nom)

présente ma candidature pour l'élection du Comité exécutif. Je suis en mesure d'occuper une fonction et de participer à des réunions conformément à la constitution et le règlement d'ordre intérieur.

Je joins un bref curriculum vitae exposant mon expérience passée susceptible d'être utile dans le cadre des fonctions à assumer au sein du Comité. J'accepte que ce curriculum vitae soit envoyé à l'ensemble des membres en même temps que les bulletins de vote.

(Signé).....

À renvoyer avant le 21 mars 2025 à l'adresse suivante

ANARCP,
SHAPE Personnel Branch
J1
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List of Serious Illnesses 2025

This list has come into effect on 1 Januari 2025 and the official version will also be included in the next version of the NATO Benefit Guide (2025). The list below is not binding and only the officially published list is decisive. The list is not all-inclusive and medical conditions of comparable severity will also be assessed by the Allianz Care Medical Advisor for coverage under “serious illness”.

1 Oncology – Haematology

Cytopenia – Bone marrow failure and other chronic cytopenias – Bone marrow aplasia
Haemoglobin – Chronic severe inherited and acquired haemolytic anaemias
Haemophilia – Haemostatic disorders
Malignant tumour – Malignant disorder of the lymphatic or haematopoietic tissue (including leukaemia and Hodgkin's lymphoma)

2 Cardiovascular

Chronic arteriopathy with ischaemic manifestations
Stroke – Disabling cerebrovascular accident
Heart disease, arrhythmia: Severe cardiac insufficiency, Severe arrhythmia, Severe cardiac valvulopathy, Severe congenital cardiopathy
Coronary heart disease – Myocardial (myocardial infarction)
Severe arterial hypertension

3 Endocrinology – Metabolism

Diabetes types 1 and 2
Hereditary metabolic diseases requiring prolonged, specialized treatment

4 Infectious Diseases

Complicated bilharziasis – Brucellosis – Anthrax – Cholera – Diphtheria – Typhoid and paratyphoid fever – Infectious hepatitis – Malaria – Cerebrospinal meningitis – Scarlet fever – Tetanus – Epidemic typhus – Smallpox
Active tuberculosis – Leprosy
HIV - severe primary immunodeficiency requiring prolonged treatment, infection with the human immunodeficiency virus (HIV)

5 Neurology – Psychiatry

Disabling cerebrovascular accident (stroke)
Creutzfeldt-Jakob disease – Alzheimer's disease- Vascular and CTE dementia
Neuropathy – Myopathy – Severe epilepsy – Encephalitis – Severe forms of neurological and muscular disorders (including myopathy, progressive muscular dystrophy, Pompe disease, poliomyelitis)
Paraplegia
Parkinson's disease
Psychiatry - severe psychiatric disorders including psychosis, severe personality disorder, mental retardation
Multiple sclerosis – Amyotrophic lateral sclerosis
Guillain-Barre syndrome
Trigeminal Neuralgia

6 Pneumology

Chronic respiratory insufficiency
Cystic fibrosis

7 Rheumatology

Stage 3 and 4 rheumatoid arthritis
Progressive idiopathic structural scoliosis
Severe ankylosing spondylitis
Vasculitis (including polyarteritis nodosa), Systemic Lupus Erythematosus (SLE), Systemic scleroderma

8 Other: Hepato-Gastroenterology, Nephrology, Transplants

Progressive ulcerative colitis and Crohn's disease
Chronic active liver disease, Hepatitis, Cirrhosis
Chronic severe nephropathy and nephrotic syndrome
After-care following organ transplant