



The long-awaited Coalition Agreement at a glance

*What HR measures will
employers face?*



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After months of negotiations, the Arizona parties forming the new government reached a Coalition Agreement on 31 January 2025. This Coalition Agreement has announced a number of ambitious measures that will bring about significant changes in employment and social security law.

The ALTIUS Employment Team gives you an overview of the most important announced HR measures in a series of 6 “highlights”. We have grouped these measures around the following 6 “domains”:

1. Salary (cost) and benefits
2. Working time
3. Dismissal and unemployment
4. End-of-career and pensions
5. Incapacity for work and well-being
6. (International) labour market

Every Wednesday and Friday, we will put the focus on a new domain.

In this fifth “highlight”, we elaborate on the measures that are in the pipeline regarding “Incapacity for work and well-being”.

All these measures will be further developed into legislation in the coming months and years. Some of them will also be subject to prior consultation between the employers’ organisations and the unions. The ALTIUS Employment Team is closely monitoring this process and will continue to update you about the important developments.

Happy reading!



Content

1. Salary (cost) and benefits

2. Working time

3. Dismissal and unemployment

4. End-of-career and pensions

5. Incapacity for work and well-being

6. (International) labour market

05. Incapacity for work and well-being



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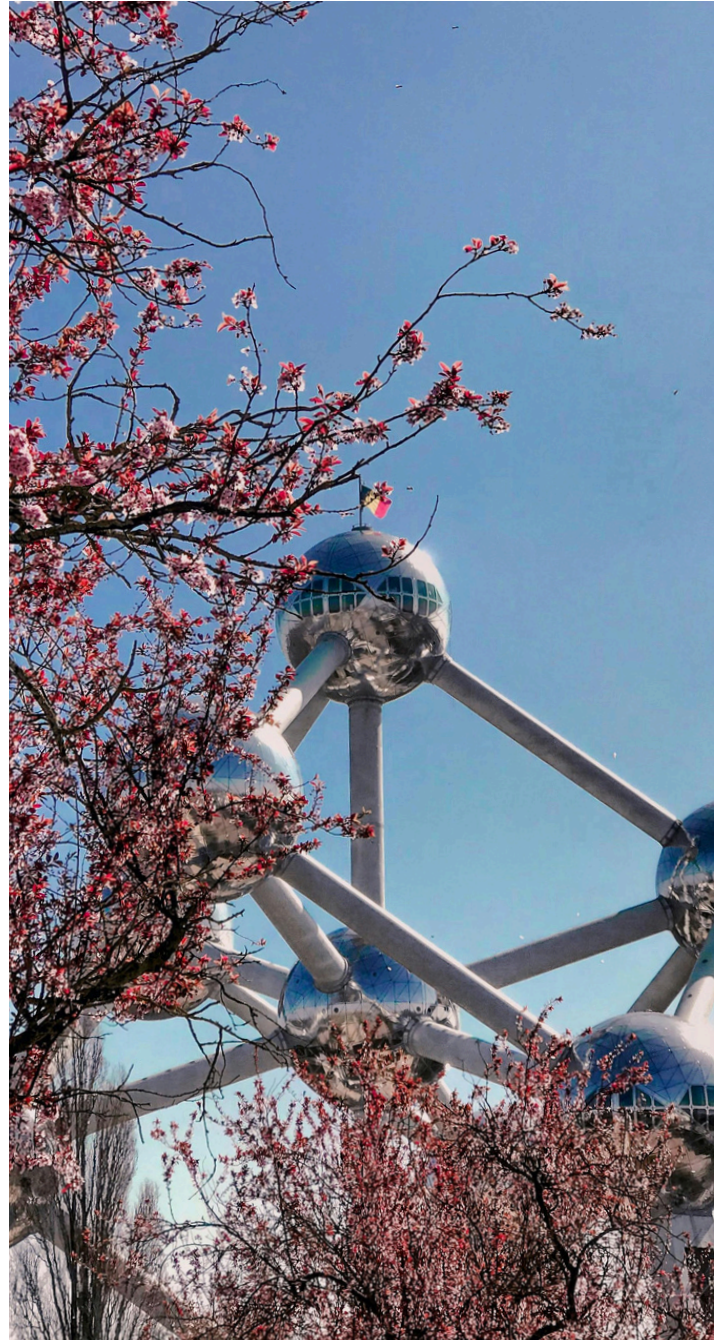
Changes to the re-integration track and the medical force majeure procedure

Changes to the re-integration track

- Possibility for the employer to start a re-integration track from the first day of illness with the employee's consent (i.e. no 3-month waiting period)
- Possibility for the employee to request a re-integration track preventively (i.e. before he/she is absent due to illness); but, the employer is not obliged to agree to such a request
- Reform of the re-integration tracks to take into account any employment opportunities with other employers

Changes to the medical force majeure procedure

- Starting the procedure for medical force majeure to be possible after 6 months of uninterrupted work incapacity (instead of the current 9 months)
- Contribution to the Back to Work Fund is always due upon the employment contract's termination for medical force majeure (also in case both the employer and the employee establish the employment contract's termination)



Make employers, employees and doctors assume more responsibility

Employers

- Encouraging employers to have an active absenteeism policy and to contact and follow-up regularly with sick employees
- Obligation for employers (except SMEs) to pay 30% of sickness benefits during the first 2 months following the period covered by the guaranteed salary (replacing the current “accountability contribution”)
- Obligation for employers to ask the external prevention service to assess the employee's work potential after 8 weeks of work incapacity and, if necessary, to start a re-integration track

Employees

- Both increased and new penalties for workers who do not or insufficiently cooperate in a re-integration track (ranging from a 10% reduction in benefits to a suspension of benefit entitlement/guaranteed pay)
- Entitlement to sickness benefits of long-term ill workers (> 1 year) will be reassessed regularly. In case of work potential, a compulsory re-integration track will be started

Doctors

- Establishing a TRIO platform where the treating doctor, the occupational doctor and the advisory doctor of the health insurance fund share information
 - Mandatory sharing by the treating doctor of the medical certificate on this platform after 1 month's work incapacity
 - Occupational doctor must then take mandatory action (forwarding the information, inviting the employee for an interview)
- A requirement for the treating doctor to check the possibility of adapted or other work for the employee when writing or renewing a medical certificate (“capacity certificate” rather than “certificate for incapacity for work”) (possibly after consulting the occupational doctor)
- Creation of a specific role of "responsible treating doctor" for work incapacity of more than 2 months (coordinating role/contact person, preferably a general practitioner)
- Monitoring and possibly penalising doctors who prescribe significantly more and/or longer periods of work incapacity (via data mining)
- Introducing a digital reporting point for employers (at the “SIOD/SIRS”) for suspicious medical certificates

Other changes concerning sick employees & well-being

Two instead of three absences per year without a medical certificate

- Taking a “sick day” without a medical certificate will only be possible twice a year (instead of the current three times)

Tightening of the entitlement to guaranteed pay in case of relapse

- If a sick employee relapses, then he/she will only be entitled to 30 days of guaranteed pay again after 8 weeks of work resumption (instead of the current 14 days)

Changes to progressive work resumption

- Not only the advisory doctor (of the health insurance fund), but also the treating doctor and the occupational doctor will be able to give permission to the employee to partially (progressively) resume work (with the employer and the employee having to inform the advisory doctor for the benefit calculation)

No annual repeat of risk analyses if working conditions remain unchanged

- Abolishing the requirement to annually repeat the risk analysis if the working conditions remain unchanged



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