The Importance of Sickness Benefits Rights for a Comparison of Wages[•]

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Abstract. In a total wage concept we include fringe benefits and earnings-related insurance rights, in addition to money wage. Sickness benefit rights are an important part of insurance rights in many industrial countries. In this paper we analyse sickness benefit insurance rights and estimate their importance compared to money wage, as well as for wage differentials and wage dispersion for Sweden. The estimation of money value for the sickness benefit rights requires data on absences due to sickness, data not readily available since the first part of a sickness period is handled by the employer. Data from registers and interview data from different surveys are combined in order to describe sickness behaviour and sickness remuneration of different occupational groups.

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1. Introduction

A total wage concept includes fringe benefits and earnings-related insurance rights from occupational and social schemes in addition to money wage. The insurance provides security and consequently is of value not only during the time it is paid out. The individual value varies with the risk and the benefit rules, and both the risk and the rules might differ between different occupational groups. In this paper we analyse sickness benefit insurance rights by calculating the actuarial value of the insurance provision for different categories of Swedish wage-earners and estimate their importance compared to money wage, as well as for wage differentials and wage dispersion for Sweden. Since the earnings-related insurance schemes are mandatory and not marketable, there is a problem of valuation. This should be kept in mind when we compare money wages with the actuarial values of the individual insurance rights.

The Swedish sickness benefit insurance rules of social and occupational schemes are given in the following section 2. Section 3 takes up estimation problems. Section 4 contains data and results. We present the estimated sickness benefit insurance rights for different categories and what the inclusion of social and occupational sickness benefit insurance rights in the wage concept might mean for wage differentials and wage dispersion. Section 5 concludes the paper.

2. The sickness benefit insurance

Sweden has a national social insurance together with quasi-mandating of employer-provided plans where the mandate is not a legal requirement imposed by the state, but the result of a contractual agreement between labour unions and employers. Particular for Sweden is that practically all employees are covered by occupational insurance that is elaborated in a very few occupational schemes. There are principally four occupational schemes in the Swedish labour market: for private sector white-collar workers, private sector blue-collar workers, state employees, and local authority and county council employees. These cover the same areas as the social insurance scheme and raise the level of compensation. Further, they compensate for loss of income above the level of earnings covered by the national insurance.

Occupational schemes depend on the social insurance system and its replacement ratio. Belonging to a second scheme is primarily in the interest of higher income groups. Occupational insurance schemes supplement social insurance by replacing lost income above the level compensated for by the social insurance system. Because of the ceiling on social insurance benefits, the replacement rate under social insurance is lower for higher paid workers than for lower paid workers. Occupational schemes offset this by guaranteeing higher benefits proportional to wages for employees with high career wage levels.

The employer pays sick pay during the first fourteen days of sick leave (with one no-benefit day) at a replacement rate of 80 per cent (both below and above the ceiling). From day fifteen, social insurance pays 80 per cent of income up to the social insurance ceiling, while occupational sickness insurance adds a supplement. These rules are similar for both private and public sector white-collar workers. Their occupational sickness benefit insurance has a lower rate for earnings below the social insurance ceiling and a higher one for earnings above the ceiling; whereas occupational sickness insurance for private sector blue-collar workers only compensates for income losses below the ceiling. The sickness benefit of different schemes is shown in Table 2.1.

During the first three months, the replacement rate of total sickness insurance (from social and occupational insurance together) for private sector white-collar workers and for state and local government employees is the same. The social insurance contribution is not risk diversified; thus, it aims to redistribute incomes from people who are at low risk of sickness to those who are at high risk. The occupational insurance contribution is uniform as well, within one and the same occupational scheme. The risk of sickness differs between individuals, due to age, sex and socio-economic group, as is shown in e.g. Edgerton, Kruse & Wells (2000). Average sick leave incidence rates, which can be interpreted as the probability of being absent in a specific week, are described for the periods 1987-91, 1992-93, 1994-97 and 1998-99, the periods chosen so as to reflect the main changes in the sickness benefit insurance scheme.[3] Table 2.2 shows that the sick rate is much higher for women than for men and increases with age. Table 2.3 shows the differences in sickness leave between socioeconomic groups, which is higher for blue-collar workers than for white-collar workers and higher for lower level white-collar workers than for upper level white-collar workers.

3. Estimation problems

Our purpose is to estimate the actuarial value of the insurance provision for wage earners of various characteristics. To this end we need information on sickness risks or on sickness behaviour; the extent to which individuals are absent from work referring to health problems. Official statistics indicate that average sickness behaviour varies considerably between different employment groups and for different years. The proportion of privately employed workers absent from work due to illness, for example, was halved 1990 to 1995 from about 6 to about 3 per cent (Statistics Sweden, serie Am 63), compare also tables 2.2-2.3. That this drop is related to changes in the unemployment ratio, rising from only 1.6 per cent 1990 to 7.7 per cent 1995, and changes in the sickness compensation schemes seems obvious. From 1987 to 1st March 1991 sickness benefits were very generous with full compensation already from the first day. 1991 the replacement rate from social insurance was reduced and in the following years changed a number of times for different days in the sickness period. From 1992 sick pay was introduced, that is compensation for the first 14 days in a sickness period (in 1997 the first 28 days), was taken over by the employer from the social insurance. The first day become a no-benefit day 1993.

Before 1992 all sickness compensation was administered by the National social insurance board and therefore centrally registered, but from 1992 and onwards data on short periods are difficult and costly to obtain, thus also data on total sickness are difficult to compile. These problems hold for the number of sickness days as well as for sickness compensation. Employers provide data for taxation, which offers a source for register-based research, but sickness compensation is taxable and included in labour income in the registers.

While we are mainly interested in the benefit systems of recent years, our calculations are based on 1990 data where all compensation is recorded centrally. For the compensation scheme of 1995[4] (table 2.1) we see that the daily compensation rate varies with the length of the sickness period. From this aspect there are four different parts of a longer period; day 1, days 2-14, 15-90 and 91-. To estimate yearly compensation a model describing the number of

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[3] The presentation is based on Labour Force Survey (AKU) data, roughly 14,000 individuals. The individual is asked about her/his activities in a certain week. If employed, the person is asked about contracted time and actually worked time. If absent, the reason for absence is asked.

sickness days in different parts of the sickness periods is desirable. Ultimately we would also like the model to account for different individual characteristics and the effects on sickness behaviour of changes in the compensation scheme.

Instead of pursuing such a complex and difficult modelling task we will follow a much simpler path, partly dictated by the data available to us. The strategy is to non-parametrically estimate sickness behaviour for different groups, calculate the benefits under different assumptions of short- and long-term sickness and examine the sensitivity to some changes in sickness behaviour.

4. Data and results

4.1. 1990 sickness benefits.

The data used emanate from the large database for labour market analysis at the Swedish Trade Union Research Institute (FIEF). This database, compiled in co-operation with Statistics Sweden, contains information on all individuals participating in the labour force surveys 1990-1995, in total just over 200 000 individuals, with register information from the tax authorities, the Labour Market Administration and the National Social Insurance Board for the years 1990 to 1997.

We analyse those employed 1990 with an earnings related income above the threshold for income taxation (SEK 10000). This leaves us with 141 699 individuals with values also for the sector and class variables. How these individuals are distributed by sex, age group (18-27, 28-40, 41-50, 51-64), class (blue- and white collars according to the SEI classification) and sector (private, state, local authority and county council) is found in table 4.1;[5] the smallest group has 906 members.

There is no information on sickness periods or even sickness days in our data, but utilising the full compensation rate for 1990 and data on labour income, LI, (net of social benefits) and data on total sickness benefits received, SB, the number of sickness days is estimated as

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[4] The choice of the benefit systems of 1995 for analysis is due to our earlier analysis of other benefit systems for this year (see Selén & Ståhlberg 2001).
[5] The number of days with sick leave is larger in the north of Sweden than in the south of Sweden (see SOU 2000:72). However, we do not consider differences in regions here.

$$365 \times SB/(LI+SB).$$

It is not possible, however, to say anything on the number of sickness periods, and we do not know the number of days spent as the first day, or the first week, in the sickness periods, for example. Even for individuals with a smaller number of sick days we cannot say that these days belong to shorter sick periods since a period may start in the previous year and end in the following year.

What we can do is to calculate the benefits under some different assumptions on the lengths of the sickness periods and discuss the probable effects of estimated differences in incidence rates and reactions to changes in the compensation obtained in a couple of studies. Specifically we will examine the "limiting" cases of 1) all days belonging to one long period during the year only and 2) all days stemming from a number of short periods no longer than 14 days. The consequences of periods starting or ending in adjacent years are ignored.

Observed sickness benefits for 1990 are summarised in table 4.2, calculated as the per cent of total income $100 \times SB/(LI+SB)$ and averaged over the individuals in each cell. The average for all is about 7 per cent; female blue collars in the private sector show the highest percentage 12.4 while male white collars in the state sector show only 2.9. Generally the percentage for women is higher than for men. As regards the age groups the percentage is lower for those 18-27 and 41-50 than for those 28-40 and 51-64. The relative compensation is higher for blue collars than for white collars and the percentage is lower for those in the state sector than in the two other sectors.

4.2. Simulated benefits for the 1995/2001 scheme.

To estimate benefits at the 1990 sickness level for the 1995/2001 compensation scheme we proceed as follows. First the distributions of estimated sickness days are computed for different employment categories, sex by age group by sector by class, in all 48 groups. Results are given in table 4.3, showing the average total number of days, the percentage of individuals with no sick days, 1 day, 2-7, 8-14, 15-28, 29-59, 60-89, 90-179 and 180- days respectively, as well as the averages within these days' categories. The grouping of days is related to the changes in the compensations schemes during the nineties. In the table we see, for example, that the average is highest for blue-collar women 51-64 years of age in the

private sector, with 47.6 days, and lowest for white-collar men in the state sector 18-27 years, with 5.8 days.

Using these distributions, sickness compensation is calculated under different assumptions on sick periods. Sickness compensation is identically imputed to all individuals within each group, thus no extra variation due to stochastic simulation is introduced. Let us first assume that all days belong to one period only, case 1. For an individual in the first group in table 4.3, blue collar men 18-27 in the private sector as an example, we consider him to have no sickness days with probability 0.217, one day with probability 0.011, two to seven days with probability 0.198 an so on. Benefits are computed separately for all these day categories, using the average number of days in each category as the number of sickness days. Thus benefits for one day (average one day), two to seven days (average 4.5 days, consequently a 4.5 day period), eight to fourteen days (average 10.8 and a 10.8 day period) and so on are calculated. Thereafter these different benefits are summed using the category probabilities as weights, giving an average benefit which is imputed;

$$SB^{sg} = \sum_k b^s(m_k^g) * p_k^g ,$$

where SB^{sg} is the resulting average benefit, k identifies the day categories, $b^s(\ )$ defines the benefit system for sector s, while p and m denote the category probabilities and averages respectively.

This procedure is better than a direct calculation of benefits using the yearly average of days only (20.6 for our example) in which case the design of the benefit scheme for the days above the average has no influence at all. Compared to stochastic simulation of days individually from the estimated distribution, which we also have tried, the approach here gives similar result on the average but there is no extra stochastic variation introduced. For case 2 of short periods an assumption regarding the number of no-benefit days or the number of sickness periods[6] is required. We will simply assume that there are 5 no-benefit days with the restriction that the number of such days never exceeds 50 per cent of the total number of days for an individual.

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[6] In the benefit scheme there is a ceiling of 10 no-benefit days for a twelve-month period. A new sickness period starting within 5 days after the end of a previous period is regarded as a continuation of that period.

The results for one long period are shown in table 4.4 and the results for short periods only in table 4.5. The averages in these and in the following tables are calculated from

$$100 \times SB_i/(LI+SB),$$

where SB_i is the estimated actuarial value totally or for a specific benefit system. For the short periods simulation in table 4.5 the average percentage is 5.0, that is about 71 per cent of the average 7.0 for the full compensation scheme in table 4.2. The long period average in table 4.4 is a bit higher, 5.8 or almost 83 per cent of the full compensation average. A decrease can be expected since 1995/2001 sickness benefit rules are far less favourable than the 1990 rules.

In contrary to the short periods simulation the long period averages here will vary relatively a full compensation, according to the differences in the compensation scheme for those in different sectors and with different income. To look a bit closer at these differences we give the compensation averages according to the different compensation sources: sick pay, social insurance and occupational insurance. For the short periods case only sick pay gives compensation, thus no further results are needed there.

Results are shown in tables 4.6 to 4.8 for long periods. We find in table 4.6 that social insurance is most important with an average of 4.0, that is just above two thirds of the total compensation of 5.8 per cent. The average is lowest for state white-collars 18-27 with 1.0 and highest for blue-collar women in the private sector, 8.0 per cent. The total for these women is 10.4 in table 4.4, while the total for the 1.0 group is 2.2 per cent, so there are large differences regarding the relative importance of the social insurance in this simulation.

As regards sick pay, table 4.8, results for the groups are more similar; the average for all is 1.4 per cent. The lowest average is obtained for white-collar men 0.9, while the level of blue-collar women and young blue-collars in the local sector is about 1.8 per cent. The compensation from the occupational schemes is least important, table 4.7, with an average of only 0.3 per cent for all. Old blue collars 51-64 obtain an average of 0.5 while the level for young white-collars in the state sector is 0.1 only. When we compare the importance of the occupational schemes, calculated as the percentage of the occupational average to the total average, a relative weight of 4 (young blue-collar, state) to 9 (white-collar men, local) per cent is obtained.

4.3. Effects of changes in sickness behaviour.

In order to get a better understanding for 1995 we have to discuss changes in sickness behaviour from 1990. As has been indicated in section 2, sickness 1995 is almost halved as compared to 1990 and as measured by the percentage absent from work due to sickness during a smaller time period. Also other indicators show a definite decrease in the population, for example the number of sick periods of different lengths ended during the year (National Social Insurance Board). The periods 30-89 days decrease by 40 per cent, periods 90-179 days decrease by 25 per cent while there are minor increases for longer periods. Lacking is information on shorter periods, which makes conclusions incomplete. The risk populations for the two years are also different. The rising unemployment is important here, probably resulting in a healthier working force and less sickness independently of the less favourable compensation schemes.

International reviews of labour supply studies show that women would change their sick leave behaviour more than men if the level of compensation provided by sickness benefit insurance were lowered (Blundell & MaCurdy 1999). In Henrekson et. al. (2001) the sick leave behaviour of Swedish women is found to be more sensitive to economic incentives than that of Swedish men. In Johansson and Palme (1996) and Johansson and Brännäs (1996) the price elasticity is higher for Swedish men than for Swedish women while the income elasticity is higher for women than for men. As regards differences across socio-economic groups Edgerton et. al. (1999) indicate that the introduction of a no benefit day affected other age-groups more than the middle aged, manufacturing employees more than other employees, lower white collars more than other classes and permanent employees more than temporary employees.

Lacking more definite results and considering the scarce information on sickness periods we are satisfied to examine two simple changes in sickness behaviour. In experiment 1 we cut the probabilities of just a few sickness days by halving the percentages in table 4.2 for 1, 2-7, and 8-14 days and transferring the corresponding probability mass to 0 days. This experiment recognises a cut in sickness days somewhat related to the demand of a physicians certificate from the eighth day in a sick period. The effect on the average number of sick days for all is a modest reduction from 25.8 to 24.5.

In a second experiment all sickness 90 days and above is halved by reducing the number of individuals above this threshold. Technically their weights are halved. The total average decreases to 18.4 from 25.8 sickness days.

The results are shown in tables 4.9 and 4.10 for experiment 1, for one long period and for short periods only, as before. We find a general decrease from 5.8 to 5.5 for one long period and from 5.6 to 5.3 for short periods only in experiment 1, thus relatively small reductions. For experiment 2 and long periods the reductions are much larger from 5.8 to 3.9, see table 4.11.

4.4 Wage inequality.

In table 4.12 averages and coefficients of variation for all summarise the distributional effects of sickness benefits and sickness insurance rights. We see that the addition of sickness benefits reduces wage inequality with about 10 per cent, with a further reduction when insurance rights are added. As regard the different insurance schemes the dispersion is relatively much larger for the occupational scheme (CV 165.3) than for social insurance (56.8) or sick pay (40.4). These coefficients apply for 1990 sickness, 1995 system and a long sickness period. In the appendix, table A4.6, we show the dispersion within the description groups as regards benefit rights in per cent of total income for this simulation.

Overall dispersion here is larger for all than in the subgroups, it is larger for white-collars than for blue-collars, lower for local employees than for the other groups, higher for men than for women and higher for young than for the other age groups.

In table 4.13 and 4.14 we show the results of multivariate descriptions of wages and wage ratios. For the factors used earlier, class, sector, sex and age group, the coefficient show the differences between the factors on the average holding the other factors constant. The reference category is the last within each factor and the coefficients show the differences to that category. The reference group, whose level is estimated by the intercept, is privately employed, white-collar, women, aged 51-64. The estimates are calculated by least squares and the observations are weighted according to the sampling probabilities, as for all our analysis.

The R-squared fit is about 0.30 for wages and over 0.80 for the wage ratios, the latter depending on the fixed imputation of sickness risks within our analysis groups. A stochastic imputation results in R-squares below 0.05.

The columns in the tables show coefficient estimates for the different wages variables and wage ratios. With our large sample all estimates are statistically significant. For wages with and without benefits there are large differences between classes, the average blue-collar wage is about 40 000 SEK below the average white-collar, between sexes with the average for men more than 55 000 SEK above the average for women. Wages are increasing with age with the exception that the average for those 41-50 is above the average for those 51-64.

The ratio of the extended wage measure to the money wage for the different insurance provisions are shown in table 4.14. There are some differences among the compensation schemes, such as a positive effect for state employees for the occupational and sick pay schemes, but a negative effect for social insurance. Sector effects are smaller though then class, sex and age effects. For sick pay the levels are higher for the youngest groups as compared to the older ones, whereas the differences are the opposite for the occupational and social insurance schemes.

5. Concluding remarks

Earnings-related sickness benefit rights are a form of labour compensation. The average money value of the sickness benefit rights of social and occupational insurance schemes in Sweden is estimated at 5.0-5.8 per cent of the money wage for the 1995/2001 scheme and 1990 sickness. The percentage differs between occupational groups. The average sickness benefit rights for private blue-collar workers is 7.4 per cent of the money wage, for private white-collar workers 3.4, for state employees 4.2, and for local authority and county council employees 6.6 per cent. The sickness benefit rights are highest for blue-collar women in the private sector, around 10 per cent of the money wage, and lowest for state white-collars 18-27 years old, around 2 per cent. The inclusion of sickness benefit insurance rights in the wage concept reduces wage inequality with about 10 per cent. The dispersion is relatively much larger for the occupational scheme than for social insurance and sick pay. It is larger for

white-collars than for blue-collars, lower for local employees than for other groups, higher for men than for women and higher for young than for the other age groups.

The post 1990 sickness has decreased. Some simulations indicate that the average money value of the sickness rights is below 4 per cent 1995.

If occupational insurance would offer all sickness benefits, then the contribution rate would differ between the occupational insurance schemes, given the current replacement rates. The contribution rate would then be much higher for blue-collar workers than for white-collar workers. This would result in higher costs for the employer for blue-collar workers than for white-collar workers compared to the current situation with social insurance. In a perfectly efficient labour market this difference in costs would have a direct impact on wage formation, i.e. the cost differentials for sick leave would be fully reflected in wage differentials between blue-collar workers and white-collar workers. Since women dominate among local authority and county council employees, wage differences between employees in this sector and the other sectors would, *ceteris paribus*, also increase.

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Statistics Sweden

Table 2.1
Sickness benefit insurance in 1995 (and 2001)

	Private sector blue-collar workers	Private sector white-collar workers	State employees	Local authority and county council employees
Day 1	No-benefit day	No-benefit day	No-benefit day	No benefit-day
Day 2-14	Sick pay. 80 per cent of whole wage	Sick pay. 80 per cent of whole wage	Sick pay. 80 per cent of whole wage	Sick pay. 80 per cent of whole wage
Day 15-90	Social insurance: 80 per cent on portions of wages below 7.5 base amounts[7] Occupational insurance: 10 per cent on portions of wages below 7.5 base amounts	Social insurance: 80 per cent on portions of wages below 7.5 base amounts Occupational insurance: 10 per cent on portions of wages below 7.5 base amounts 90 per cent on portions of wages between 7.5 and 30 base amounts.	Social insurance: 80 per cent on portions of wages below 7.5 base amounts Occupational insurance: 10 per cent on portions of wages below 7.5 base amounts 90 per cent on portions of wages between 7.5 and 30 base amounts.	Social insurance: 80 per cent on portions of wages below 7.5 base amounts Occupational insurance: 10 per cent on portions of wages below 7.5 base amounts 90 per cent on portions of wages between 7.5 and 30 base amounts.
Day 91 -	Social insurance: 80 per cent on portions of wages below 7.5 base amounts.	Social insurance: 80 per cent on portions of wages below 7.5 base amounts. Occupational insurance: 65 per cent on portions of wages between 7.5 and 20 base amounts, 32.5 per cent on portions of wages between 20 and 30 base amounts.	Social insurance: 80 per cent on portions of wages below 7.5 base amounts. Occupational insurance: 80 per cent on portions of wages between 7.5 and 30 base amounts.	Social insurance: 80 per cent on portions of wages below 7.5 base amounts. Occupational insurance: 80 per cent on portions of wages between 7.5 and 30 base amounts.

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[7] The base amount is an artificial amount constructed in order to make benefits inflation-indexed. One base amount is about 20 per cent of an average industrial worker's wage before taxes.

Table 2.2
Sick leave incidence rate by sex and age. 1987-1999. Per cent.

Period	Sex	Age 20-24	Age 40-44	Age 50-54	Age 60-64	All
1987-91	Men	6.1	7.1	10.2	13.5	7.9
	Women	8.6	10.0	12.3	14.0	9.7
	All	7.3	8.6	11.3	13.7	8.8
1992-93	Men	4.2	5.2	7.5	12.1	5.8
	Women	4.8	8.2	10.2	16.9	8.0
	All	4.5	6.8	8.9	14.6	6.9
1994-97	Men	2.3	3.7	5.2	7.7	4.2
	Women	3.9	6.2	8.2	7.9	6.2
	All	3.1	5.0	6.8	7.8	5.2
1998-99	Men	2.7	2.9	3.8	9.9	3.6
	Women	3.9	6.2	7.5	9.2	5.9
	All	3.2	4.6	5.7	9.5	4.8

Source: Edgerton, Kruse & Wells (2000), Table 4.

Table 2.3
Sick leave incidence rate by socio-economic group during the 90s.

Category	1990-91	1992-93	1994-97	1998-99
Blue-collar workers	10.9	8.3	6.6	6.1
Lower white-collar workers	7.2	6.3	4.4	4.4
Upper white-collar workers	5.0	3.3	2.8	2.2
All	8.9	7.0	5.2	4.8

Source: Edgerton, Kruse & Wells (2000), Table 5.

Table 4.1
Number of individuals by sex, age group, class and sector.

		Sex Men	Women	Age 18-27	28-40	41-50	51-64	All
Class	Sector							
Blue-col	State	3015	1731	966	1562	1312	906	4746
	Local	3394	18623	5351	7038	5222	4406	22017
	Private	32650	14032	14924	13853	10010	7895	46682
	All	39059	34386	21241	22453	16544	13207	73445
White-col	Sector							
	State	5349	4886	1132	3202	3425	2476	10235
	Local	5627	15467	2081	7562	6908	4543	21094
	Private	21022	15903	6622	11998	11099	7206	36925
	All	31998	36256	9835	22762	21432	14225	68254
Sector								
State		8364	6617	2098	4764	4737	3382	14981
Local		9021	34090	7432	14600	12130	8949	43111
Private		53672	29935	21546	25851	21109	15101	83607
All		71057	70642	31076	45215	37976	27432	141699

Table 4.2
Sickness total benefits 1990, average percentage of total income.

		Sex Men	Women	Age 18-27	28-40	41-50	51-64	All
Class	Sector							
Blue-col	State	5.8	8.1	5.4	6.4	6.6	8.3	6.7
	Local	8.1	10.4	10.1	10.2	8.8	10.9	10.0
	Private	7.3	12.4	7.3	8.8	9.1	11.3	8.8
	All	7.3	11.1	7.9	9.1	8.8	11.0	9.1
White-col	Sector							
	State	2.9	5.8	2.7	4.1	3.9	5.7	4.3
	Local	4.0	6.6	6.6	6.4	4.5	6.8	5.9
	Private	3.1	5.6	4.2	4.0	3.3	5.7	4.2
	All	3.2	6.0	4.5	4.8	3.8	6.0	4.7
Sector								
State		3.9	6.4	4.0	4.8	4.7	6.4	5.0
Local		5.5	8.6	9.1	8.2	6.3	8.8	8.0
Private		5.7	8.8	6.4	6.5	6.1	8.6	6.8
All		5.4	8.5	6.9	6.9	6.0	8.4	7.0

Table 4.4
Simulated total sickness benefit, 1990 sickness, 1995 scheme, one long sickness period, average percentages of total income.

		Sex		Age				
		Men	Women	18-27	28-40	41-50	51-64	All
Class	Sector							
Blue-col	State	4.8	6.8	4.5	5.3	5.5	6.9	5.5
	Local	6.7	8.6	8.5	8.5	7.4	9.1	8.3
	Private	6.1	10.4	6.1	7.3	7.6	9.4	7.4
	All	6.0	9.3	6.6	7.5	7.3	9.1	7.5
White-col	Sector							
	State	2.3	4.8	2.2	3.3	3.2	4.7	3.5
	Local	3.3	5.5	5.5	5.3	3.7	5.6	4.9
	Private	2.5	4.6	3.4	3.3	2.7	4.7	3.4
	All	2.6	5.0	3.7	4.0	3.1	5.0	3.9
Sector								
State		3.2	5.3	3.3	4.0	3.8	5.3	4.2
Local		4.6	7.2	7.6	6.8	5.3	7.3	6.6
Private		4.7	7.3	5.3	5.4	5.0	7.2	5.6
All		4.5	7.1	5.7	5.7	4.9	7.0	5.8

Table 4.5
Simulated total sickness benefits, 1995 scheme, 1990 sickness, short periods only, average percentages of total income.

		Sex		Age				
		Men	Women	18-27	28-40	41-50	51-64	All
Class	Sector							
Blue-col	State	4.0	5.8	3.7	4.4	4.7	6.0	4.7
	Local	5.8	7.5	7.3	7.4	6.4	8.0	7.3
	Private	5.2	9.2	5.1	6.3	6.6	8.4	6.4
	All	5.1	8.1	5.6	6.5	6.4	8.1	6.5
White-col	Sector							
	State	1.9	4.0	1.7	2.7	2.6	4.0	2.9
	Local	2.7	4.6	4.6	4.5	3.0	4.8	4.1
	Private	2.1	3.9	2.8	2.7	2.2	4.1	2.8
	All	2.2	4.2	3.0	3.3	2.5	4.3	3.2
Sector								
State		2.7	4.5	2.6	3.3	3.2	4.5	3.5
Local		3.9	6.2	6.6	5.9	4.5	6.4	5.7
Private		4.0	6.4	4.4	4.6	4.3	6.3	4.8
All		3.8	6.1	4.8	4.9	4.2	6.1	5.0

Table 4.6
Simulated social insurance sickness benefits, 1995 scheme, 1990 sickness, one long period, average percentages of total income.

| | | Sex | | Age | | | | |
		Men	Women	18-27	28-40	41-50	51-64	All
Class	Sector							
Blue-col	State	3.1	4.7	2.8	3.4	3.8	5.1	3.7
	Local	4.8	6.4	6.1	6.2	5.3	7.0	6.1
	Private	4.2	8.0	4.1	5.2	5.6	7.4	5.3
	All	4.1	7.0	4.5	5.4	5.4	7.1	5.5
White-col	Sector							
	State	1.2	3.1	1.0	1.9	1.9	3.1	2.1
	Local	2.0	3.7	3.6	3.6	2.2	3.9	3.2
	Private	1.4	3.0	2.0	1.9	1.5	3.2	2.1
	All	1.5	3.3	2.2	2.5	1.8	3.4	2.4
Sector								
State		1.9	3.5	1.8	2.4	2.4	3.6	2.6
Local		3.0	5.2	5.4	4.8	3.5	5.4	4.7
Private		3.1	5.4	3.4	3.7	3.5	5.4	3.9
All		2.9	5.1	3.8	3.9	3.4	5.2	4.0

Table 4.7
Simulated occupational benefits, 1995 scheme, 1990 sickness, one long period, average percentages of total income.

| | | Sex | | Age | | | | |
		Men	Women	18-27	28-40	41-50	51-64	All
Class	Sector							
Blue-col	State	0.3	0.4	0.2	0.3	0.3	0.4	0.3
	Local	0.4	0.5	0.5	0.5	0.4	0.5	0.4
	Private	0.3	0.5	0.3	0.4	0.4	0.5	0.4
	All	0.3	0.5	0.4	0.4	0.4	0.5	0.4
White-col	Sector							
	State	0.2	0.3	0.1	0.2	0.2	0.4	0.2
	Local	0.3	0.3	0.3	0.3	0.2	0.4	0.3
	Private	0.2	0.3	0.2	0.2	0.2	0.4	0.2
	All	0.2	0.3	0.2	0.2	0.2	0.4	0.3
Sector								
State		0.2	0.3	0.2	0.2	0.2	0.4	0.3
Local		0.3	0.4	0.4	0.4	0.3	0.4	0.4
Private		0.3	0.4	0.3	0.3	0.3	0.4	0.3
All		0.3	0.4	0.3	0.3	0.3	0.4	0.3

Table 4.8: Simulated sick pay benefits, 1995 scheme, 1990 sickness, one long period.

		Sex		Age				
		Men	Women	18-27	28-40	41-50	51-64	All
Class	Sector							
Blue-col	State	1.4	1.7	1.5	1.6	1.4	1.5	1.5
	Local	1.6	1.8	1.9	1.8	1.7	1.7	1.8
	Private	1.6	1.8	1.7	1.7	1.5	1.6	1.7
	All	1.6	1.8	1.7	1.7	1.6	1.6	1.7
White-col	Sector							
	State	0.9	1.4	1.1	1.2	1.1	1.2	1.1
	Local	1.0	1.5	1.6	1.5	1.2	1.3	1.4
	Private	0.9	1.4	1.3	1.1	0.9	1.1	1.1
	All	0.9	1.4	1.3	1.2	1.0	1.2	1.2
Sector								
State		1.1	1.5	1.3	1.3	1.2	1.3	1.3
Local		1.2	1.7	1.8	1.6	1.4	1.5	1.6
Private		1.3	1.6	1.6	1.4	1.2	1.4	1.4
All		1.3	1.6	1.6	1.5	1.3	1.4	1.4

Table 4.9
Simulated total sickness benefits, 1995 scheme, 1990 sickness with short sickness halved, one long period.

		Sex		Age				
		Men	Women	18-27	28-40	41-50	51-64	All
Class	Sector							
Blue-col	State	4.5	6.5	4.2	5.1	5.3	6.6	5.3
	Local	6.5	8.4	8.2	8.3	7.1	8.9	8.1
	Private	5.8	10.2	5.9	7.1	7.3	9.2	7.1
	All	5.8	9.0	6.4	7.3	7.1	8.9	7.3
White-col	Sector							
	State	2.1	4.6	1.9	3.1	2.9	4.5	3.3
	Local	3.0	5.2	5.2	5.0	3.4	5.4	4.6
	Private	2.3	4.4	3.2	3.0	2.5	4.5	3.2
	All	2.4	4.7	3.4	3.7	2.9	4.8	3.6
Sector								
State		3.0	5.1	3.0	3.7	3.6	5.0	3.9
Local		4.3	6.9	7.4	6.6	5.0	7.1	6.4
Private		4.4	7.1	5.0	5.2	4.8	7.0	5.4
All		4.3	6.8	5.5	5.5	4.7	6.8	5.5

Table 4.10
Simulated total sickness benefits, 1995 scheme, 1990 sickness with short sickness halved, shorter periods.

		Sex		Age				
		Men	Women	18-27	28-40	41-50	51-64	All
Class	Sector							
Blue-col	State	4.0	5.8	3.7	4.4	4.7	6.0	4.7
	Local	5.8	7.5	7.3	7.4	6.4	8.0	7.3
	Private	5.2	9.2	5.1	6.3	6.6	8.4	6.4
	All	5.1	8.1	5.6	6.5	6.4	8.1	6.5
White-col	Sector							
	State	1.9	4.0	1.7	2.7	2.6	4.0	2.9
	Local	2.7	4.6	4.6	4.5	3.0	4.8	4.1
	Private	2.1	3.9	2.8	2.7	2.2	4.1	2.8
	All	2.2	4.2	3.0	3.3	2.5	4.3	3.2
Sector								
State		2.7	4.5	2.6	3.3	3.2	4.5	3.5
Local		3.9	6.2	6.6	5.9	4.5	6.4	5.7
Private		4.0	6.4	4.4	4.6	4.3	6.3	4.8
All		3.8	6.1	4.8	4.9	4.2	6.1	5.0

Table 4.11
Simulated total sickness benefits, 1995 scheme, those with long sickness 1990 halved in number, one long period.

		Sex		Age				
		Men	Women	18-27	28-40	41-50	51-64	All
Class	Sector							
Blue-col	State	3.4	4.5	3.3	3.8	3.7	4.5	3.8
	Local	4.5	5.6	5.6	5.5	4.9	5.6	5.4
	Private	4.2	6.4	4.3	4.9	4.8	5.7	4.9
	All	4.2	5.8	4.6	5.0	4.7	5.6	5.0
White-col	Sector							
	State	1.7	3.4	1.9	2.5	2.3	3.2	2.6
	Local	2.3	3.8	3.8	3.7	2.7	3.7	3.4
	Private	1.8	3.3	2.6	2.4	2.0	3.1	2.5
	All	1.9	3.5	2.8	2.8	2.3	3.3	2.7
Sector								
State		2.3	3.7	2.5	2.9	2.7	3.5	3.0
Local		3.1	4.7	5.1	4.6	3.6	4.6	4.4
Private		3.3	4.7	3.8	3.7	3.3	4.5	3.8
All		3.1	4.6	4.0	3.9	3.3	4.4	3.9

Table 4.12
Averages and coefficient of variation (CV, per cent) different income variables and ratios. (SEK hundreds), n=141 699.

Variable	Mean	CV
Money wage	1386	55.0
Money wage and 1990 sickness benefits	1468	50.2
Money wage and sickness benefit insurance rights, long sickness period	1545	48.9
Money wage and sickness benefit insurance rights, short sickness periods	1525	48.9
Total sickness insurance rights, long sickness period	76.7	50.1
Sick pay rights, long sickness period	19.8	40.4
Occupational sickness benefit insurance rights, long sickness period	5.2	165.3
Social insurance sickness benefit rights, long sickness period	51.7	56.8
Ratio of the total wage to the money wage	5.8	44.6
Ratio of money wage plus occupational insurance rights to the money wage	0.3	55.7
Ratio of the money wage plus social insurance rights to the money wage	4.0	55.1
Ratio of the money wage plus sick pay rights to the money wage	1.4	23.2

Table 4.13
A regression description of wage differentials for different wage concepts (money wage without and with social and occupational sickness benefit insurance rights, respectively, in hundreds SEK). Regression coefficients and R-squared.

		Money wage	Total wage
Intercept		1524	1620
Sector	State	44	35
	Local	-47	-50
	Private	0	0
Class	Blue-collar	-430	-398
	White-collar	0	0
Sex	Men	571	563
	Women	0	0
Age	18-27	-412	-463
	28-40	-151	-181
	41-50	94	68
	51-64	0	0
R-squared		0.319	0.296

Table 4.14
A regression description of the ratios of the extended wages (including the social and occupational sickness benefit insurance rights) to the money wage in per cent. Regression coefficients and R-squared.

		Total wage	Money wage + occupational insurance rights	Money wage + social insurance rights	Money wage + sick pay rights
Intercept		106.84	100.42	104.94	101.48
Sector	State	-0.10	0.01	-0.14	0.04
	Local	-0.88	-0.04	-0.81	-0.03
	Private	0	0	0	0
Class	Blue-collar	3.88	0.14	3.23	0.50
	White-collar	0	0	0	0
Sex	Men	-2.85	-0.10	-2.38	-0.38
	Women	0	0	0	0
Age	18-27	-2.07	-0.14	-2.08	0.15
	28-40	-1.29	-0.11	-1.29	0.11
	41-50	-1.88	-0.13	-1.66	-0.09
	51-64	0	0	0	0
R-squared		0.894	0.801	0.867	0.911

Table 4.3: Sickness days 1990 for employees by gender, age, class and sector. Average and distribution (the FIEF database).

Group Age Sex	Sector/ Class	Ave- rage days	Percentage after number of sickness days									Average days by number of sickness days						
			0	1	2-7	8-14	15-28	29-59	60-89	90-179	180-	2-7	8-14	15-28	29-59	60-89	90-179	180-
18-27 M	Pr. Blue C.	20.6	21.7	1.1	19.8	18.4	18.6	13.0	3.5	2.8	1.0	4.5	10.8	20.6	40.3	72.6	121.0	259.3
18-27 M	Pr. White C.	10.1	33.2	2.5	30.4	15.9	10.6	5.2	0.9	0.9	0.6	4.2	10.5	19.8	39.8	72.4	119.9	245.8
18-27 M	St. Blue C.	17.2	24.4	3.1	26.2	18.2	14.5	7.4	3.1	1.9	1.2	4.6	10.4	20.1	39.7	73.0	138.6	284.6
18-27 M	St. White C.	5.8	40.3	4.8	33.2	11.4	6.2	3.4	0.3	0.3	.	4.0	10.2	20.6	38.6	70.9	108.2	.
18-27 M	Lo. Blue C.	20.8	26.8	1.1	20.4	15.8	15.9	12.9	2.6	3.0	1.6	4.4	10.7	21.0	40.7	69.6	117.6	274.3
18-27 M	Lo. White C.	13.9	38.6	1.3	24.4	13.8	10.9	5.9	1.7	2.4	1.1	4.4	11.0	20.6	40.2	73.1	118.2	244.6
18-27 W	Pr. Blue C.	41.9	20.4	0.7	14.9	13.1	16.8	14.6	5.2	7.8	6.5	4.6	10.8	20.7	40.8	74.7	127.5	253.9
18-27 W	Pr. White C.	20.2	19.6	1.8	27.2	20.0	14.9	8.7	3.2	3.0	1.6	4.4	10.7	20.7	39.6	74.2	128.3	256.9
18-27 W	St. Blue C.	24.9	18.8	2.3	19.4	18.8	18.8	11.7	3.6	4.5	2.1	4.5	11.0	20.3	41.3	74.3	132.1	228.0
18-27 W	St. White C.	14.7	18.2	4.0	34.8	15.7	15.0	9.1	1.0	1.4	0.9	4.4	10.8	20.3	41.8	70.6	131.0	226.3
18-27 W	Lo. Blue C.	40.4	15.0	1.1	16.7	16.0	17.3	14.8	6.1	7.7	5.3	4.6	10.8	20.8	41.9	73.8	127.5	260.1
18-27 W	Lo. White C.	27.3	16.9	1.8	22.8	19.1	16.0	11.3	4.6	5.1	2.4	4.5	10.8	20.4	41.7	74.1	126.7	264.2
28-40 M	Pr. Blue C.	26.5	21.1	1.2	21.4	15.9	17.3	12.7	3.8	3.8	2.8	4.5	10.7	20.4	40.9	73.8	125.9	267.9
28-40 M	Pr. White C.	9.3	36.2	3.2	32.9	13.9	7.7	3.6	0.8	0.9	0.7	4.1	10.4	19.6	39.3	73.0	124.8	259.1
28-40 M	St. Blue C.	20.3	15.7	2.6	30.0	19.5	15.3	9.1	3.4	2.8	1.6	4.5	10.8	19.8	39.9	74.6	127.6	257.8
28-40 M	St. White C.	9.2	32.5	6.0	34.4	13.1	8.0	3.7	1.0	0.6	0.8	4.1	10.4	20.3	40.0	71.0	134.2	224.1
28-40 M	Lo. Blue C.	30.8	19.2	1.1	21.4	14.6	18.0	12.9	4.9	3.8	4.1	4.3	10.6	20.8	41.3	71.8	126.0	267.0
28-40 M	Lo. White C.	14.0	25.8	4.6	34.4	14.8	10.5	5.4	1.8	1.2	1.5	4.1	10.5	20.2	40.0	73.8	125.5	266.8
28-40 W	Pr. Blue C.	48.4	18.0	0.7	15.9	12.9	15.5	14.8	5.6	8.6	7.9	4.5	10.8	20.8	42.3	74.3	132.9	268.1
28-40 W	Pr. White C.	22.6	24.2	1.8	26.4	16.1	13.4	9.0	3.1	3.4	2.5	4.3	10.7	20.2	40.9	74.0	127.1	265.6
28-40 W	St. Blue C.	31.3	15.2	4.6	21.6	12.7	18.7	13.6	4.2	6.5	2.9	4.5	10.8	20.3	42.2	69.5	127.4	283.3
28-40 W	St. White C.	21.5	17.4	4.3	28.2	17.1	15.0	9.9	2.6	3.8	1.7	4.2	10.7	20.4	40.3	73.7	126.1	266.4
28-40 W	Lo. Blue C.	38.9	15.8	1.1	19.7	15.9	16.5	13.6	5.1	6.7	5.5	4.4	10.6	20.5	41.7	73.3	129.9	268.2
28-40 W	Lo. White C.	27.0	17.9	2.1	26.7	17.5	14.2	10.3	3.4	4.5	3.3	4.2	10.6	20.2	40.8	73.5	129.4	259.5
41-50 M	Pr. Blue C.	28.3	29.8	1.2	20.1	13.4	13.0	10.8	3.7	4.0	4.0	4.4	10.7	20.4	41.0	73.8	126.4	274.8
41-50 M	Pr. White C.	9.2	47.5	3.2	27.1	10.0	6.0	3.2	1.0	1.3	0.8	4.1	10.3	19.9	40.9	72.4	130.3	264.0
41-50 M	St. Blue C.	22.1	24.2	3.4	27.9	14.1	12.0	9.6	2.7	3.8	2.3	4.3	10.7	20.7	41.2	75.2	127.4	259.2
41-50 M	St. White C.	8.8	35.6	8.0	34.5	10.1	6.1	3.2	0.8	0.8	0.9	4.0	10.2	19.7	39.1	71.4	132.1	237.8
41-50 M	Lo. Blue C.	28.8	25.1	1.5	20.2	16.6	13.4	10.6	4.2	4.5	3.7	4.4	10.7	20.6	41.0	74.8	128.3	267.0
41-50 M	Lo. White C.	11.3	36.5	5.3	31.7	11.5	7.2	4.3	0.9	1.4	1.1	3.9	10.3	20.1	41.2	73.2	130.6	278.8
41-50 W	Pr. Blue C.	46.0	22.2	1.2	17.3	12.5	14.5	12.2	5.1	6.6	8.4	4.5	10.7	20.7	42.0	72.9	127.5	281.5
41-50 W	Pr. White C.	16.8	28.7	1.9	28.4	14.8	12.8	7.4	2.1	2.4	1.4	4.2	10.5	20.2	40.2	72.3	130.6	264.7
41-50 W	St. Blue C.	29.4	22.4	3.1	22.2	16.2	13.5	9.6	4.0	5.2	3.8	4.2	11.1	20.1	42.1	75.7	120.2	281.1
41-50 W	St. White C.	20.8	19.3	5.0	31.3	15.5	11.8	8.8	3.5	2.6	2.1	4.1	10.7	20.5	41.5	72.8	128.1	273.7
41-50 W	Lo. Blue C.	33.3	18.4	1.7	21.9	15.7	16.7	12.0	4.3	4.5	4.9	4.4	10.8	20.5	41.2	73.3	128.9	275.4
41-50 W	Lo. White C.	18.7	20.9	3.8	31.9	16.1	12.6	8.2	2.1	2.7	1.7	4.2	10.5	20.4	40.3	73.4	129.7	276.0
51-64 M	Pr. Blue C.	38.5	30.3	1.0	16.9	11.9	12.3	11.0	4.0	6.2	6.3	4.6	10.6	20.3	41.3	74.7	134.3	285.2
51-64 M	Pr. White C.	19.0	42.8	2.1	24.3	10.1	7.4	5.3	2.1	3.4	2.6	4.2	10.4	19.9	41.6	75.6	134.0	274.0
51-64 M	St. Blue C.	28.4	29.8	3.2	20.4	14.9	10.0	12.3	1.5	3.3	4.6	4.2	10.4	20.6	41.4	72.0	142.9	283.1

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51-64 M  St. White C.  16.8   37.7   3.6  26.9  10.8   8.0   6.2   1.7   2.9   2.2     4.1  10.7  20.6  41.0  72.9 119.1 254.0
51-64 M  Lo. Blue C.   40.0   30.5   0.5  18.8  11.7  11.0   8.6   4.1   7.0   7.8     4.3  10.8  20.0  41.4  77.6 131.5 253.5
51-64 M  Lo. White C.  20.4   39.9   4.8  24.5   8.3   7.6   5.9   2.3   3.9   2.9     3.9  10.6  20.5  40.1  72.0 129.3 271.8
51-64 W  Pr. Blue C.   47.6   25.7   0.9  16.9  11.3  12.8  11.7   5.2   6.7   8.8     4.7  10.7  21.0  41.9  73.5 133.0 288.7
51-64 W  Pr. White C.  24.5   28.8   1.0  24.5  13.9  12.2   9.3   3.0   4.4   2.9     4.3  10.5  20.4  41.2  72.3 135.6 261.1
51-64 W  St. Blue C.   33.4   22.3   2.1  21.6  14.7  11.7  12.4   5.0   5.5   4.7     4.5  11.0  19.6  42.8  73.0 131.8 258.9
51-64 W  St. White C.  26.5   18.1   5.0  28.1  13.3  14.3   9.5   3.6   4.9   3.1     4.3  11.0  20.1  41.7  74.3 129.0 256.5
51-64 W  Lo. Blue C.   40.2   20.7   1.2  19.7  15.0  13.8  12.3   4.5   6.4   6.5     4.3  10.7  20.3  42.0  73.2 129.0 281.7
51-64 W  Lo. White C.  27.2   20.3   3.3  28.4  14.7  12.6   9.4   3.3   4.5   3.5     4.1  10.3  20.2  41.9  74.6 132.0 278.2
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Appendix

Table A4.6
Coefficient of variance social insurance sickness benefits rights, percentages of total income. Simulations for a long sickness period, 1990 sickness, different sectors and classes, per cent. Simulations as for table 4.6.

		Sex Men	Women	Age 18-27	28-40	41-50	51-64	All
Class	Sector							
Blue-col	State	16.9	10.2	19.5	22.4	14.5	8.6	21.8
	Local	21.8	7.5	19.3	8.2	5.0	0.1	13.0
	Private	22.6	6.0	37.0	30.9	24.9	10.9	31.3
	All	23.3	12.9	35.6	26.7	21.7	11.2	27.5
White-col	Sector							
	State	38.1	16.3	46.2	42.5	43.6	23.7	42.9
	Local	25.5	16.8	23.2	24.2	20.5	13.0	27.2
	Private	36.8	14.3	33.4	46.6	31.4	13.3	38.8
	All	36.5	17.7	40.9	43.7	33.1	17.5	38.7
Sector								
State		45.9	21.3	46.0	41.3	42.5	26.3	41.0
Local		44.1	24.6	26.8	27.8	36.8	24.8	31.9
Private		45.3	40.0	44.1	51.7	56.3	35.0	48.9
All		46.6	33.4	44.1	45.3	50.1	32.6	44.6