

Alternative Report on Social Security in Chile: Institutional Capture, Exclusion, and the Denial of Rights (Article 9 of the ICESCR).

(Translated from Spanish to English)

INTRODUCTION

Fundación Valídame is a civil society organization created under Law 20,500 on Social Organizations, founded in the city of La Serena in Chile's IV Region, committed to the defense of social rights, particularly of persons with invalidity resulting in a condition of disability, and persons with chronic illnesses who face structural barriers to accessing the various instruments of Chilean social security. Through strategic litigation, legal accompaniment, and technical analysis, the Foundation has brought to light systematic practices of exclusion in the disability pension system, as well as in the granting of medical leave for common or work-related illness, among other components of the social security system.

This report is in response to the commitments made by the State of Chile to the Committee on Economic, Social and Cultural Rights (CESCR) in its last periodic review, particularly in relation to the right to social security (Article 9 of the ICESCR). Despite recent reforms such as the implementation of the Universal Guaranteed Pension (PGU), serious deficiencies in coverage persist, especially for disability pensions covered by the mandatory Disability and Survivorship Insurance (Seguro de Invalidez y Sobrevivencia, SIS), whose coverage is among the lowest in the OECD. Given that the incidence of disability in the population is around 15%, it is striking that while the OECD provides disability pensions to 5.4% of that 15%, Chile covers only 0.8% of that 15% (World Health Organization, 2011). This demonstrates insufficiency and lack of equity, which disproportionately affect people with disabilities or with common or work-related invalidity, as well as women and workers in the formal and informal sectors.

One of the critical elements analyzed in this report is the persistence of an institutional structure heavily influenced by private interests, especially by the AFPs (private entities that manage workers' pension funds) and by insurance companies. This phenomenon, identified as **regulatory capture** (or regulatory hijacking), is evidenced by the creation of parallel private entities (for example, the Medical Commissions Administration Foundation, FACM) and by the direct participation of representatives from the insurance sector in state technical bodies that dictate regulations in matters of invalidity. Such influence allows them to control the entire chain of benefit provision: from the contracting and administration of disability insurance, to the drafting of the technical norms with which workers are evaluated, up to the administration of the Medical Commissions tasked with qualifying the invalidity of affiliates. The lack of effective oversight by the State — for example, 7 out of 10 management positions within the Superintendence of Pensions (SP) were held by former AFP or insurance company officials — has allowed these entities to operate with high levels of opacity, directly affecting the right to social security of thousands of people for more than four decades.

In this context, the Pension Reform Bill currently under implementation (Bulletin No. 12.212-13) is deemed insufficient to reverse the structural inequalities of the pension system or to counteract the “hijacking” of the regulator. While that bill proposes some parametric adjustments and improvements to the solidarity pillar, it does not clearly address the elimination of conflicts of interest, the reform of disability evaluation bodies, nor does it guarantee sufficient pensions for those who do not qualify for solidarity benefits but whose incomes are incompatible with a dignified life. Nor does it establish robust economic protection mechanisms for people with severe functional dependency, despite this group representing one of the most vulnerable sectors of the system.

Throughout the report, these elements are examined based on empirical evidence, normative analysis, and recent jurisprudence, with the aim of contributing to a more just, transparent, and human-rights–focused discussion on the reform of social security in Chile, in line with the standards of the ICESCR and the CESCR’s concluding observations.

Chile and Compliance with the ICESCR: Current Status

Chile’s social security system is undergoing a crisis that has contributed to social unrest and the growing distrust of citizens in institutions. This discontent derives largely from the control that economic groups, interested in maximizing their profits, exert over regulatory institutions responsible for social security. In practice, private entities of public interest that manage social security instruments prioritize their own interests over the general well-being of the population.

This phenomenon of institutional control (or regulatory capture) has been documented by various civil society actors and acknowledged by the State itself. In 2018, 78 members of the Chamber of Deputies requested the creation of a Special Investigative Commission in the Chamber of Deputies to investigate the actions of the Ministries of Labor and Health and the Superintendence of Pensions, from 2008 onward, in relation to the granting and denial of disability and survivor pensions. This Commission investigated the malfunctioning of two of the most important instruments of social security — disability pensions and medical leaves — both controlled by pension fund administrators (AFPs) and health insurers (ISAPRE for the private system, and FONASA in the public system). The Commission found **systematic denials** of disability pensions and of medical leaves, with no sanctions for those responsible. Its final report was approved unanimously in the Chamber of Deputies, an unprecedented event since the return to democracy in Chile.

Conclusions of the Special Investigative Commission

Among the most serious findings, the Commission established that the Superintendence of Pensions (the state regulatory body for pensions) acted in collusion with the AFPs to **restrict the number of people declared invalid**. In other words, the authority itself allowed the AFPs to impose procedures and requirements beyond those established by law, obstructing access to the disability pension process (see Annex 1).

This constitutes a direct violation of the State's duty to guarantee the right to social security, in accordance with Article 9 of the ICESCR.

Likewise, the Commission identified evident **conflicts of interest** in the institutional structure for invalidity evaluation. In Chile, the qualification of invalidity for workers affiliated with the pension system is carried out by Medical Commissions, whose technical regulations are developed by a five-member Disability Technical Commission. By law, a representative of the AFP trade association and another from the Chilean Association of Insurers both sit on this Technical Commission, each with the right to voice and vote, out of a total of five members (see Annex 2). This commission drafts the technical norms and defines the objective parameters that the Medical Commissions apply to determine if an applicant qualifies as invalid for the purposes of obtaining a total or partial disability pension. They are interested parties as private actors regulated by the system, which in the Commission's judgment constitutes an **undesirable conflict of interest**. Additionally, the law does not set terms of duration for the members in these positions, nor does it require them to be medical professionals, except for the representative of the universities. Therefore, the participation of representatives of private actors has no justification whatsoever (see Annex 3). In a session of that Investigative Commission, the Superintendent of Pensions, Osvaldo Macías, explicitly acknowledged the need to reform the composition of the Disability Technical Commission, suggesting the exclusion of the AFP representative and the restriction of the insurance companies' right to vote, due to these conflicts of interest (Investigative Commission Records, 2019; see Annex 4).

All indications are that we are witnessing the phenomenon of the regulator being "**kidnapped**" by those it regulates. This situation offers no possibility of fulfilling the commitments undertaken so that, through legal and regulatory changes in harmony with the Committee's recommendations, the public can exercise at least its minimum rights — such as in this case, accessing disability pensions when the established requirements are met.

On the other hand, practices have been observed that directly violate the fundamental rights of people applying for disability pensions. One of the gravest is the **systematic rejection of medical leaves** during the disability qualification process. This leaves people without income while they await the decision on their invalidity, exposing them to a critical economic and social lack of protection. The Investigative Commission documented multiple irregularities regarding the payment of work disability benefits (medical leaves) to people who are in the process of obtaining their disability pension, including unjustified rejections that left sick individuals without support (see Annex 5).

This situation was later recognized by the Judiciary. In 2023, the Supreme Court of Chile, in a ruling with general effect (Case No. 5.886-2023), confirmed that the administrative authority (the COMPIN, the Preventive Medicine and Disability Commission of the health system) was rejecting medical leaves without exhausting the medical evaluation measures required by current regulations. The Court characterized this practice as **arbitrary and widespread**, noting that "*it is not an isolated, individual*

act... but rather has become generalized on the part of the authority, which has caused excessive judicialization and a consequent excessive delay of a conflict that... could have been resolved in a timely manner by that authority."

Non-Compliance with Article 9 of the ICESCR

In sum, the fragmented, privatized, and opaque structure of the Chilean pension system — especially in the area of disability pensions — has resulted in a severe restriction of the right to social security. Low effective coverage, multiple access barriers, systematic denials of benefits, and the lack of effective oversight constitute a situation in which the State of Chile **fails to fulfill its obligation** to guarantee this right in an accessible, equitable, and sufficient manner. Far from protecting applicants for disability pensions, the current institutional framework has contributed to precarizing their situation, in open contradiction of the mandate of Article 9 of the ICESCR.

Coverage Data and Gaps in Disability Pensions

To fully understand the structural causes that limit effective access to disability pensions in Chile, it is necessary to examine both the current regulatory framework and coverage statistics. By way of illustration, the Chilean Medical Association presented data to the Special Investigative Commission of the Honorable Chamber of Deputies that demonstrate the low coverage and the gaps in the granting of disability pensions. The following are excerpts from the remarks of its representatives (2018):

*Representative of the Medical Association: * "With regard to disability pensions and the basic solidarity pensions provided in Chile today, according to the Casen survey, how much coverage do they provide? How much of the adult working-age population's invalidity is covered? 0.9 percent. It is one of the lowest figures in the world. We have a population that tends to age or increase its life expectancy; therefore, that figure should not be so low. Now, the OECD in 2016 had 5.1% disability pension coverage (including Chile, which drags the average down). If we compare that to 0.9 percent, it's a six-fold difference."*

"That reform (2008) was the one that introduced the solidarity pillar and the basic solidarity pension, which nearly tripled the number of pensions granted; however, interestingly this began to decrease. Instead of remaining stable like those in other groups of countries, it tends to decrease. We must pay attention: why, when the burden of disease is present and disability increases, do pension approvals decrease? This is striking. How does that decrease in pensioning happen? We divided the data into two age ranges: under 60, and 60 to 65 years. There is a general lack of knowledge in all the regulatory bodies that women have the right to retire on disability up to age 65. If you ask, those in oversight and treating physicians have no idea. Therefore, they don't initiate invalidity proceedings and the auditors reject the medical leave, claiming that the person has already had a prolonged rest and has no right to invalidity."

"Furthermore, for example, AFP Modelo has a 50 percent distribution between men and women at all ages (one would expect a similar proportion before and after the old-age

retirement age). So, why does AFP Provida have an absolutely anomalous distribution, with 42 percent in women before age 60 and only 9 percent after age 60? In other words, what is happening is that one in five women probably does not access a disability pension in Provida; it's that simple."

(Source: Presentation by representatives of the Chilean Medical Association to the Special Investigative Commission, 2018.)

The above data underscore that disability pension coverage in Chile is extremely low in comparative terms, and that significant gender and age gaps exist. In particular, many women over 60 are not accessing disability pensions at the stage of greatest risk, in part due to a lack of awareness of their rights on the part of evaluating and auditing physicians (as the Medical Association reported), or due to actions by the AFPs themselves that promote voluntary cessation of contributions when women turn 60, thereby losing disability coverage at the stage of greatest risk and vulnerability.

Adding to this are pieces of evidence of practices that further worsen applicants' conditions. In 2023 and 2024, for example, the Court of Appeals of Iquique issued two rulings (later upheld by the Supreme Court) — decisions (Cases Nos. 5.886-2023 and 49.424-2024) — ordering the retroactive payment of 5 and 10 years of unpaid medical leave to two workers whose leaves had been irrationally rejected by their health insurers (ISAPRE Consalud S.A. and ISAPRE Cruz Blanca S.A.). Those rejections, also affirmed by the Preventive Medicine and Disability Commission (COMPIN) and the Superintendence of Social Security (SUSESO) — state entities whose erratic reasoning affected one worker with a cardiovascular illness and another with a digestive condition, despite their evident invalidity.

While these events were occurring, the State's official narrative was to increase pension contributions in favor of pension reform, with the promise that this action would improve pensions; however, these cases demonstrate that the **non-payment of medical leaves** can operate as a fraudulent scheme that artificially reduces the average of the last 120 wages (the base for calculating the pension), affecting pension contributions and thus cheapening the cost of disability claims for the SIS insurance. In practice, by denying the payment of leaves and delaying the invalidity qualification, the insurers improperly appropriate mandatory contributions (pension, health, and unemployment insurance), impoverishing all the social security benefits that these workers would have been entitled to had the law on pensions been respected.

Regulatory Framework and Institutional Failures (The Case of the FACM)

Far from correcting the deficiencies noted in the Committee's 2015 recommendations, in 2016 the State of Chile adopted measures that further **relaxed regulation** to favor the interests of the AFPs, in contravention of international recommendations. Exploiting loopholes in Law 20,500 on associations and citizen participation, the AFPs themselves created a private legal entity called the Medical Commissions Administration Foundation (FACM), through which they outsource one of their legal responsibilities: the administration of the regional and central Medical Commissions charged with evaluating

and rating the degree of invalidity of affiliates (in accordance with Article 11 of Decree Law 3,500 of 1980) and determining the applicability of SIS coverage. This delegation meant that the Medical Commissions came to depend administratively on a private foundation created and controlled by the AFPs, instead of remaining under the direct supervision of the public regulator via Decree Law 3,500 of 1980, without pursuing those legal changes in Congress by presidential initiative, as would be legally acceptable.

Source: Own elaboration, based on current legislation (DL 3500), Investigative Commission report (2018) and data from Fundación Valídame.

The creation of the FACM produced a **confusing and lax legal arrangement** from the standpoint of efficient state oversight. As a private-law foundation, its formal supervision falls to the Ministry of Justice and Human Rights (responsible for foundations under Law 20,500), an entity that has no technical competence in social security matters. In this way, the Superintendence of Pensions ceased in practice to exercise its direct supervisory role over the Medical Commissions, leaving them in a kind of legal limbo due to lack of jurisdiction. This oversight vacuum had immediate negative consequences for the population affiliated with the Pension System: the timeframes for resolving invalidity qualification requests were drastically extended, from a legal maximum of 250 days to an actual average of around 750 days (more than two years). In other words, after 2016 workers must wait three times longer to find out if they will receive their disability pension, with the tacit acquiescence of the regulatory authority, which remains silent and provides institutional containment of the population's complaints.

With a weaker and more confusing regulatory framework from 2016 onward, the percentage of disability pension applications approved with SIS coverage also dropped markedly. According to official data from the Superintendence of Pensions, the approval rate for disability pensions (SIS insurance) fell from 57.1% in 2015 to just 46.3% in 2024 (BioBío Chile, 2025). This decline suggests that more and more applications from people who would have qualified for disability pensions in earlier years are now being rejected. This worsens the protection gap for persons with disabilities, while reducing costs for the AFPs and insurance companies that manage the SIS contracts.

Moreover, the institutional framework responsible for common invalidity, work-related invalidity, and disability is fragmented and non-integrated in Chile, which creates confusion and makes access to rights difficult. Different regimes coexist: *“common” invalidity* under the AFP pension system (the SIS insurance under DL 3,500 for common disability risks, managed by the AFPs with risk coverage by insurers); *work-related invalidity* (Law 16,744 on work accidents and occupational diseases, administered by employer mutual insurance societies); and *general disability certification* (Law 20,422 and Decree No. 47 of the Ministry of Health), which grants a disability credential through the COMPIN in the health sector. This multiplicity of avenues makes it hard for citizens to understand and claim their rights, and even hinders the collection of clear statistics that the State itself should be disseminating.

The lack of **reliable data** is another obstacle to formulating efficient and effective public policies. For example, as of December 2023 there were 522,398 people with disabilities registered in Chile; however, that registry (the National Disability Registry) is voluntary, so it does not reflect the true total number of people with disabilities in the country. This data inaccuracy prevents having a reliable baseline to design social protection policies commensurate with the magnitude of the problem (Source: National Disability Service, Official Letter No. 561/2025).

Recommendations of Fundación Valídame

In light of the grave situation described, Fundación Valídame urges the State of Chile to adopt the following measures to guarantee the right of access to the various instruments comprising the array known as social security (Article 9 of the ICESCR) for persons with disabilities or invalidity:

Eliminate the conflict of interest that has persisted for more than four decades in SIS coverage and which no reform has dared to address: *Undertake a profound reform of the Disability and Survivorship Insurance (SIS) — which was not addressed in the 2008 or 2025 pension reforms — to exclude the participation of private actors with financial interests in the determination of pension rights.* In particular, the Disability Technical Commission must no longer be formed, composed, or influenced by representatives of the AFPs or insurance companies that cover affiliates' disability risk, given that their presence has contributed to the systematic denial of disability pensions in recent decades.

Dismantle the parallel structure of the Medical Commissions because the Medical Commissions Administration Foundation (FACM), created by the AFPs in 2016, is already contrary to the spirit of the Constitution and the law (as requested by the Ministry of Justice and Human Rights in August 2023). The administration of the Medical Commissions must be returned to the Pension Fund Administrators (special companies regulated by DL 3.500), who are legally responsible, and the Superintendency of Pensions must resume direct supervision of their operation. To prevent collusive practices from recurring, key personnel of the Superintendency should not come from the same AFPs or insurers that it regulates (in line with the CESCR's previous recommendations in 2015 on regulatory independence).

Strengthen state oversight and transparency, as it is necessary to provide supervisory bodies (the Superintendency of Pensions, the Superintendency of Social Security, and others) with greater powers, resources, and sanctioning authority to effectively control AFPs, insurance companies, and healthcare entities. It is imperative to establish rigorous control mechanisms, including independent audits and opportunities for citizen participation, to monitor and report negligent, discriminatory, and clearly fraudulent practices in the management of sick leave and disability pensions. The elimination of bank secrecy for financial supervision purposes is a measure that could contribute to this objective, provided it is used proactively to detect fraud or conflicts of interest.

Ensure fair and non-discriminatory assessments that allow for ensuring that the criteria and procedures for determining disability are clear, fair, and free from discrimination. Administrative barriers cannot continue to serve as a de facto denial of the right to social security. Adequate training must be provided to the public officials involved (especially doctors who audit sick leave and doctors who assess disability) on the pension rights of members. This includes disseminating and respecting the right of women to apply for a disability pension until the age of 65 (currently many are excluded due to ignorance or induced prejudice). Similarly, public policies in this area should incorporate an intersectional approach that addresses the additional gaps affecting women, people with multiple disabilities, rural populations and other vulnerable groups.

Review the pension reform project currently being implemented, that is, critically analyse the pension reform bill (Bulletin No. 12. 212-13) that is currently being implemented, whose regulations must be issued by a Superintendency of Pensions that could be captured (according to the 2019 evidence requested by the Chamber of Deputies), as it does not adequately address the structural inequalities of the social security system in terms of pension types, nor does it include substantive measures to improve access to and adequacy of disability pensions for approximately 15% of the population with disabilities. It is necessary to critically evaluate the effectiveness of this project, especially with regard to the protection of persons with disabilities or severe functional dependence, and to review whether its proposals allow progress to be made in overcoming the gender and class gaps that have characterised the Chilean pension system.

Improve information and registration systems, as there is an urgent need to implement mechanisms for collecting and publishing reliable and disaggregated data on disability and invalidity in Chile. The absence of a mandatory and up-to-date national registry of persons with disabilities hinders public policy planning and accountability. Accurate statistics on the number of persons with disabilities (both common and work-related), their distribution by sex, age, region, etc., are essential for designing effective interventions that guarantee this group's right to social security. Without clear data, many persons with disabilities remain invisible to public policies, perpetuating their exclusion.

Conclusions

The evidence presented reveals a **systematic violation** of the right to effective access to the various instruments of social security in Chile, especially among the most disadvantaged groups. The existence of a weak institutional framework, captured by private interests, and the implementation of a confusing and lax regulatory framework have allowed practices that impede timely and dignified access to fundamental benefits that generate social well-being and institutional cohesion. The extremely low coverage figures, the high rate of rejected applications, the excessive duration of processes, and the arbitrariness in the authority's decisions demonstrate a structural pattern of exclusion and denial of rights.

In light of this reality, Fundación Valídame asks the CESCR to recommend that the State of Chile implement **profound reforms** consistent with its international obligations. The right to social security cannot continue to be subordinated to market-driven logics or to institutions that prioritize cost savings over the dignity of people. It is time to correct course, restoring the administration of the various instruments of Social Security to its true purpose: **protecting those who need it most**, granting dignity from birth to death, especially to those whose health and autonomy have been diminished, in severely compromised material conditions.

An illustrative example of a very good proposal that turned into an abusive public policy, due to erratic regulation, ultimately failing to recognize or distinguish the status of an invalid or disabled person is **Law 21,309 on Terminal Illness** — the name alone stigmatizes and calls to mind the inevitable end. This law also imposes an accelerated, undifferentiated tax rate on beneficiaries, applying the same taxation as for a healthy person — something discriminatory and burdensome that ends up turning the benefit into an advance tax payment before dying, without considering the distinct expense needs of a person with a terminal illness or invalidity.

The CESCR should observe with special attention the legal and regulatory developments in pension reforms after 2015. The State of Chile is implementing a series of laws, regulations, norms, and new institutions as a result of the pension system reform under **Law 21,735**. Much of this new regulatory framework will be authored by the same Superintendence of Pensions whose division heads, as of 2019, came from the AFPs and insurance companies, which warrants a critical look. It must no longer happen that, behind a facade of legality, the incentive for future institutionalized abuses is hidden — abuses that will affect the most vulnerable people for decades (those whom the reform does not consider), postponing the effective guarantee of the right to social security for persons with invalidity. The Committee, in its role of international oversight, can urge the State of Chile to **remedy these shortcomings**, ensuring the effective guarantee of the right to social security for persons with invalidity or disability through concrete measures that reverse the current conditions of inequality, exclusion, and injustice.

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Annexes

Annex 1: *Regulatory actions by the Superintendence of Pensions that obstruct access to the disability pension* – Report of the Special Investigative Commission on the acts of Government in relation to the granting and denial of disability and survivor pensions (Chamber of Deputies, 2019)

“The Superintendence, through various regulatory actions, would have contributed to and authorized the AFPs to establish procedures and requirements beyond those established by law, which hinder access to the disability pension application process.”

(Source: Special Investigative Commission Report, Chamber of Deputies of Chile, 2019, p. 168)

Annex 2: *Participation of private actors in the Disability Technical Commission* – Report of the Special Investigative Commission on the acts of Government in relation to the granting and denial of disability and survivor pensions (Chamber of Deputies, 2019)

“Article 48°51.- The Technical Commission will operate in Santiago, composed of the members that the law indicates, and will meet at the request of one or more of its members. In any case, the Commission must meet at least once a year.

a) The AFP trade association and the Chilean Association of Insurers have by law one representative each on the Disability Technical Commission, with the right to speak and vote, out of a total of five members. This commission develops the technical norms and defines the objective parameters that the medical commissions apply to determine if an

applicant qualifies as invalid for purposes of obtaining a disability pension, whether total or partial.

They are interested parties as private actors regulated by the system, which in the Commission's judgment constitutes an undesirable conflict of interest. Additionally, the law does not set terms of duration for the members in the position, nor is it required that they be medical professionals, except for the representative of the Universities. Therefore, the participation of the representatives of private actors has no justification whatsoever."

(Source: Special Investigative Commission Report, Chamber of Deputies of Chile, 2019, p. 166)

Annex 3: *Conflict of interest in the participation of private actors in the Disability Technical Commission – Report of the Special Investigative Commission on the acts of Government in relation to the granting and denial of disability and survivor pensions (Chamber of Deputies, 2019)*

"This commission develops the technical norms and defines the objective parameters that the medical commissions apply to determine if an applicant qualifies as invalid for purposes of obtaining a disability pension, whether total or partial.

They are interested parties as private actors regulated by the system, which in the Commission's view constitutes an undesirable conflict of interest.

Additionally, the law does not set term lengths for the members in the position, nor is it required that they be medical professionals, except for the representative of the Universities.

Therefore, the participation of the representatives of private actors has no justification whatsoever."

(Source: Special Investigative Commission Report, Chamber of Deputies of Chile, 2019, p. 166)

Annex 4: *Statement by Superintendent Osvaldo Macías before the Investigative Commission on the composition of the Disability Technical Commission*

"Mr. MACÍAS (Superintendent of Pensions): Madam President, we are always monitoring all matters that affect the administrators. This is a gigantic system with 10 million affiliates, more than one million pensioners, and 210 billion dollars in funds under management, so we use our resources where we see more risk. We are always ensuring that the norms are followed, and what we have not seen is a systematic obstruction of access to disability qualification to receive the corresponding pension. That is what we can point out. Regarding what the deputy said, we agree with him and we noted that a change in the composition of the Disability Technical Commission is necessary. We believe that the AFP representative must leave the commission, because there is no reason for him to be there, since the AFPs no longer have anything

to do with disability qualification, they only manage the system. We also noted that there is a conflict of interest with the representative of the insurance companies, because they pay the claims, but we also said that the insurance companies are the ones that can best gauge the impact of a change in the norms and in the cost of insurance, which is important.

So, we propose — we are not the ones called to legislate — that the AFP representative be removed and the voting right of the insurance companies' representative be taken away, leaving them only with the right to speak, and that representatives from the public health sector be incorporated in their place. In other words, that a technical commission be composed of the Dean of the Faculty of Medicine, the pertinent Superintendent of Pensions, the President of the Central Medical Commission, and two representatives from the public Health sector. We think it is important to do that."

"Mr. CASTRO (Juan Luis): Madam President, I want to congratulate the government for having made the decision to inform us in this commission that it will definitively diminish the role of the AFPs and the insurance companies, eliminating them from the influence they have within the Disability Technical Commission. This is good news and I hope a timeline is set to send the legal amendment so that it happens definitively, because the announcement made here is very important — removing the two institutions that are judge and party once and for all is something that should be valued by everyone. That is why I am very happy and I hope you specify when it will be modified in the corresponding law and that it be done as soon as possible."

"Mr. MACÍAS (Superintendent of Pensions): Madam President, what we want to do is help ensure that the results of the commission benefit the affiliates. That is our wish and that is why we have raised this. In the end, it will be the government that, through the Ministry and the Undersecretariat, specifically sets the deadlines."

"Mr. JIMÉNEZ: Madam President, I have listened closely to the presentation and I believe that what Deputy Juan Luis Castro said is fundamental for us. We understand that a conversation must be held with other ministries, but it is essential that this change takes place. I would even dare to say that they should not even have participation with voice; they should be removed entirely, because they have nothing to do there."

"Mr. CELIS (Andrés): Madam President, to be clearer, I would like to ask whether the Superintendence formally and officially sent, or submitted, this request for a modification to eliminate the AFP representative, with the right to speak and vote, and the insurance company representative with the right to speak. I agree with Deputy Jiménez that it should be without the right to speak or vote. Has there been a formal and official submission in this regard, or not?"

"Mr. MACÍAS (Superintendent of Pensions): Madam President, no, Deputy. We are expressing this for the first time in the commission."

In the midst of the investigative commission's proceedings and the agreements made, the Superintendent of Pensions — misusing his legal powers — sent Confidential Letter

No. 14377 of June 27, 2019 to the Minister of Labor and Social Welfare and to the Undersecretary of Social Welfare, proposing the new Disability Technical Commission and reaffirming the AFPs and the Insurance Companies in it, breaching his commitment to Parliament.

During the work of the Special Investigative Commission, an inquiry was made into the origins of the leadership positions within the Superintendence of Pensions, with unsurprising results:

“I also want to ask, regarding the letter we received from the Superintendent, what do you think about the fact that there are seven department heads in the Superintendence who were employed by insurance companies and AFPs, according to what the Superintendent of Pensions himself informs us in a letter that arrived very recently to this commission, where the head of the Finance Division, the one of Financial Risk, the legal counsel, the head of the Projects Department, the head of the IPS Agreements Department, the one of Financial Analysis and Control, and the institution’s Controller have all been managers or deputy managers or have held various positions in the insurance companies and the AFPs.”

Source: Investigative Commission Report on denial of disability pensions, p. 68.

Annex 5: *Unjustified rejection of medical leaves during the disability qualification process – Report of the Special Investigative Commission on the acts of Government in relation to the granting and denial of disability and survivor pensions (Chamber of Deputies, 2019)*

“People who request invalidity qualification in order to apply for a pension find themselves in a very complex situation from the point of view of protecting their socioeconomic conditions. In general, these are people who have some illness for which they request the pension, and at the same time, a medical leave since they are unable to work. They depend for their subsistence on the replacement of their salary provided by the medical leave through their health provider.

During the work of this commission, several irregularities could be observed regarding the payment of medical leaves to people who are in the process of having their invalidity qualified, the most relevant being the following...”

(Source: Special Investigative Commission Report, Chamber of Deputies of Chile, 2019, p. 169; cited by Fundación Valídame on fundacionvalidame.cl)

Electronically signed by:

Name: Juan Carlos Pizarro Cortés

Position: President, Fundación Valídame

Date of signature: 05/08/2025

Validation Code: YTdINWVvKOT

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