



Your social security rights

in Denmark

The information provided in this guide has been drafted and updated in close collaboration with the national correspondents of the Mutual Information System on Social Protection (MISSOC). More information on the MISSOC network is available at: <http://ec.europa.eu/social/main.jsp?langId=en&catId=815>

This guide provides a general description of the social security arrangements in the respective countries. Further information can be obtained through other MISSOC publications, all available at the abovementioned link. You may also contact the competent authorities and institutions listed in annex to this guide.

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Chapter I: Introduction, organisation and financing

Introduction

Social security benefits in Denmark include the following:

- Sickness, hospitalisation, maternity benefits, daily sickness and maternity allowances and re-adaptation aid;
- benefits for accidents at work and occupational diseases;
- allowance towards funeral expenses;
- disability pensions;
- old age pensions and supplementary pensions;
- unemployment benefits;
- family benefits.

As most branches of Danish social security are compulsory, there are no conditions for inclusion in the various schemes. An exception is unemployment insurance.

Organisation of social protection

Pension Schemes

All Danish citizens resident in Denmark and under the age of 65 are entitled to a pension in case of disability. At the age of 65 they are entitled to an old-age pension. This pension system (the social pensions) is run by the local authorities and *Udbetaling Danmark*. The Ministry of Social Affairs and Integration (*Social- og Integrationsministeriet*) supervises the implementation of the legislation. However, it does not have the right to interfere in individual cases.

The system of the supplementary pensions (*Arbejdsmarkedets Tillægspension, ATP*) grants those employees, who work at least 9 hours per week, a supplement in addition to the social pension.

The unemployment insurance partial pension and early retirement schemes are transitional systems in between the working life and retirement. They are managed by the Ministry of Employment.

Sickness Insurance

The sickness insurance which provides for the whole population is run and financed by the regional and local authorities. The Ministry of Health (*Ministeriet for Sundhed og Forebyggelse*) is in charge of the insurance. All residents of Denmark have sickness insurance. The cash benefits in the case of sickness are paid by the local authorities (within the scope of the Ministry of Employment, *Beskæftigelsesministeriet*).

Family Benefits

The general family benefits and the various other family allowances are administered by the local authorities (within the scope of the Ministry of Taxation, *Skatteministeriet*, and the Ministry of Social Affairs and Integration, *Social- og Integrationsministeriet*).

Cash benefits in the case of maternity are paid by *Udbetaling Danmark* (within the scope of the Ministry of Employment, *Beskæftigelsesministeriet*).

Unemployment Insurance

Unemployment insurance is voluntary. The unemployment insurances are distributed according to the various branches. Member contributions cover part of the State share for the expenses related to the unemployment insurance including early retirement. The Ministry of Employment, *Beskæftigelsesministeriet*, is in charge of the unemployment insurance.

Financing

Danish social security systems are generally financed by taxation (taxes paid to the State and local authorities) including labour market contribution (*arbejdsmarkedsbidrag*).

Chapter II: Healthcare

When are you entitled to healthcare?

All persons resident in Denmark are entitled to hospital treatment, maternity care and health insurance benefits.

When you move to Denmark you must register with the local authority where you live. At the same time you will be registered with the health insurance scheme. You will have access to medical care and will receive a health card.

What is covered?

Health insurance benefits

You are entitled to the following:

- treatment by your GP;
- treatment by a specialist, following referral by your GP;
- certain types of dental treatment;
- physiotherapy, following referral by a doctor;
- treatment by a chiropractor;
- chiropody, for certain groups of patients, following referral by a doctor;
- psychotherapy, for certain groups of patients, following referral by a doctor;
- medicines;
- nutritional preparations on prescription.

Consultation of a GP or specialist is free for people insured under group one.

The health insurance scheme partially covers the cost of other types of treatment, according to the scale agreed between the scheme and practitioners' organisations.

The insurance scheme's contribution to the cost of medicines depends on your total annual expenditure on eligible medicines. If this is less than DKK 900 (€ 113), there is no reimbursement. The reimbursement rate then increases in steps: it is 50% for expenditure between DKK 900 (€ 113) and DKK 1,470 (€ 185), 75% for expenditure between DKK 1,470 (€ 185) and DKK 3,180 (€ 401) and 85% for sums in excess of DKK 3,180 (€ 401).

Children under 18 always receive a contribution of at least 60% towards the cost of eligible medicines.

Hospital care

If you need hospital treatment, you can choose any public hospital in Denmark where the required treatment is available. Treatment is free of charge. In most cases, a referral from a doctor is required, except in the case of an accident or acute illness.

You are entitled to free examinations by a doctor and a midwife during pregnancy and childbirth. Childbirth in a hospital or other public institution and the assistance of a midwife for a home birth are also free of charge.

How is healthcare accessed?

There are two categories of health cover and you can decide yourself whether you want to be in group one or group two. You may change groups once a year.

If you opt for group-one insurance, you must be registered with a specific general practitioner who has a contract with the health insurance scheme. In order to consult a specialist you will normally require a referral from your general practitioner (GP).

People insured under group two are completely free to choose any GP or specialist. They receive a contribution from the health insurance scheme corresponding to equivalent treatment for a group one patient. Doctors set their own fees.

Children under 16 go to the same doctor and come under the same insurance group as their parents or guardian.

Appeals

If you disagree with a decision, you may lodge an appeal within four weeks of the date on which you received the decision.

Appeals against the local authority's decision on health insurance may be lodged with the National Agency for Patients' Rights and Complaints (*Patientombudet*).

Further information is available from the [National Agency for Patients' Rights and Complaints](#).

Chapter III: Sickness cash benefits

When are you entitled to sickness cash benefits?

Daily sickness benefit is designed to compensate for the loss in earnings resulting from absence due to ill health.

This means that persons receiving income from work, income substitutions such as unemployment benefits, or other earnings mainly derived from work are entitled to cash benefits. As a rule, entitlement is conditional upon such income being taxable in Denmark.

Conditions to be met

In order to claim daily sickness benefit, you must be unable to work because you are ill. You must also be in employment or be attached to the labour market.

Salaried workers who do not receive a full salary while on sick leave have the right to claim daily sickness benefit paid by their employer from the first day of illness, provided that they have been employed by their employer for the eight weeks preceding their absence and have been working for this employer for at least 74 hours of this period. As a salaried worker you have the right to claim this benefit from the employer for the first 30 days of the period of sickness.

If your incapacity for work continues for more than 30 days or if you are not entitled to sickness benefit from your employer when you become unfit for work, you can claim for sickness benefit paid by the local authority provided that you were in the labour market for the last 26 weeks before becoming ill and that you were occupied for at least 240 hours during that period.

You are also entitled to daily sickness benefit if you are affiliated to an unemployment insurance fund, if you have completed a course of vocational training lasting at least 18 months, if you are a student on paid in-service training, or if you are in a flexible job (*flexjob*) with a private or public employer.

Non-salaried workers are entitled to sickness benefit paid by the local authority after two weeks of illness provided that they have been mainly self-employed for at least 18 ½ hour a week in at least 6 months during the last year, including one month immediately before their absence from work.

There is also an insurance scheme for self-employed persons, a voluntary scheme which allows the self-employed to receive daily sickness benefit for the first two weeks of the period of sickness.

What is covered?

Amount of the benefit

Benefit is calculated on the basis of the hourly earnings to which you would have been entitled if you had not fallen ill. If you are self-employed, the benefit is calculated on the basis of income from self-employment.

The benefit amounts to a maximum of DKK 4,005 (€ 505) per week. The maximum hourly rate for benefit is equal to the abovementioned maximum divided by the standard number of working hours per week as laid down in the collective agreements (37 hours), i.e. DKK 108.24 (€ 14). The benefit is paid on a weekly basis.

Persons who are partially incapacitated due to illness may be granted reduced daily sickness benefit.

Duration of benefits and follow-up

The payment of benefits ceases once they have been paid (or a salary has been paid to the sick employee) for more than 52 weeks during the last 18 months. The days on which benefit (or a salary) has been paid during the first 30 days of sick leave and the periods during which benefit (or a salary) has been paid in respect of a pregnancy, birth or an adoption, are not taken into consideration. There are various ways of obtaining an extension to this 52-week period.

The local authority must monitor employees on sick leave to ensure that they retain their link with the labour market. It must examine individual cases within eight weeks counting from the beginning of the absence. The second examination takes place within three months after the sickness occurred. In case that you will not recover within three months, but will be able to work part time or will be able to gain from occupational offers the examination will take place every third month. The first examination involves the local authority taking a decision on how to develop a follow-up plan. The plan must be drawn up immediately after the second follow-up examination.

Recipients of social pensions or those who could have claimed such a pension because of ill health are entitled to sickness benefit for a limited period only (26 weeks over a 12-month period). The same applies to those aged 65 years and over.

How are sickness cash benefits accessed?

You must inform your employer that you are ill as soon as possible, within 2 hours after the work period begins, unless a different deadline is specified in the staff circular or similar. If you do this too late, you will forfeit the right to benefits until you have notified your employer. Your employer may insist that you, within a reasonable period of time, provide proof that your absence is due to illness with a written certificate or similar. Your employer may also require a medical certificate if deemed necessary. If you fail to supply the proof requested you will, as a rule, forfeit your right to claim daily benefits.

Your employer must start a sickness cash benefit case by reporting the sickness electronically to the municipality (via *Nemrefusion*). Based on this report, *Nemrefusion* sends you a letter of notification. You must use this letter to ask for sickness cash benefits no later than 8 days following its receipt. The local authority may also require a medical certificate if deemed necessary. If you fail to supply the proof requested you will, as a rule, forfeit your right to claim daily benefits.

If an employer fails to pay sickness benefit and the local authority considers this to be unjustified, the local authority will pay an advance on the sickness benefit.

Chapter IV: Maternity and paternity benefits

When are you entitled to maternity or paternity benefits?

Benefits in kind (healthcare) are available for all women resident in Denmark.

Cash benefits are available for employed and self-employed persons, including helping spouses. A woman who has been in employment during the 13 weeks prior to becoming entitled to maternity leave and has worked at least 120 hours during that period, or fulfils the requirements for being considered as self-employed, is entitled to daily benefit for maternity and childbirth or adoption. As an employee you are also entitled to cash benefits if you are affiliated to an unemployment insurance fund, if you have completed a course of vocational training lasting at least 18 months, if you are a student on paid in-service training, or if you are in a flexible job (*flexjob*).

What is covered?

Benefits in kind

Women resident in Denmark are entitled to free maternity care. The services on offer include prenatal examinations, free transport for examinations and childbirth, and confinement in hospital or attendance by a midwife in the case of a home birth.

Cash benefits

A daily benefit is payable for maternity, adoption or paternity.

Maternity benefit may be paid to the mother from four weeks before the expected date of birth and continues after the birth for 46 weeks, of which the last 32 weeks may be shared between the parents. If one parent returns to part-time work, the leave can be extended proportionally. Parents can choose an extended leave of 40 or 46 weeks (after the 14 weeks) but the benefit is frozen to the amount paid for 32 weeks. This notwithstanding, fathers have the right to claim daily benefit for two weeks during the 14-week period following the birth.

Similarly, adoptive parents are entitled to daily benefit for 46 weeks from the date on which the child arrives in the household.

Working parents may postpone taking part of their leave. Postponed leave must be taken before the child is nine years old.

Amount

For employees maternity cash benefit (*dagpenge ved fødsel*) is calculated on the basis of the hourly wage of the employee with a maximum of DKK 4,005 (€ 505) per week or DKK 108.24 (€ 14) per hour (37 hours per week), and on the number of hours of work. For the self-employed the maternity cash benefit is calculated on the basis of the earnings from the occupational activity of the self-employed person, with the same maximum as mentioned above.

Holiday allowance

Women who are not entitled to full pay during maternity leave and who do not have unemployment insurance are entitled to accrue a right to a holiday allowance. The allowance is to be paid the following holiday year from 1 May to 30 April. The holiday allowance corresponds to the level of maternity benefit and the right to accrue is conditioned by 12 months of employment before confinement.

How are maternity and paternity benefits accessed?

Claims for cash benefit for childbirth or adoption must be submitted to *Udbetaling Danmark* within eight weeks of the date of birth or of the arrival of the adopted child in the family. Employers pay benefits for absence due to prenatal examinations.

Chapter V: Invalidity benefits

When are you entitled to invalidity benefits?

Persons whose capacity for work is permanently reduced to such an extent that they cannot provide for themselves through gainful employment, whatever their possibilities for support under social legislation (e.g. State-subsidised employment), are entitled to an disability pension (*førtidspension*).

The following persons are entitled to this pension:

- Danish nationals;
- persons covered by Regulation (EC) No 883/2004 of 29 April 2004 on the coordination of social security systems;
- other foreign nationals after 10 years' residence in Denmark.

In order to qualify for a pension, you must have lived in Denmark for at least three years between your 15th birthday and the day on which you apply for a pension.

What is covered?

The amount of the pension is different for single persons and for other beneficiaries. It varies according to both the income of the persons concerned and that of their spouse/cohabitant, if any. Benefits are not dependent on previous earnings.

A full pension is payable if you have resided in Denmark for at least four-fifths of the years between your 15th birthday and the date on which the pension is awarded. For shorter periods of residence, the pension is determined on the basis of the ratio between the period of residence and four-fifths of the period between your 15th birthday and the date on which the pension is granted.

The disability pension ceases to be paid when the beneficiary reaches the age of 65 (67) and reverts automatically to a [standard old-age pension](#). The percentage of the full retirement pension paid out is equal to the percentage of the full disability pension granted.

Pensions are paid at the end of each month. Disability pensions are payable, at the earliest, from the first day of the month following the decision to grant a pension, but no later than the first day of the month after three full months have passed since the start of processing the application.

An additional cash benefit is payable to compensate additional expenses on the grounds of disability (*merudgiftsydelse*). These expenses include aid of a third person, heating, medical costs, special equipment etc. The amount is fixed for each individual case, taking into account the expenses to be expected.

How are invalidity benefits accessed?

You should submit your application to the local authority where you live. It may require you to submit a medical certificate drawn up by a doctor on a special form. The fee for this certificate will be paid by the local authority.

The local authority must, when it receives an application for a disability pension, consider all the options for granting assistance that come under the heading of social legislation.

It will decide to deal with the case in accordance with the rules on disability pensions once it has been proved that given the particular circumstances, it is quite clear that your working capacity cannot be improved upon through activation, readaptation, therapeutic or other measures.

Appeals

If you disagree with the local authority's decision concerning your pension entitlement, you may appeal to the National Social Appeals Board (*Ankestyrelsen*).

The deadline for an appeal is four weeks.

Chapter VI: Old-age pensions and benefits

When are you entitled to old-age benefits?

In principle, all residents of Denmark are entitled to a standard retirement pension (social pension) (*folkepension*) when they reach the age of 65. Persons whose 60th birthday fell before 1 July 1999 are entitled to a pension at 67.

In addition, there is a compulsory supplementary pension scheme (ATP) for salaried workers.

Social pension

The following persons are entitled to this pension:

- Danish nationals;
- persons covered by Regulation (EC) No 883/2004 of 29 April 2004 on the coordination of social security systems;
- other foreign nationals after 10 years' residence in Denmark.

In order to qualify for a pension, you must have lived in Denmark for at least three years between your 15th and 65th (67th) birthdays. Entitlement to a full standard retirement pension is acquired after 40 years of residence in Denmark between the ages of 15 and 65 (67). Persons with a shorter period of residence have the right to a pension amounting to 1/40th of the full pension rate for each year they lived in Denmark between the ages of 15 and 65 (67).

Supplementary pension

All persons who have reached the age of 16 who are employed in Denmark are covered by the ATP scheme, provided that they work at least nine hours a week. Employed persons who become self-employed can continue to be covered by the ATP scheme under certain conditions. In this case, they have to pay the contributions in full themselves. Otherwise, contributions to the ATP scheme are paid jointly by the employer and the employee. The employer pays two-thirds and the employee one-third of the contribution. The employer is responsible for paying the employee's share.

For persons covered by the ATP scheme and who are not working full-time, the payment due is either two-thirds or one-third of the full contribution rate.

Contributions are also paid for persons receiving unemployment benefit, daily sickness or maternity benefit, a disability pension (granted after 2002), a training allowance for adults or continuing training (*VEU-godtgørelse*), unemployment benefit for persons accepted onto a subsidised flexible employment scheme (*ledighedsydelse*), activation benefit (*aktiveringsydelse*), direct social security benefit (*kontanthjælp*), compensation for loss of earnings for parents who have to look after a disabled child (*tabt arbejdsfortjeneste*), flex wage subsidy (*flekslønstilskud*) etc.

Beneficiaries of early retirement allowances, which include the partial pension (*delpension*), the early retirement allowance for beneficiaries of the subsidised flexible employment scheme (*fleksydelse*) and the early retirement pension (*efterløn*) have the possibility of paying into the ATP scheme if they so wish. Beneficiaries of a disability pension who were granted their pension before 2003 can also contribute to

this scheme on a voluntary basis. Beneficiaries of the flexible employment scheme and of the early retirement pension have to pay the contributions in full themselves.

What is covered?

Social pension

The standard pension consists of a basic amount and a pension supplement. Payment of the basic amount is subject to a means test of the pensioner's earned income. The pension supplement depends on the combined earnings of the pensioner and his/her spouse.

In case of deferred pension, the amount of the pension is increased with a percentage calculated on actuarial principles according to the length of deferment. No retirement is possible before the retirement age of 65.

Pensions are paid at the end of each month. They are payable, at the earliest, from the first day of the month following submission of the application. Pensions are normally paid only to pensioners resident in Denmark or another EU Member State.

There may also be entitlement to health service supplements (*helbredstillæg*) and to a heating allowance (*varmetillæg*). Furthermore, a personal supplement (*personligt tillæg*) may be granted to pensioners whose living conditions are exceptionally difficult.

Supplementary pension

The ATP scheme pays old-age pensions for life on request once the member reaches the age of 65. The amount depends on how long the person concerned was covered by the scheme and on the amount paid in contributions. An old-age pension is normally granted as an ongoing benefit, but small pensions may be paid as a single lump sum.

If a claim for an ATP pension is submitted after the age of 65, the amount is increased by around 5% for each year that the claim is postponed, up to the age of 75. No retirement is possible before the retirement age of 65.

How are old-age benefits accessed?

Social pension

Udbetaling Danmark is obliged to inform you about the possibility to apply for an old-age pension when you are getting close to the age of retirement. No special form of application is required.

Persons residing abroad will not be informed and must ensure that they contact *Udbetaling Danmark* themselves.

If you disagree with *Udbetaling Danmark's* decision, you may appeal to the National Social Appeals Board (*Ankestyrelsen*). The deadline for an appeal is four weeks.

Supplementary pension

In principle, those entitled to a pension should automatically receive their pension from the ATP scheme. However, persons residing abroad must contact the ATP scheme themselves. Claims should be sent to the [ATP body](#).

ATP pensions are normally paid in advance every month into the beneficiary's current or savings account.

If you disagree with a decision of the ATP scheme concerning your membership, contributions or pension entitlement, you may lodge an appeal with the Supplementary Pensions Scheme Appeals Tribunal (*Ankenævnet for Arbejdsmarkedets Tillægspension*) within four weeks.

Chapter VII: Survivors' benefits

When are you entitled to survivors' benefits?

Benefits to survivors under the ATP scheme were adjusted in 2002. The new scheme concerns contributions paid after 1 January 2002.

Surviving spouses, cohabitants and under certain conditions also divorced partners are eligible, as well as children.

When a member dies, his/her spouse/cohabitant and each of their children under 21 years are, as a rule, entitled to a single lump sum paid out by the ATP scheme on condition that the deceased had been a member of the new scheme for at least two years and had paid contributions corresponding to two years' full-time work. Cohabitants must have registered themselves as such with the ATP scheme prior to the death. In addition, they must be recorded in the population register as having shared the same address for two years prior to the death. Despite of not having registered with ATP as a cohabitant the surviving cohabitant can request for the lump sum if the conditions mentioned above were fulfilled at the time when the member died.

There is no other social pension scheme for survivors.

What is covered?

The benefits paid under the new rules are as follows. In principle, all survivors entitled to benefits receive a lump sum of DKK 50,000 (€ 6,302) before tax. The amount of benefit paid to the spouse/cohabitant is based on the age at which the member died. It falls progressively from the age of 66 and disappears entirely at 70 years.

The entitlements under the previous rules remain in place even if the person concerned was aged 70 or over at the time of death. This means that the surviving spouse can still be granted a single lump sum under the previous rules. If the survivor is entitled to a single lump sum under both the new and the previous scheme, the higher amount of the two will be the one paid out. The sums granted to the children under the previous rules are paid for each child under 18 and calculated on a case-by-case basis.

Other benefits include:

- Death grant (*begravelseshjælp*): the health insurance fund may pay out a death grant if the deceased person was entitled to health insurance benefits. The amount (up to DKK 10,100 (€ 1,273) depends on the deceased person's family situation and financial circumstances. If the deceased was aged under 18 the survivors receive a flat-rate grant which is not means-tested (DKK 8,450 (€ 1,065));
- Aid to survivors (*efterlevelseshjælp*), available for spouses (or cohabitants since at least 3 years). This benefit corresponds to a lump sum depending on survivor's income and fortune. The maximum amount is DKK 13,658 (€ 1,721). No benefit is granted when income is over DKK^o 351,338 (€ 44,281) per year;

- Maintenance allowance (*hjælp til forsørgelse*), which can be granted in case of need.

How are survivors' benefits accessed?

An application should be sent to the [ATP body](#) if the deceased lived abroad or if the survivors live abroad.

Chapter VIII: Benefits in respect of accidents at work and occupational diseases

When are you entitled to benefits in respect of accidents at work and occupational diseases?

The Workers' Compensation Act (*lov om arbejdsskadesikring*) covers, in principle, all persons employed in Denmark or on a Danish ship and the self-employed who have taken out cover for themselves. Insurance against accidents at work and occupational diseases must be taken out with an approved insurance company.

The insurance covers injury due to accidents or exposure sustained at work. The accident or exposure must be sudden or last a maximum of five days. The insurance also covers a series of listed occupational diseases, and harm sustained by a live-born child before birth as a result of the mother's work during pregnancy or any harmful exposure affecting the parents prior to conception. It does not, however, cover accidents sustained while travelling to or from work.

What is covered?

The benefits are:

- medical treatment, functional rehabilitation, and equipment and accessories;
- compensation for loss of earning capacity (*erstatning for erhvervsevnetab*);
- compensation for permanent disability (*méngodtgørelse*);
- compensation for loss of provider (*erstatning for tab af forsørger*);
- temporary allowance for survivors in the event of death.

Medical treatment and functional rehabilitation

Costs for medical care, which is not free within the national healthcare system, are granted if deemed necessary to ensure the best chances of recovery or to consolidate the results of treatment. The National Board of Industrial Injuries also decides whether further expenditure will be required on care, medicines, special equipment and accessories etc. If it considers that such expenditure will be required in future, this is covered by a single amount. Medical treatment and functional rehabilitation are covered only if their costs are not borne by the health insurance scheme or they are not part of treatment in a public hospital.

Sickness benefit

Sickness benefit is not covered by the Workers' Compensation Act. When one year has passed since the accident occurred or the disease began, a decision must be taken where possible on compensation for the loss of earning capacity or for permanent disability.

Compensation for loss of earning capacity

Compensation for loss of future earning capacity is intended to replace the loss of earnings caused by the occupational injury. It amounts to the difference between the income which victims could have earned if the injury or occupational disease had not occurred and the income which they could be expected to earn taking account of the injury. To qualify for this compensation, the loss in earning capacity must be greater than 15%. In the event of total loss, compensation is equal to 83% of annual remuneration; if the loss is less, the compensation is reduced proportionately. There is, however, a predetermined maximum amount per year (DKK 482,000 (€ 60,749)).

Such compensation normally takes the form of a pension, but may be paid as a lump sum where the loss of earning capacity is less than 50%. In other cases, part of the compensation may be converted into a lump sum at the request of the beneficiary.

Compensation for permanent disability

Compensation for permanent disability is granted in respect of permanent handicaps to everyday living that are attributable to the medical consequences of the injury or occupational disease.

The amount of this compensation varies with the severity of the injury in accordance with a fixed scale. Compensation for permanent disability is paid as a single lump sum.

Compensation for loss of provider

Compensation for the loss of provider is granted to a surviving spouse or other surviving dependants. It is fixed at a level that takes account of the survivors' ability to support themselves, is paid for a period not exceeding ten years and amounts to 30% of the deceased provider's annual earnings. Each child usually receives ongoing annual benefit of 10% of the deceased provider's annual earnings (20% if the deceased person was the single parent of the child) until he or she reaches the age of 18 (21 if still in education or training).

Temporary survivors' allowance

The temporary survivors' allowance is intended to compensate for various expenses borne by the spouse or cohabitant of the deceased at the time of death. It takes the form of a lump sum.

How are benefits in respect of accidents at work and occupational diseases accessed?

Employers are required to report any accidents to their insurance company or to the National Board of Industrial Injuries (*Arbejdsskadestyrelsen*) as soon as possible. If they fail to do so, the person who has sustained the accident or contracted the disease, or his/her survivors, have a fixed period of time in which to apply directly to the insurance company or to the National Board of Industrial Injuries. Doctors and dentists are required to report any suspected occupational disease at the earliest opportunity.

Payment of benefits

In the event of an accident, pensions and capital are paid by the relevant insurance company. In the case of occupational diseases, payments are made by the labour market's occupational disease insurance fund (*Arbejdsmarkedets Erhvervssygdomssikring*).

Appeals

The [National Board of Industrial Injuries](#) (*Arbejdsskadestyrelsen*) will decide whether the case in question constitutes an accident at work or an occupational disease, whether the person concerned is entitled to compensation, and if so how much. If you disagree with its decision you may lodge an appeal with the [National Social Appeals Board](#) (*Ankestyrelsen*) within four weeks of receiving the decision. This deadline is extended to six weeks if you live in a different European country.

Chapter IX: Family benefits

When are you entitled to family benefits?

Child and youth benefit and child allowance

Entitlement to both child and youth benefit (*børne- og ungedelse*) and child allowance (*børnetilskud*) is subject to the following conditions:

- the child must be resident in Denmark;
- the child must be single;
- the child must not be living away from home under the Act on Social Services and must not otherwise be supported from public funds.

A further condition must be met for entitlement to child and youth benefit: the person who has custody of the child must be fully liable to taxation in Denmark.

An additional condition for entitlement to child allowance is that the child or the person who has custody of the child has Danish citizenship or has been ordinarily resident in Denmark for the previous year or (for entitlement to the special child allowance) for the past three years.

Furthermore, it is a requirement for entitlement to the full benefit (both child and youth benefit and child allowance) that the applicant has had at least 2 years of residence or employment in Denmark in a 10-year reference period prior to each benefit instalment. This requirement applies uniformly to nationals from all countries, i.e. both to Danish and foreign nationals.

Six months of residence or employment in Denmark in the reference period entitles the applicant to 25% of the full benefit; one year of residence or employment to an entitlement of 50%; 18 months an entitlement of 75%; and 2 years an entitlement of 100%.

Child and youth benefit (*børne- og ungedelse*) is paid for all children under 18. In special cases, you may also be entitled to one or more types of child allowance (*børnetilskud*).

Ordinary child allowance (*ordinært børnetilskud*) is granted to children of single parents and children whose parents are both in receipt of a standard retirement pension or a disability pension. The age limit is 18. Supplementary child allowance (*ekstra børnetilskud*) is granted to single parents whose children receive the ordinary child allowance. Only one supplementary child allowance is paid to the parent, regardless of the number of children.

Special child allowance (*særligt børnetilskud*) is granted where a child no longer has both parents, or where one or both parents receive a standard or early retirement pension. It may be combined with the ordinary and supplementary child allowances. The age limit is 18.

Child care allowance

Municipalities can introduce such benefits for parents taking care of their children instead of putting them in a nursery school. The benefit is available for parents who have been resident in Denmark during seven of the eight last years and who have children aged between 24 weeks and six years (the municipalities can fix more detailed age limits).

What is covered?

Child and youth benefit and child allowance

The amount of child and youth benefit varies according to the age of the child.

- For each child of 0 - 2 years: DKK 4,299 (€ 542) per quarter;
- For each child of 3 - 6 years: DKK 3,402 (€ 429) per quarter;
- For each child of 7 - 14 years: DKK 2,679 (€ 338) per quarter;
- For each child of 15 – 17 years: DKK 893 (€ 113) per month.

Ordinary child allowance (*ordinært børnetilskud*) equals DKK 1,296 (€ 163) per quarter. The supplementary child allowance (*ekstra børnetilskud*) is DKK 1,321 (€ 166) per quarter and per household (irrespective of the number of children).

Child care allowance

Child care allowance cannot exceed 85% of the costs for placing a child in a nursery of the municipality. There are maximum three allowances per household.

How are family benefits accessed?

Child and youth benefit and child allowance are paid quarterly in advance, normally to the mother. Youth benefit for children between 15 and 17 years old is paid monthly in advance.

Child and youth benefit and special child allowance are, as a rule, paid automatically; it is therefore unnecessary to submit a claim. For supplementary child allowance and ordinary child allowance paid for children of single parents, a claim must be submitted to *Udbetaling Danmark*.

Appeals

If you disagree with a decision taken by *Udbetaling Danmark* concerning entitlement to child and youth benefit or child allowance, you may lodge an appeal with the National Social Appeals Board (*Ankestyrelsen*). However, decisions concerning tax liability are the responsibility of *SKAT* (the national customs and tax authority). Appeals against these decisions may be lodged with the Local Board of Appeal (*skatteankenævnet*). The deadline for an appeal in both cases is four weeks.

Chapter X: Unemployment

When are you entitled to unemployment benefits?

Unlike other types of social insurance, unemployment insurance is voluntary. The unemployment insurance funds (*arbejdsløshedskasserne*) were originally allied to the trade unions and divided into occupational sectors. There are currently 26 funds.

In order to be eligible to receive unemployment benefits you must join an unemployment insurance fund. Otherwise you will not be entitled to unemployment insurance benefits in Denmark.

Who can join an insurance fund?

Persons who are resident in Denmark and aged between 18 and 63 can join an unemployment insurance fund.

Membership may be based on full-time or part-time insurance. Members must pay an unemployment insurance contribution.

Conditions to be met

In order to qualify for unemployment benefit, you must be out of work, have registered with a public employment service (*Jobcenter*), be actively looking for work and be available for the labour market.

Entitlement to unemployment benefit is normally acquired after one year's membership of a recognised unemployment fund. Moreover, the first time you apply for unemployment benefit you must have worked as an employee for 1,924 hours which is equivalent to the standard full-time working hours for the occupation for at least one year in the last three years or have been mainly self-employed over an equivalent period.

Early retirement allowance from the unemployment insurance fund (*efterløn*)

Salaried workers and self-employed persons who are members of an unemployment insurance fund and are aged over 60 but under 65 can obtain an early retirement allowance, regardless of whether they are currently employed or unemployed.

The age of early retirement allowance is changing from 60 and will gradually increase beginning in 2014. It will be 64 in 2023 for persons who are born later than 30 June 1959. During the same period the pensionable age will increase gradually to 67 years, and the period in which it is possible to get early retirement allowance will gradually decrease and will end up with a period of three years.

To qualify, you must be resident in Denmark, Greenland, the Faroes or another EEA country and as a rule must have been a member of an unemployment fund since the age of 30 and for at least 30 years. You must also have paid early retirement contributions for the same period and must be eligible for unemployment benefit at the time of transfer to early retirement allowance.

Further information is available from the Danish Agency for Labour Retention and International Recruitment (*Styrelsen for Fastholdelse og Rekruttering*) or the Centre for Complaints on Unemployment Insurance Funds (Center for *klager om arbejdsløshedsforsikring*) which is supervised by the National Board of Industrial Injuries (*Arbejdsskadestyrelsen*) in Denmark.

What is covered?

Unemployment benefit amounts to 90% of previous income from employment, up to a maximum of DKK 801 (€ 101) per day five days a week. In the case of part-time insured persons, benefit amounts to a maximum of two thirds of the amount for full-time insured persons, i.e. DKK 534 (€ 67) per day five days a week.

Unemployed persons who satisfy certain conditions in respect to periods of employment are entitled to 82% of the maximum amount, regardless of previous earnings.

Young unemployed persons immediately after vocational training of 18 months' duration or after military service receive a benefit of up to DKK 646 (€ 81) per day five days a week.

The amount of unemployment benefit payable to self-employed persons is normally calculated on the basis of their average earnings from work during the best two complete financial years out of the last five before unemployment.

A member who satisfies the conditions may receive benefits for two years, within a three-year period.

How are unemployment benefits accessed?

An application should be made to the appropriate insurance fund.

Appeals

Appeals against a decision of an unemployment fund concerning membership, benefits, etc. may be lodged with the Labour Market Authority (*Arbejdsmarkedsstyrelsen*) or the Centre for Complaints on Unemployment Insurance Funds (*Center for klager om arbejdsløshedsforsikring*) within four weeks. Appeals against the latter's decisions may be lodged within the same period with the National Social Appeals Board's Employment Committee (*Ankestyrelsens Beskæftigelsesudvalg*).

Chapter XI : Minimum resources

When are you entitled to benefits regarding minimum resources?

Social assistance and starting allowance

Activation measures, social assistance (*kontanthjælp*) and starting allowance (*starthjælp*) are offered when an adult person is temporarily without sufficient means to meet his/her needs or those of his/her family, due to particular circumstances (e.g. sickness, unemployment). The benefit is family-based and depends on age, dependent children and period of residence and this applies to any person lawfully resident in Denmark.

The level of benefit depends on the past residence: to obtain social assistance (*kontanthjælp*) residence in Denmark during seven of the last eight years is required. Otherwise the applicant will get starting allowance (*starthjælp*) which is a lower amount.

No assistance is granted if the applicant or his/her spouse own sufficient property to cover their financial needs, including real property and movable assets. Any amount up to DKK 10,000 (€ 1,260), for a married couple up to DKK 20,000 (€ 2,521), shall not be taken into account. Moreover, a certain amount of income from work is disregarded. The municipal authorities may decide to disregard other income or assets on a case-by-case basis.

Recipients of social assistance (*kontanthjælp*) or starting allowance (*starthjælp*) must accept appropriate offers to participate in activation measures or in any measure aimed at improving the possibilities of the beneficiary or his/her partner to integrate in the labour market, e.g. taking part in a job seeking course, get work experience in a company etc.

Accommodation expenses for pensioners

Accommodation expenses for pensioners may be granted to retired persons who are normally resident in Denmark and use accommodation in Denmark as their main residence. This accommodation must be fitted with a kitchen.

What is covered?

Social assistance and starting allowance

The calculation basis of social assistance (*kontanthjælp*) is 80% of the maximum unemployment benefit for parents with children living in Denmark and 60% of this maximum for persons without children. There is a special rate for young people under 25 years of age and for the starting allowance (*starthjælp*).

Supplements are available for persons over 25 years who have to cover expenses for family support or housing. Other supplements are possible in special cases of considerable and unforeseeable expenses.

Beneficiaries of the starting allowance who participate in activation or individual training (*jobtræning*) measures can receive supplements to compensate for the costs resulting from this participation.

There is no maximum duration for receiving the benefit, but the assistance will be reduced for persons receiving assistance for six continuous months.

Accommodation expenses for pensioners

The amount of housing benefit depends on the income of the household.

How are minimum resources benefits accessed?

Social assistance and starting allowance

An application should be made to the local municipality. The municipal authorities handle the application for benefits as quickly as possible. No specific procedures are provided for.

Accommodation expenses for pensioners

Applications for accommodation expenses for pensions must be submitted to *Udbetaling Danmark*.

Chapter XII: Long-term care

When are you entitled to long-term care?

All residents can get personal and practical assistance if they cannot perform basic personal and practical activities autonomously, so as to allow them to stay in their home as long as possible and to prevent further loss of physical and mental health.

What is covered?

Personal hygiene, domestic help and assistance is provided to persons in need. For persons who are severely disabled, provision can be made for an accompanying person.

The municipality can offer people who have need for it, a temporary stay in a care centre or nursing home.

After specific individual evaluation, relief can be granted to a family or a person taking care at home of a person with reduced mental or physical functional capacity. This relief can take the form of care in a day centre or overnight stay in a nursing home.

The local authority decides whether a citizen requires assistance which cannot be given in the form of home care. If a citizen is offered residential accommodation, s/he can choose between different alternatives within the municipality or even in other municipalities.

There are no specific cash benefits.

How is long-term care accessed?

The system of care services is decentralised: the responsibility for the provision of personal and practical assistance rests with the local authorities. They must consider all requests for personal and practical assistance. The decisions of the local authorities must be based on a specific and individual assessment of the need for assistance.

Complaints about decisions on personal and practical assistance must be addressed to the local complaints council with possibility of appeal before the Social Complaints Board.

Annex: Useful addresses and websites

More detailed information on qualifying conditions and individual social security benefits in Denmark can be obtained from the public institutes managing social protection system.

For social security issues concerning more than one EU country, you may search for a contact institution on the Institutions' directory maintained by the European Commission and available at: <http://ec.europa.eu/social-security-directory>.

Enquiries concerning the effect on benefits of insurance in two or more Member States should be addressed to:

Ministry of Employment:
Beskæftigelsesministeriet
Ved Stranden 8
1061 København K
Tel.: + 45 7220 5000
<http://www.bm.dk>

Labour Market Supplementary Pensions Institution:
Arbejdsmarkedets Tillægspension (atp)
Kongens Vænge 8
3400 Hillerød
Tel.: +45 4820 4923
<http://www.atp.dk>

Supplementary Pensions Scheme Appeals Tribunal:
ATP-Ankenævnet
Ved Stranden 8
DK-1061 København K
Tel.: +45 7220 5000

National Board of Industrial Injuries:
Arbejdsskadestyrelsen
Sankt Kjelds Plads 11
P.O. Box 3000
2100 København Ø
Tel.: +45 7220 6000
<http://www.ask.dk>

Danish Agency for Labour Retention and International Recruitment:
Styrelsen for Fastholdelse og Rekruttering
Njalsgade 72 C
2300 København S
Tel.: +45 3396 3600
<http://www.sfr.dk>

Labour Market Authority:

Arbejdsmarkedsstyrelsen
Holmens Kanal 20
1016 København K
Tel.: +45 3528 8100
<http://www.ams.dk>

Ministry of Social Affairs and Integration:

Social- og Integrationsministeriet
Holmens Kanal 22
1060 København K
Tel.: +45 3392 9300
<http://www.sm.dk>

Ministry of Health:

Ministeriet for Sundhed og Forebyggelse
Holbergsgade 6
1057 København K
Tel.: +45 7226 9000
<http://www.sum.dk>

Danish Health and Medicines Authority:

Sundhedsstyrelsen
Axel Heides Gade 1
2300 København S
Tel.: +45 7222 7400
<http://www.sst.dk>

National Agency for Patients' Rights and Complaints:

Patientombuddet
Finsensvej 15
2000 Frederiksberg
<http://www.patientombuddet.dk>

Ministry of Taxation:

Skatteministeriet
Nicolai Eigttvedsgade 28
1402 København K
Tel.: +45 7222 1818
<http://www.skat.dk>

The National Social Appeals Board's Employment Committee:

Ankestyrelsens Beskæftigelsesudvalg
Amaliegade 25
Postboks 9080
DK-1022 København K
Tel.: +45 3341 1200
<http://www.ast.dk>

The National Social Appeals Board:

Ankestyrelsen
Amaliegade 25
P. O. BOX 9080
DK-1022 København K
Tel.: +45 3341 1200
<http://www.ast.dk>

Udbetaling Danmark
Kongens Vænge 8
DK-3400 Hillerød
www.borger.dk
www.virk.dk
www.atp.dk