



Your social security rights in Germany



EUROPEAN COMMISSION

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Sometime in your life you may be in need of the support provided by social security benefits. If you are living in the country where you were born and satisfy the qualifying conditions, you will be entitled to receive support. But you also have the right to receive benefits if you are a national of any EU country and move to another part of the EU. The information below sets out when you are eligible for benefits, what you are entitled to and how to go about claiming it.

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Family

Maternity and paternity benefits

Women with legal health insurance receive benefits in kind and maternity pay during pregnancy and after childbirth

Under what circumstances am I entitled to benefits?

Maternity allowance is paid for six weeks before the birth and eight weeks after (12 weeks for premature and multiple births as well as in cases where a doctor declares the child to be disabled within eight weeks of childbirth and the woman applies for a longer term of protection) and for the day of childbirth. In the case of a premature birth, post-natal coverage is extended by the number of days earlier than the due date that the child was born.

Eligibility requirements

Pregnancy and childbirth.

What am I entitled to and where can I apply for the benefits?

If you are pregnant, ask your doctor for a maternity certificate (*Mutterschaftspass*). This contains information about all the medical examinations for pregnant women. Adult education centres (*Volkshochschulen*), health insurance companies and other institutions offer expectant mothers and fathers free courses to prepare them for the birth. They will give you plenty of tips on pregnancy, birth, life with a baby and your rights and obligations.

The maternity allowance amount is always determined by the salary of the last cleared calendar months before the beginning of the maternity period. It is a maximum of EUR 13 per day. The employer pays the difference between the maternity allowance amount and your previous salary.

You are entitled to maternity benefits if you are entitled to sick pay due to your inability to work, or if you are not being paid any wage or salary because of the maternity protection periods.

Employees who are not a member of a state health insurance (e.g. those who are privately insured or women with family insurance under the state health insurance system) receive maternity benefits up to a maximum of EUR 210 ("one-time maternity benefit of the Federal Office for Social Security").

Self-employed women who have taken out a private sickness cash benefit insurance are entitled to the contractually agreed daily benefits during the maternity protection periods.

Pregnant women and new mothers also receive:

- Care from a doctor and assistance from a midwife during the pregnancy and after the delivery (birth);
- Assistance from a midwife during the delivery and, if necessary, from a doctor as well;
- Provision of medicines, bandages, treatments and equipment;
- Cover for the costs for an inpatient delivery in a hospital;
- Home care;
- Domestic help.

Application forms

You can obtain the application forms for the maternity benefits of the legal health insurance from your health insurance company.

The application forms for the maternity benefits of the Federal Office for Social Security is available from the Federal Office for Social Security.

Your rights

You can obtain further information about your rights and entitlements from your health insurance company.

European Commission publications:

<https://ec.europa.eu/social/main.jsp?catId=849&langId=en>

Further information

The health insurance companies inform their members about their rights and entitlements by telephone and over the Internet. If you do not agree with a decision taken by your health insurance company, you can seek advice from independent patient advice centres. (<http://www.unabhaengige-patientenberatung.de/>) or contact the responsible regulating authority of the respective health insurance.

You can find a list of the state health insurance policies and plenty of other relevant information at <https://www.gkv-spitzenverband.de/english/english.jsp> on the site of the Central Federal Association of the Health Insurance Funds.

If you still have social security cover in one or more countries besides Germany, ask about the effects on health insurance:

GKV Spitzenverband,
Abteilung Deutsche Verbindungsstelle
Krankenversicherung - Ausland (DVKA)
Pennefeldsweg 12 c
53177 Bonn
Tel.: +49 228 95300
<http://www.dvka.de>

The Federal Ministry of Health can be found at <https://www.bundesgesundheitsministerium.de/en/index.html>; the Federal Ministry of Labour and Social Affairs at <http://www.bmas.de/EN/Home/home.html>

Family benefits

Benefits for families with children.

Under what circumstances am I entitled to benefits?

Anyone who is registered with their place of residence or habitual abode in Germany will receive child benefit and income-dependent parental allowance for biological and adopted children and for a spouse's children/registered partner (stepchildren) principally subject to the following, regardless of his or her own income. You can also receive child benefit for grandchildren or foster children living in your house or apartment.

Eligibility requirements

Child benefit is generally received for your own or adopted children's or a spouse's/registered partner's children, until the child reaches 18. Additionally, the corresponding fiscal identification number is required.

Child benefit:

- is paid until the 21st birthday if the child is not in paid employment (has no employer) and is registered as a jobseeker at a government agency in Germany, another EU member state, Iceland, Liechtenstein, Norway, Switzerland or the United Kingdom*
- is paid continuously until the child's 25th birthday, provided that the child:
 - is in school or vocational training, or has completed a university course or

- is in a transitional phase between two training periods of a maximum of four months, or
- is doing voluntary service, as defined in article 32(4), P. 1, No. 2(d) of the Income Tax Act, or
- is unable to take up or continue training owing to a lack of trainee posts, or
- will continue to be paid if a child is unable to provide for itself because of a physical, mental or learning disability which started before their 25th birthday.

Children who have reached majority (18 or over) can only be included after the end of their first vocational training or study if they are in gainful employment (self-employed or employed). This does not apply to employment with up to 20 hours of regular, weekly work, a traineeship arrangement or casual work (Mini-jobs).

No child benefit or child benefit only up to the difference is paid for children for whom you, your spouse or another person with whom your child is in a parent-child relationship (e.g. foster parents) already receive benefits comparable to child benefit.

Child benefit is entirely financed by tax revenue. No contributions are paid.

** Each case needs to be assessed individually to determine whether a person falls within the scope of Art 30 of the Withdrawal Agreement, and so the EU Coordination Regulations apply, or whether they fall within the scope of situations described in Art 32 of the Withdrawal Agreement and/or come under domestic legislation and the Protocol on Social Security Coordination attached to the Trade and Cooperation Agreement.*

Parental allowance (basic parental allowance (*Basiselterngeld*) and parent allowance plus (*ElterngeldPlus*))

Parental allowance is received by mothers and/or fathers who live in the same household as their child, care for and raise their child themselves, and who are not in employment or have part-time employment (up to 32 hours per week). The basic parental allowance may be paid until the child's fourteenth months. Apart from the parental allowance (basic parental allowance) in its current form, the parents can also claim allowance plus. The parental allowance plus is paid for twice the period of time: one month of parental allowance = two months of parental allowance plus. If both parents work in two to four consecutive months on average between 24-32 hours per week, they will each receive additional monthly amounts of the parental allowance plus in these months (partnership bonus).

Spouses or partners who take care of the child after the birth (even if it is not their own) may receive parental allowance subject to the same conditions. This also applies to relatives up to the third degree, if the parents cannot look after their child alone on account of a hardship (illness, disability or death of the parents).

Parental allowance may also be paid for adopted children and children taken into foster care with the aim of adoption. The time when the child joins the household of the beneficiary, and not the time of birth, is decisive for the start date from when the parental allowance can be claimed. The entitlement ends as soon as the child reaches their eighth birthday.

Allowance advance

Children with residence or habitual abode in Germany, who live with a single parent receive an allowance advance, if they do not receive any or regular alimonies of the other parent. The allowance advance is paid until the 18th birthday at the latest. For children between 12 and 17 years old, the child must not be reliant on SGB II benefits (basic insurance) or the single parent alone must earn a gross income of at least 600 EUR while drawing SGB II benefits. The child's income (e. g. a training allowance) is offset against the allowance advance under certain conditions.

For children under the age of 12, the single parent's income is irrelevant. The allowance advance depends on the amount of the legal minimum allowance less the full child benefit for the first child. Children are always also entitled to claim an allowance advance, if the

caring parent lives in a cohabiting union with a new partner. If the natural parent living with the child marries the stepparent, they are not entitled to claim an allowance advance.

What am I entitled to and where can I apply for the benefits?

Benefits:

EUR 219 is paid in child support each month for the first and second child; EUR 225 for the third; and EUR 250 for the fourth and further children.

Parental allowance (basic parental allowance and parental allowance plus):

A parent can receive parental allowance for at least two months (minimum coverage period) and basic parental allowance for a maximum of 12 months. Both parents are in principle entitled to a shared total of 12 months of basic parental allowance. Parents receive two further months of parental allowance if both partners forego earned income to bring up a child (partner months). Single parents who receive a lesser salary for two months of benefit can receive the basic parental allowance as substitute income for up to 14 months.

The basic parental allowance is about two thirds of the net income described above. Low-income earners receive up to 100% of their last net earnings. This is at least EUR 300 (irrespective of income) in the basic parental allowance scheme and EUR 150 in the parental allowance plus scheme. The basic parental allowance is at most EUR 1,800 and at most EUR 900 for the parental allowance plus per month. Families with a number of small children can receive a sibling bonus of 10%, with a minimum of EUR 75 per month in the basic parental allowance scheme and EUR 37.50 in the parental allowance plus scheme. For multiple births, the basic parental allowance increases by EUR 300 and the parental allowance plus increases by EUR 150 for each other sibling. The parents are also entitled to parental allowance for each other child of a multiple birth.

The parental allowance plus is calculated like the basic parental allowance, but it can only amount to a maximum of half the parental allowance amount the parents without a part-time income would be entitled to after the birth. Instead it is paid for twice the amount of time: one parental allowance month = two parental allowance plus months.

If both parents work for two to four consecutive months for an average of 24-32 hours per week, every parent receives additional monthly amounts of parental allowance plus (partnership bonus) for these months. Both parental couples and single parents can claim the parental allowance plus for another two to four months, if they work for at least four subsequent months between 24 and 32 hours per week.

Allowance advance

The allowance advance for children up to five years is up to EUR 177 per month and for children between 6 and 11 years it is up to EUR 236 per month. The allowance advance is EUR 314 per month up to reaching the age of 18 years.

The allowance advance is paid as long as the eligibility requirements are fulfilled and up to the child reaching legal age (18th birthday).

Application forms

You only receive child benefit if you have applied for it in writing at the family benefits office of the Federal Employment Agency.

You must notify the family benefits office voluntarily of any changes to your personal circumstances (e.g. the ending of a child's vocational training).

You can obtain the application forms from your family benefits office or at <https://www.arbeitsagentur.de/en>. You can find the office responsible for you at <https://familienportal.de/familienportal/familienleistungen/kindergeld> and at <https://www.arbeitsagentur.de/ueber-uns/ansprechpartner>. You can also only receive parental allowance if you have applied for it in writing at the parental allowance office. You can find the office responsible for you and application forms at <https://familienportal.de/familienportal/familienleistungen/eltern geld>.

The local youth welfare offices also provide application forms for allowance advances.

Your rights

Trade unions, among others, offer their members free advice on social rights issues. Charitable associations such as unemployment centres help those in need with the forms and will also accompany you, if required, to the public authorities.

European Commission publications:

- [Social benefits for families: Your rights as EU citizens abroad](#)

Further information

You can obtain further information about child benefit from your family benefits office or at <http://www.familienkasse.de>. You can find the office responsible for you at <https://familienportal.de/familienportal/familienleistungen/kindergeld> and at <https://www.arbeitsagentur.de/ueber-uns/ansprechpartner>.

You can obtain information on parental allowance from your local parental allowance office. You also only receive parental allowance if you have applied for it in writing at the parental allowance office. You can find the office responsible for you at Search | Federal family portal

You can find the Federal Ministry of Labour and Social Affairs at <http://www.bmas.de/EN/Home/home.html>.

The Federal Central Tax Office is on http://www.bzst.de/EN/Home/home_node.html.

The Federal Ministry for Family, Elderly People, Women and Youth is on <https://www.bmfsfj.de/bmfsfj/meta/en>.

You can only obtain alimony advances if you have applied for them in writing at the competent youth welfare office. You will find the competent office on <https://familienportal.de>.

Health

Benefits for those in need of care

Benefit entitlements for those in need of care: Statutory long-term care insurance pays for people in need of care who apply for benefits or expenses incurred in connection with care.

Under what circumstances am I entitled to benefits?

Statutory long-term care insurance (*gesetzliche Pflegeversicherung*) pays for people in need of care who apply for benefits or expenses incurred in connection with care.

Everyone with sickness insurance either with the state or privately has mandatory cover for the nursing care in either the state or private insurance system.

Eligibility requirements

Nursing care benefits (SPV) may be only claimed by those who have paid contributions for at least two years or were family-insured for at least two years (qualifying period) and are in need of care.

In the meaning of the law, a person in need of care exhibits health impairments limiting their independence or abilities and therefore requires the help of others. It concerns people who are unable to compensate or manage their physical, cognitive or psychological impairments or health burden or tasks on their own. The need of care must exist either permanently or for an anticipated period of at least six months and be at least of the severity defined in § 15 SGB XI.

What am I entitled to and where can I apply for the benefits?

The nursing care insurance commissions the MD (Medical Service) or other independent assessors to establish whether the prerequisites of the need for care are fulfilled and what level of care is required. In the case of privately insured persons, the private insurance company instructs the assessors of MEDICPROOF.

Assessors (specialist nurses/doctors) of the MD visit the applicant and check as part of the assessment the degree of health impairments limiting their independence or abilities in six areas of their lives: mobility, cognitive and communicative abilities, behaviour and psychological problems, self-sufficiency, managing and dealing with challenges caused by illness or therapy and burdens independently, managing every-day life and social contacts.

For every criteria in the areas of life listed above, the degree of independence is in general evaluated on the basis of a point system. At the end, all points are added up and the total value (with different weighting) then corresponds to one of the five following care levels:

- a) from 12.5 to below 27 total points is care level 1: little impairments of independence or abilities.
- b) from 27 to below 47.5 total points is care level 2: significant impairments of independence or abilities.
- c) from 47.5 to below 70 total points is care level 3: heavy impairments of independence or abilities.
- d) from 70 to below 90 total points is care level 4: heaviest impairments of independence or abilities.
- e) from 90 to below 100 total points is care level 5: heaviest impairments of independence or abilities with special requirements of nursing care.

Persons in need of care with special need constellations requiring a specific, extraordinarily high need for help with special requirements for nursing care, can be classed in care level 5 for reasons of care, even when the required total points are not accumulated. The National Association of Statutory Health Insurance Funds (*Spitzenverband Bund der Pflegekassen*) specifies the prerequisites justified by the need for care of these special needs constellations in their surveying guidelines.

In particular elderly people want to show themselves to strangers "in their best light" and present themselves during the evaluation and assessment as more independent than they really are. Therefore, it is important to the assessor and their assessment that the carer (e. g. the spouse) or the responsible nurse (e. g. outpatient care provider) is present during the examination so that they can provide information.

Care benefits from social assistance: People with health impairments limiting their independence or abilities and therefore require help, have a right to "help for care". This is only provided if the person in need of care cannot pay for themselves and does not receive them from others - e. g. the nursing care insurance.

In addition, for relatives providing nursing care and other unpaid caregivers, the nursing care insurance will under certain conditions pay their pension contributions, contributions to unemployment insurance and other support measures such as counselling or free training. Carers are under certain conditions insured without having to make contributions into the accident insurance.

Benefits in kind:

Nursing care insurance pays out relative to the applicant's care level up to the amount of the established contributions to benefits in kind.

- outpatient nursing staff, caregivers or outpatient care staff who provide care and look after those in need in their home and do the housework;
- day-patient care and short-term care as well as inpatient care.

The support depends on the level of the need for care.

Where necessary, the applicant receives care equipment for care at home (e.g. disposable gloves, nursing bed), or special care measures to improve the living space, such as building alterations in the home, or subsidies towards these.

The care insurance benefits are paid for as long as the conditions are met. If the condition of those needing care worsens, they may apply for their care level to be reassessed by the medical unit.

Financial support:

The insured parties must choose between financial and benefits and benefits in kind: Instead of moving into a nursing home or using the benefits in kind to pay the care services, the person in need of care or their relatives may organise the care themselves. The care insurance then pays a care allowance.

Those who prefer can also claim for only part of the care services and support arranged and paid for by the insurance, and organise some of the care themselves. The care insurance pays a proportionate care allowance for this (combined benefit) on top of the pro-rata care benefits in kind.

Anyone (from care grade 2) who receives care benefits in kind or long-term care allowance for home care is also entitled to day care/overnight care in a care facility.

For additional private nursing care insurance, a government grant of up to EUR 60 can be received per year, if the supplementary insurance complies with certain legal requirements.

Application forms

A person who is insured under a state health insurance scheme automatically also has care insurance.

Care insurance is organised as part of health insurance. Each care insurance is linked to a health insurance provider where insured people can apply for support from the care insurance. Care insurance providers have developed application forms that are often available online, but people can also apply informally.

Privately insured parties need to take out care insurance with their mandatory care insurance. Private insurance companies also offer optional insurance cover for additional

private care. There are many different products on offer for this, with different conditions and prices.

Since 2013 it has also been possible to take out a state-funded supplementary care insurance. This special type of care insurance is linked to certain legal conditions. For example, health checks are therefore also ruled out; persons who have not yet required care cannot be rejected by insurance companies due to previous illnesses or age.

Your rights

European Commission publications:

<http://ec.europa.eu/social/main.jsp?catId=849&langId=en>

Further information

You can obtain more information and advice from your health insurance or care insurance provider and the healthcare advice centre in your district, city or municipality. You can find a list of the state health insurance policies and plenty of other relevant information at <http://www.gkv-spitzenverband.de/> on the site of the National Association of Statutory Health Insurance.

If you still have social security coverage in one or more countries besides Germany, please check whether this has an impact on your health insurance:

GKV Spitzenverband,
Abteilung Deutsche Verbindungsstelle
Krankenversicherung - Ausland (DVKA)
Pennefeldsweg 12 c
53177 Bonn
Tel.: +49 228 95300
<http://www.dvka.de>

You can find the Federal Ministry of Health at <http://www.bmg.bund.de>

Health insurance benefits in kind in the event of illness

The benefits of the state health insurance (GKV) are generally paid as cash benefits or benefits in kind. Persons insured with the state health insurance can be treated by a doctor who has a contract with the health insurance company when presenting their insurance card. They are generally given the necessary medical treatment as well as medication, remedies and aids as benefits in kind.

Under what circumstances am I entitled to benefits?

The services of the state health insurance system are normally provided as cash benefits or as benefits in kind. Persons insured with the state health insurance system are treated by a doctor who has a contract with the health insurance company when they present their insurance card. They normally receive the necessary medical treatment as well as medication, remedies and aids as benefits in kind.

Eligibility requirements

The services of the state health insurance system are normally provided as cash benefits or as benefits in kind. Persons insured with the state health insurance system are treated by a doctor who has a contract with the health insurance company when they present their insurance card. They normally receive the necessary medical treatment as well as medication, remedies and aids as benefits in kind.

What am I entitled to and where can I apply for the benefits?

The services of the state health insurance currently include among other things:

Medical check-ups for early diagnosis of illnesses:

- Health checks for children and young people (currently 10 check-ups at pre-defined times up to the age of 6, as well as one check-up between the 13th and 14th year).
- Check-ups for adults: from April 2019, under the Prevention Act 2015 18-34 year olds covered by statutory insurance are for the first time entitled to one free check-up, and insured people over 35 are entitled to a check-up every three years. This is aimed at identifying health risks and the early diagnosis of conditions such as cardiovascular diseases and type 2 diabetes mellitus. In certain cases, doctors may recommend certified offers for behavioural prevention, such as for remedying movement deficiencies or stopping smoking.
- One-off examination for the viral diseases hepatitis B and hepatitis C as part of the "check-up" for insured persons from the age of 35.
- One-off ultrasound screening for the early detection of abdominal aorta aneurysms (pathological enlargement of the abdominal artery) for men over 65. Early detection scheme for cervical cancer for women over 20. Under the Early Cancer Detection and Recording Act of 2013, eligible women covered by statutory insurance are, from January 2020, written to every five years by their health insurance company to inform them about the early detection of cervical cancer (women aged 20 to 34: annual cytological smear (pap smear) / women over 35: combined check-up every three years with pap smear and HPV test); and for all women over 30: (annual) tactile examination by a doctor for the early detection of breast cancer.
- Mammogram screening for early diagnosis of breast cancer for women between 50 and 69 years. Women are invited in writing to come to this X-ray check-up every other year by a "central body".
- Early detection of prostate cancer in men over 45: annual tactile examination.
- Scheme for the early detection of bowel cancer for women and men over 50: from July 2019, under the Early Cancer Detection and Recording Act of 2013 eligible people covered by statutory insurance are written to every five years by their health insurance company regarding the early detection of bowel cancer (regular immunological faecal occult blood test; two colonoscopies for early diagnosis every 10 years).
- Early detection of skin cancer in women and men over 35: every other year, skin examination with the naked eye.

Medical care:

Insured parties are entitled to treatment by GPs, specialists, psychotherapists and dentists.

Medicines, treatments and equipment:

The health insurance company in general pays the costs of medicines which have been prescribed as a panel prescription by a doctor who has a contract with the health insurance company. For most medicines insured parties pay 10% of the sales price themselves (contribution), with a minimum of EUR 5 and a maximum of EUR 10. The supplementary payment may not be higher than the price of the medicine. Supplementary payments are limited: children under age 18 are exempt.

Non-prescription drugs are not reimbursed. This does not apply to children under 12 and young people with development disorders under 18. By way of exception, prescription drugs the "German Joint Federal Committee" has recognised as being standard treatment for severe illnesses are not reimbursed

Medicines to treat colds and flu infections, including head colds, painkillers, cough relief and cough remedies, mouth and throat treatments (except for fungal infections), laxatives and medicines against travel sickness you must pay for in full.

Nor does the health insurance company pay for medicines "used primarily to improve the quality of life". This refers to for example, medicines to cure erectile dysfunction, increase

sexual potency or hair growth formulas. If need be, ask your health insurance company about possible exceptions to this rule.

The insured parties are also entitled to treatments prescribed by a doctor who has a contract with the health insurance company such as physiotherapy (remedial gymnastics), speech therapy, occupational therapy or foot treatments (professional pedicure). In this case, patients must pay 10% of the costs themselves, plus EUR 10 for each prescription.

The health insurance company also pays a part of the costs for medically essential hearing devices (e.g. hearing aids), prostheses and similar aids. Generally, adults only receive a contribution in the form of a fixed amount for aids to vision such as glasses or contact lenses under certain conditions. For the health insurance companies to contribute to the costs for such aids, you should apply to the health insurance company BEFORE buying them. The insured parties must pay part of the costs themselves: The supplementary payment for aids is 10% of the price, with a minimum EUR 5 and maximum EUR 10 for consumable aids, or maximum EUR 10 for one month's supply. Information can be found on the website of the GKV-Spitzenverband (www.gkv-spitzenverband.de).

Dentistry:

Necessary conservative dentistry and surgical treatments are usually covered by health insurance funds.

Orthodontic treatment for insured persons who have reached the age of 18 is not covered by the health insurance funds. For insured persons under the age of 18, the health insurance funds pay for medically necessary standard orthodontic treatment (prevention and correction of malocclusions of the teeth and jaw, for example with braces) in full from their scope of benefits. 20% of the treatment costs must initially be paid by the insured person as a personal contribution; these costs are reimbursed after completion of the treatment.

If orthodontic treatment is required for at least two insured children who have yet to turn 18 when the treatment begins and who live in the same household as their parents or legal guardians, the contribution for the second and any further child is 10%. The fund reimburses this contribution at the end of the treatment.

For dentures and crowns, depending on the dentist's findings, the insured parties receive a contribution of 60% of the costs at the "standard rate" defined by the "German Joint Federal Board". A person who goes to the dentist at least once a year and proves this by his bonus booklet, receives in addition up to 25% of the costs for dentures from the health insurance fund.

Low-income insured parties receive necessary medical standard care for free. In addition, the accompanying hardship provisions prevent insured parties being affected by "unreasonable charges".

Home nursing care and domestic help:

Insured persons are eligible for home nursing care in addition to medical care, if treatment at hospital is needed, but cannot be implemented or if it can be avoided or shortened by providing nursing care at home. A person is only eligible if no one in the same household is able to care for and look after them to the extent needed.

The health insurance companies stipulate in their rules whether and how they pay for home nursing care in other cases too.

If you are unable to look after yourself due to hospital treatment or illness and nobody living in the same household can run the household, the health insurance company will pay for domestic services. The prerequisite for this payment is that a child lives in the household who has not completed 12 years by the beginning of the domestic help or is disabled and requires help. Domestic help can also be claimed, when it is impossible to keep the household due to severe illness or the acute worsening of an illness, in particular after hospitalisation (for up to at the most four months). The entitlement is extended to 26 weeks, if there is a child in the household, who has not completed 12 years by the

beginning of the domestic help or is disabled and requires help. The health insurance company pays for the domestic help for at most four weeks if:

- you are so unwell that you can no longer shop, clean, wash or perform other household chores for yourself and
- there is a child under 12 or with disabilities living in your household who cannot be cared for by any other person in the household.

Hospital treatment:

All health insurance companies must also pay for hospital treatment if a doctor deems it necessary. For a maximum of 28 days per calendar year, you must pay a supplementary payment of EUR 10 for each day.

Travel costs:

In special exceptional cases and in case of urgent medical necessity, health insurance companies also pay for the necessary travel (travel costs) for outpatient medical treatment, for example to a doctor or hospital. These trips must be prescribed by a doctor and require prior authorisation by the health insurance company. 10% of the travel costs are to be paid for by the insured parties themselves (personal contribution) with a minimum of EUR 5 and a maximum of EUR 10 per journey, however, no more than the costs actually incurred.

Benefits in kind in the event of illness:

Before a doctor who has a contract with the health insurance company treats you at the health insurance company's expense, you must present your health insurance card (e-health card). In urgent cases, the doctor will treat you even without this card. You must then present it at the doctor's practice within 10 days.

90% of all established doctors and dentists with their own practice are approved to participate in the provision of medical treatment. Only with this approval can patients be treated at the expense of the state health insurance scheme. Medical care centres (MV), authorised physicians and authorised facilities are also involved in the provision of medical treatment. You can get a list of service providers participating in medical treatment in your area from your health insurance company.

If necessary, your GP may refer you to a specialist, a hospital or a similar institution.

In Germany, the health insurance is covered by two different systems: the state health insurance and the private health insurance.

State health insurance is compulsory in particular for the following groups of people

- Employees whose remuneration for their employment amounts to more than EUR 450, but does not exceed the limit for general compulsory insurance. For employees with minor employment special regulations apply:
- Recipients of unemployment benefit or alimonies pursuant to SGB III under certain conditions recipients of unemployment benefit II.
- Trainees and students under certain conditions and interns who carry out a practical activity required as part of their course or examination regulations and do not receive any remunerations.
- Pensioners as long as certain qualifying periods have been fulfilled,
- Agriculture and forestry entrepreneurs and their family members who work in their businesses as well as *Altenteile*, parts of a farm retained by a retired farmers,
- People with a disability (in workshops or homes),
- Artists and journalists.

Children, spouses and registered partners of members may under certain circumstances, be covered by family insurance without the need for contributions, if they have their residence or habitual abode in Germany and provide of a total income that does not

regularly lie below a certain income threshold (in 2022: EUR 470 per month). Family members must not be subject to mandatory insurance elsewhere or be exempt from compulsory insurance to be eligible for family insurance.

Anyone who drops out of the mandatory insurance and is not covered by family insurance can generally still be insured as a voluntary member of the state health insurance scheme.

People who are not entitled to be protected in the event of an illness and have their residence or habitual abode in Germany must mandatorily have been insured in the state or private health insurance pursuant to certain regulations since 1 January 2009.

Insurance premiums:

The state health insurance is financed by contributions and a federal subsidy. The contributions including the supplementary contributions of the individual health insurance funds are calculated based on a percentage of the assessable income.

In case of compulsorily insured parties this includes remuneration from work, pensions of the state pension fund, pensions and related benefits (e.g. occupational pensions) as well as remuneration from self-employed activities obtained in addition to a pension of the state pension insurance or other pensions and annuities. Voluntary members pay furthermore contributions from other income, such as for example capital income or income from tenancy or lease.

For both compulsorily insured and voluntarily insured members a total income up to the assessment ceiling of EUR 4,837.50 per month or EUR 58,050 per year (as at 2022) is taken into account. The legally determined general contribution rate is 14.6% of the income subject to compulsory contributions. The employer and pension insurance institute must cover half of it for employers and pensioners respectively. The reduced contribution rate is 14.0% of the assessable income of the members.

Health insurances that cannot cover their financial needs with the allocations from the health funds can also charge their members a supplementary contribution. Employers and pension insurance companies each pay half of the supplementary contribution, which may vary for every health insurance. An overview of the current supplementary contributions of health insurances is available on the website of the Federal Association of Health Insurances on www.gkv-spitzenverband.de. In as far as a health insurance levies a supplementary contribution for the first time or increases its supplementary contribution rate, the members have the option to change their health insurance within the framework of the legal special cancellation rules. Co-insured children or partners (family insurance) do not pay supplementary contributions. Employers pay the supplementary contribution for their employees directly to the health insurance. Basic insurance is covered by the responsible agencies in case of social security recipients and recipients of basic insurance.

Jargon busters

- Earnings: Your regular wage or salary
- Health insurance card (e-health card): An identity document in a credit card format that you receive from your health insurance company. All important data are stored on it
- Statutes: Rules which organisations (e.g. health insurance companies) set for themselves under statutory provisions

Application forms

The health insurance companies pay the doctors and hospitals directly for treatments at the doctor's surgery or the hospital provided that you have presented your health insurance card in the practice or clinic beforehand. Money for some dental treatments must be applied for in advance to your health insurance company. The dentist who is treating you will inform you in this case.

Your rights

The links to the following sites are not European Commission sites and do not reflect its opinions:

- The health insurance companies inform their members about their rights and entitlements by telephone and over the Internet. If you do not agree with a decision made by your health insurance company, you can seek advice from independent patient advice centres. These centres can also help you with problems following errors in medical treatments.
<http://www.patientenberatung.de>

European Commission publications:

- http://europa.eu/youreurope/citizens/health/index_en.htm

Further information

Compulsorily and voluntarily insured parties can always freely choose their state health insurance. The 97 state health insurances in Germany may differ in their service and supplementary services (optional services). The amount of the supplementary contribution of health insurances may also be an important criteria in choosing a health insurance. It is therefore worthwhile to compare the different products on offer. Farmers have their own health insurance.

You can find a list of the state health insurance policies and plenty of other relevant information at <http://www.gkv-spitzenverband.de/> on the site of the federal association of state health insurance funds.

If you still have social security cover in one or more countries besides Germany, ask about the effects on health insurance:

GKV Spitzenverband,
Abteilung Deutsche Verbindungsstelle
Krankenversicherung - Ausland (DVKA)
Pennefeldsweg 12 c
53177 Bonn
Tel.: +49 228 95300
<http://www.dvka.de>

You can find the Federal Ministry of Health at <http://www.bmg.bund.de>

The employer calculates the social insurance contributions for compulsorily insured employees (the contributions for health, nursing care, pension and unemployment insurance), and transfers the total contribution as part of the payroll deduction procedure to the health insurance fund, which then forwards the contributions to other social welfare funds. The normal health insurance contribution rate is currently 14.6%. The employer pays half of this (7.3%) for compulsorily insured employees, and the employee pays the other half (7.3%). This is complemented by the supplementary contribution health insurances can levy.

The contribution to the nursing care insurance amounts to 3.05%. Childless insured parties born since 1940 pay an additional 0.35% from age 23.

The compulsory insurance of employees whose remuneration exceeds the applicable annual remuneration limit (compulsory insurance limit) ends at the end of the calendar year, if your remuneration will also exceed the corresponding applicable annual remuneration limit in the following calendar year. The general compulsory insurance limit is an annual income of EUR 64,350.00 (or EUR 5,362.50 per month) for 2022. If this terminates the employee's obligation to be insured, the parties affected always have the option to remain insured as a voluntary member of the health insurance or to change to a private health insurance.

The authorities and social insurance providers (you can find the addresses at the end of the relevant chapter) can offer you advice and information about your rights and

entitlements. The website <http://www.deutsche-sozialversicherung.de> provides a summary and many additional links.

Trade unions as well, among others, offer their members free advice on issues relating to social legislation. Charitable associations such as unemployment centres help those in need with the forms and will also accompany you, if required, to the public authorities.

The insurance authorities for citizens of other EU member states have set up a number of information offices in Germany (see Annex). These answer questions about social insurance in Germany and other EU states.

You can find the federal laws at <http://www.gesetze-im-internet.de>. The Federal Ministry of Labour and Social Affairs has set up a search engine at <http://www.bmas.de/DE/Service/Gesetze/inhalt.html>, which searches laws and regulations by keywords.

Health insurance cash benefits in the event of illness

In addition to the payments in kind (such as necessary medical care as well as medication, remedies and aids) the state health insurance pays sick pay for longer-term unfitness for work

Under what circumstances am I entitled to benefits?

If you are unable to work as a dependent employee for a lengthy period of time, you receive sick pay from the health insurance company following the continued payment of wages during illness by your employer.

Eligibility requirements

A person who is sick and unfit to work after the employer's wage payments expire, receives sick pay from the health insurance company.

What am I entitled to and where can I apply for the benefits?

If you fall ill, you are entitled to continue receiving your wage if you have been employed continuously for four weeks beforehand. Only then will the employer continue paying you the wage for at most six weeks if you cannot work due to illness ("continued payment of wages during illness").

If you are still not able to work after the employer's payment of your wages during illness expires, you will receive sick pay from the health insurance company. This is 70% of your last regular earnings (regular salary), but no more than 90% of the net earnings.

You receive sick pay until the end of the medically certified period of unfitness for work. But for the same illness, the sick pay is paid out for a maximum of 78 weeks over a period of three years. At the end of these 3 years, under specific circumstances you can continue to receive sick pay for the same illness for a further three years.

Other social security benefits, such as disability or incapacity pensions or payments from social security funds in other countries, are offset against the sick pay.

If you are ill and therefore unable to go to the doctor, you must inform your employer of this immediately. If you are absent for longer than three days, you must provide a doctor's certificate of incapacity for work (sick note).

The employer can also request earlier presentation of a doctor's certificate regarding your incapacity to work.

As a rule, you receive sick pay from the day on which a doctor has confirmed your illness, and only for as long as the doctor's note is valid. You must turn up to appointments for medical examinations. If you do not go the doctor despite having an appointment, the payment of the sick pay can be stopped.

If you receive other benefits (for instance, a pension) or if your illness arose as a result of an accident at work or an occupational disease, you must inform your health insurance company of this. While you have a doctor's note and are receiving sick pay, you may only leave Germany with the consent of your health insurance company, otherwise the payment of the sick pay can be stopped.

Your child's illness:

If you have state health insurance and a doctor diagnoses your child (under 12) with an illness that requires monitoring, support or care and nobody else in your household can look after your child, the health insurance company pays your sick pay. Considering the fact that the COVID-pandemic poses great challenges for everyone and leads to more frequent use of the children's sickness benefit, the children's sickness benefit entitlement has also been expanded for the year 2022. For each child, you receive sick pay for a maximum of 30 working days (up to 60 working days for single parents) per year. For all children combined, there is a maximum of 65 working days per year; for insured single parents it is a maximum of 130 working days a year.

Application forms

You apply for sick pay from your health insurance company.

Your rights

You can obtain further information about your rights and entitlements from your health insurance company.

European Commission publications:

<http://ec.europa.eu/social/main.jsp?catId=849&langId=en>

Further information

The health insurance companies inform their members about their rights and entitlements by telephone and over the Internet. If you do not agree with a decision made by your health insurance institution, you can seek advice from independent patient advice centres. <http://www.unabhaengige-patientenberatung.de/>

You can find a list of the state health insurance policies and plenty of other relevant information at <http://www.gkv-spitzenverband.de/> on the site of the federal association of state health insurance funds.

If you still have social security cover in one or more countries besides Germany, ask about the effects on health insurance:

GKV Spitzenverband,
Abteilung Deutsche Verbindungsstelle
Krankenversicherung - Ausland (DVKA)
Pennefeldsweg 12 c
53177 Bonn
Tel.: +49 228 95300
<http://www.dvka.de>

You can find the Federal Ministry of Health at <http://www.bmg.bund.de>

Incapacity

Disability benefits

Your entitlements in respect of a reduction in earnings due to disability; conditions and kind of benefits.

Under what circumstances am I entitled to benefits?

Pension policy holders who are fully or partly unable to remain economically active owing to illness or disability are entitled, under certain circumstances, to a pension.

Eligibility requirements

Pensions due to a reduction in earnings capacity:

A disability pension may be claimed by policy holders who, on health grounds:

- cannot work at least six hours (partial disability); or
- cannot work at least three hours (full disability) per day in gainful employment.

To receive this pension, you must prove that you:

- have made contributions for at least 60 months (qualifying period), that is, have paid into the pension scheme for 5 years, and
- have paid three years of compulsory insurance contributions in the five years preceding the beginning of the reduced earning capacity.

The calculation of these periods does not include times when you are too sick to work, unemployed, in schooling or not economically active due to your children, if they are not also periods of compulsory contributions. You may however extend the period of five years.

Other rules apply to insured parties who before suffered a partial disability due to an accident at work or have a reduced earning capacity in the first 6 years after completing training. In this case the qualifying period can be completed early.

People with disabilities:

Insured persons who were already fully incapacitated before fulfilling the general waiting period of 60 months and have been fully incapacitated without interruption since then (e.g. in the case of severe congenital or childhood conditions) are entitled to a pension due to full reduction in earning capacity if they have fulfilled 240 months of contribution and replacement periods. For example, the period of employment in a workshop for people with disabilities counts as a qualifying period.

Pensions on account of partial disability in case of inability to work:

Policy holders born before 2 January 1961 and who meet the above conditions also receive a pension due to partial reduction of earning capacity if they are no longer able to work for six hours per day in their previous qualified or any other profession they could reasonably follow (occupational invalidity pension).

Supplementary income limit:

If you work while receiving your disability pension, your earnings may reduce the amount of pension or your pension may not be paid at all. You should therefore seek advice from your pension provider as a person on a temporary disability pension before accepting employment or a self-employed occupation.

Special regulations for miners:

Miners are considered to have partial occupational disability if they:

- can no longer practise their previous or comparable work owing to illness or disability; and
- cannot pursue any comparable profession outside the mining industry.

Miners over 50 years of age can receive a pension if they no longer carry out an occupation that is economically equivalent to their previous one. This is, however, conditional on the qualifying period (see above) of 25 years of permanent mining work underground being met. Furthermore, in the five years before the beginning of the reduced earning capacity in the mining industry three years must have been years with compulsory contributions paid on the basis of employment in the mining industry, and a minimum insurance period of five years must have been completed with payments into an insurance of the miners' association.

What am I entitled to and where can I apply for the benefits?

The amount of your earnings-related and contributory pension always depends on the number of insurance years covered and the total amount of payments. In addition to the contribution periods, periods of reduced contribution and contribution-free periods can also increase the pension. You receive a pension only if you apply for it in advance from the pension provider.

Reintegration benefits:

If the fitness for work of an insured party can be maintained or restored, in place of a pension the pension provider pays for the required services for reintegration such as rehabilitation measures, retraining or other training programmes (rehabilitation has priority over pension), if the insurance and personal conditions are satisfied.

The pension provider also covers:

- Benefits for reintegration into the workplace,
- Benefits to promote fitness for work,
- Preventive measures and
- Inpatient remedial treatments for the children of policy holders and pensioners,

If these contribute to improving or recovering their threatened or already compromised health. This includes, for example, medical treatments, products, spa treatments or training courses that aim to prepare participants for a new professional activity.

During any such services to assist with reintegration, the pension provider pays the insured parties and their families a transitional allowance to compensate for the loss of income. The amount is determined by the policy holder's last income. The pension provider also assumes, where appropriate, travel costs, costs of travel aids or household help and childcare costs.

Application forms

You can obtain the application forms from your pension provider.

Your rights

You can obtain further information on your rights and entitlements from your pension provider. The state pension providers are

- the *Deutsche Rentenversicherung Bund* <http://www.deutsche-rentenversicherung.de/>,
- the regional German pension providers <http://www.deutsche-rentenversicherung.de/> and
- the *Knappschaft-Bahn-See* (miners, rail and maritime) German pension provider <http://www.kbs.de>,
- You can find the Federal Ministry of Labour and Social Affairs at <http://www.bmas.de>

European Commission publications:

<http://ec.europa.eu/social/main.jsp?catId=849&langId=en>

Further information

The state pension providers are

- the (*Deutsche Rentenversicherung Bund*) <http://www.deutsche-rentenversicherung.de/>,
- the regional German pension providers <http://www.deutsche-rentenversicherung.de/> and
- the *Knappschaft-Bahn-See* German pension provider www.kbs.de.

You can obtain free advice and information from the pension providers. For most people in Germany, this is the *Deutsche Rentenversicherung* with offices in the larger cities.

You can find their addresses on the websites listed above.

You can obtain information by telephone on the toll-free number 0800 1000 4800

Benefits for accidents at work and occupational diseases

The state accident insurance pays for occupational diseases and accidents at work

Under what circumstances am I entitled to benefits?

State accident insurance pays benefits only to the people it insures. It covers accidents at work, accidents on the way directly to and from work and the consequences of occupational diseases, i.e. diseases contracted thanks to the exercise of one's trade or profession.

Eligibility requirements:

In particular, the following people have compulsory cover from the state accident insurance scheme:

- Manual and office workers;
- Apprentices;
- Certain self-employed people;
- Children in day-care centres, kindergartens and similar establishments;
- Pupils attending non-vocational or vocational schools;
- Students undergoing education or further education at tertiary level,
- Beneficiaries of rehabilitation payments (participants in rehabilitation measures);
- Certain volunteers; and
- Domestic care personnel.

The employer pays the accident insurance contributions for manual and office workers and trainees. Benefits including for children in nurseries, pupils and students are tax-financed.

The self-employed can voluntarily take out insurance against the consequences of accidents at work through professional associations who provide insurance (*Berufsgenossenschaft*). They must pay the contributions themselves.

Accident insurance covers the costs resulting from accidents at work and occupational diseases.

Accidents at work are accidents which occur during the performance of an insured activity (normally the work specified in the employment contract) and accidents on the way to and from this insured activity (commuting accident). Detours on the way to and from work can be insured under certain conditions; business trips are normally insured.

Occupational diseases are diseases listed in the Occupational Diseases Regulation and contracted by insured parties through the insured activities. The Occupational Diseases

Regulation at present lists 82 recognised occupational diseases (combination of list and provision of proof system).

The policy holder receives benefits from the accident insurance only if a causal link exists between the insured activity and the accident/disease, as well as between the accident/disease and the damage to their health. The insured activity against must therefore have led to the accident or disease and the damage to health.

What am I entitled to and where can I apply for the benefits?

Workers and employees have compulsory state accident insurance to cover the consequences of accidents at work. For most liberal professions, this is done through professional associations who provide insurance (*Berufsgenossenschaft*)

Civil servants (employees at the federal, state and local levels and at other public institutions) are insured by the accident insurance providers for cities, communities, districts, states and the national federation (accident insurance funds, municipal federations for accident insurance and prevention).

As compensation for the damage to your health caused by an event for which you have made a claim, you receive from the accident insurance company:

- Remedial treatment: The medical care covers first aid, medical treatment, medication, treatments and equipment, as well as home nursing care and medical rehabilitation services.
- Reintegration into working life: These are services to retain or obtain a job, find a new profession or trade or a traineeship (work experience), vocational training, initial and further training or retraining.
- Services for integration into community life: The aim of these services is the reintegration into social life. This includes in particular assistance
 - in acquiring practical knowledge and skills;
 - to come to manage one's environment;
 - with the purchase, maintenance and equipment of accommodation adapted for persons with disabilities;
 - to lead an independent life in supervised accommodation; and
 - to participate in cultural and social life.

Additional benefits:

If necessary, the insurance also pays for:

- medically prescribed rehabilitation group sports;
- Travel costs to the location of the services;
- social assistance or household help; and
- Childcare costs (babysitter, child minder and similar assistance).

Benefits for those in need of care:

If you need care following an insurance claim, the insurance pays for the necessary care services or money for the care (also in addition to the pension).

Throughout the period that you are unable to work, you receive injury benefit: 80% of your gross wages before the start of the period when you are unable to work, but no more than your last net wage. The insurance pays your injury benefit for up to a maximum of 78 weeks after the employer's sick pay ceases. If, on doctor's orders you must stay in a hospital or similar institution for longer than this, you will receive the injury benefit until either you are discharged from the clinic.

While you are involved in one of the activities for "reintegration into the workplace" (retraining, rehabilitation measures, training courses, work experience or a similar

programme to restore your ability to work), a transitional allowance is paid. This somewhat lower than the injury benefit.

Pension:

If your ability to work is curtailed by at least 20% as the result of an accident at work or an occupational disease for more than 26 weeks following the event leading to the claim, you will receive a pension. The amount depends on the extent of the reduction in your fitness for work (*Minderung der Erwerbsfähigkeit (MdE)*) and on your earnings over the previous twelve calendar months prior to the insurance claim, the full pension (100% MdE) equals 2/3 of the income.

Survivor's pensions:

If your spouse or civil partner dies following an accident at work or an occupational disease, you will receive a survivor's pension.

If you:

- are at least 47 years old; or
- are unable to work or are disabled; or
- are raising a child entitled to an orphan's pension,

the insurance will pay you an annual pension of 40% of the annual earned income of the deceased.

If you are younger than 47 and not raising any children, you will receive for two years an annual pension of 30% of the annual earned income of the deceased. The pension is continued after the 2 years if:

- your spouse died before 1 January 2002; or
- either of you was born before 2 January 1962; and
- you married before 1 January 2002.

Children under 18 receive an orphan's pension. A semi-orphan is entitled to an annual pension of 20%, and full orphan to 30% of the policy holder's annual earned income. If the child is still studying, the pension will be paid until their 27th birthday.

Income earned by the person entitled to a pension may be deducted from the widow's or widower's pension. No income is offset for an orphan's pension.

Allowance:

In some cases, instead of a pension, the insurance may pay a one-off allowance following the death of a family member.

Funeral payment:

If an accident at work or an occupational disease leads to the death of the insured person, the insurance will pay the funeral expenses (funeral payment). In 2022, this amounted to EUR 5,640 in West Germany ("old" German states), and EUR 5,400 in East Germany ("new" German states).

Benefits for accidents at work and occupational diseases:

The accident insurance provider alone decides whether the conditions exist for an insurance claim, and whether the insured person or surviving dependants are to receive benefits. You do not need to apply for this. The employer must report any accident to the accident insurance provider if the insured person is unable to work for more than three days or if the insured person dies.

After an accident, you visit one of the doctors approved by the accident insurance providers. The doctor, together with your accident insurance provider, decides on further treatment.

Application forms

The benefits are ex officio determined by the competent accident insurance (professional association, accident insurer).

Your rights

You can find the Federal Ministry of Labour and Social Affairs at <http://www.bmas.de>

Trade unions, among others, offer their members free advice on social rights issues. Charitable associations such as unemployment centres help those in need with the forms and will also accompany you, if required, to the public authorities.

European Commission publications:

- <http://ec.europa.eu/social/main.jsp?catId=849&langId=en>

If you still have social insurance in one or more countries other than Germany, ask about the effects of this on accident insurance:

German Liaison Office
Statutory Accident Insurance – Abroad
Glinkastr. 40
10117 Berlin
Tel.: +49 30 288763-640
<http://www.dguv.de>

Further information

The accident insurance providers publish an overview of state accident insurance and the addresses of the accident insurers at <http://www.dguv.de>.

"Social compensation" benefits

State benefits for those disabled in war, victims of violence, persons injured in military service and in community service, persons harmed by vaccinations and victims of state injustice in the GDR and their survivors

Under what circumstances am I entitled to benefits?

People who suffer a health damage for which the national community is responsible to compensate a certain victim or based on the principles of pension provision, is entitled to a pension due to the health and economic consequences of the damage. This applies to damage to health due to both world wars, crimes of violence, damages due to injuries in military or community service, vaccination damage and due to state injustice in the GDR (damaging event).

Eligibility requirements

People are eligible for all benefits, if they have suffered a health damage due to a damaging event (see above). Surviving parties are eligible if the damaged party has died because of the damage.

What am I entitled to and where can I apply for the benefits?

The claimants receive medical treatment and care depending on their personal situation and the severity of the harm they suffered. The care benefits are the "benefits for special situations", "care assistance" and "subsistence benefit". The care benefits are means-tested, if the need for it is not exclusively caused by the damage.

The benefits are always paid out once a competent pension administration has approved the claims.

Application forms

You can obtain information and application forms at the main welfare offices of your town, city or district, on the website of the Federal Ministry for Labour and Social Affairs; and parties injured in military service can obtain them and the Federal Office for Personnel Management of the *Bundeswehr*.

Your rights

European Commission publications:

<http://ec.europa.eu/social/main.jsp?catId=849&langId=en>

Further information

Bundesarbeitsgemeinschaft der Integrationsämter und Hauptfürsorgestellen e.V. (BIH)



Branch:

c/o Landschaftsverband Rheinland

50663 Köln,

Telefon: 0221/809-5390

Fax: 0221/8284-1-05

<http://www.integrationsaemter.de>

Information about Social Compensation

Federal Ministry of Labour and Social Affairs (BMAS)

Wilhelmstraße 49

10117 Berlin

Tel.: +49 30 18 527 0

<http://www.bmas.de/DE/Themen/Soziale-Sicherung/Soziale-Entschaedigung/inhalt.html>

Old-age and survivors

Pensions and other old age benefits

Insured persons who reach retirement age and have completed the minimum insurance period as well as possibly other special eligibility requirements receive old-age pensions. This chapter explains the compulsory pension insurance, the conditions for voluntary pension schemes, and the rights of the insured parties.

Under what circumstances am I entitled to benefits?

Insured persons who reach retirement age and have completed the minimum insurance period as well as possibly other special eligibility requirements receive old-age pensions.

Eligibility requirements

Under the state pension, insured parties are entitled to an old-age pension.

The prerequisite is that you:

- have reached a certain age (pensionable age);
- have completed a minimum insurance period (qualifying time); and
- have fulfilled certain special insurance requirements for some old age pensions.

Basic old-age pension:

Because of the demographic development, Germany has raised the age threshold for the basic old-age pension. For people born between 1 January 1947 and 31 December 1958, the previous basic age threshold of 65 years has been pushed back one month for every following year, and for those born between 1959 and 1963, by two months per year. For anyone born after 1 January 1964, the basic age threshold of 67 will apply.

For the basic old age pension, the general qualifying period of five years must be observed. Contributions periods and supplementary periods are added to them.

In addition to your basic old-age pension, you can earn further wages/salaries with no ceiling, without anything being deducted from the pension.

Early pension due to age:

The age thresholds for early pensions will be adjusted along with the new basic age threshold.

You can apply for an early pension from the age of 63 if you can prove 35 years of qualifying pension contributions (old-age pension of long-term insured people). As compensation for the longer pension period, for each month up to the statutory retirement age (for the old-age pensions of severely disabled people up to 65), the pension is reduced by 0.3% (discount).

People with severe disabilities receive an old-age pension (old-age pension for severely disabled people) when they:

- have reached the age threshold;
- are recognised as severely disabled at the time they retire; and
- have completed a qualifying period of 35 years.

As for statutory old-age pensions, the age threshold for a full pension for people with severe disabilities is also being raised from the age of 63 to from the age of 65 in stages for those born in 1952 and onwards (see above), with the earliest possible retirement age going from the age of 60 to from the age of 62. As compensation for the longer pension period, the pension for people with severe disabilities is reduced by 0.3% (discount) for each month that the pension is paid before the age limit allowing retirement on a pension without deductions.

You can maintain the old age pension for parties who have been insured particularly long without deductions, if you are at least 63 years old and have fulfilled a qualifying period of

45 years. For qualifying periods compulsory contributions from employment, self-employed activities and care as well as times of child education from the age of 10 are taken into account. Times of receiving unemployment benefits and other wage replacement benefits for the promotion of employment (excluding the last two years before the start of the pension) are included in the calculation. On the other hand times of receiving unemployment benefits II are not included. Furthermore voluntary contributions are taken into account, if 18 years of compulsory contributions can be proven.

The starting age of this pension will be gradually raised to the age of 65 for insured parties born before 31 December 1952. This raise takes place for every year in increments of 2 months, and from the birth year 1964, the retirement age of 65 years will be achieved.

Special provisions apply to miners: They are entitled to a discount-free old-age pension for miners who have worked underground for many years from their 60th birthday and after a qualifying period of 25 years. The entry-age for this pension will be gradually increased for insured persons born after 31 December 1952. The increase takes place in increments of 1 month per year, and for the years 1959 to 1963 in increments of 2 months per year. For people born after 1 January 1964 the age limit is 62 years.

If you want to work as an old-age pensioner, you can submit an application for partial retirement, or postpone the beginning of your retirement. You should take advice from your pension provider before you take up employment or an occupation as the beneficiary of an early pension.

What am I entitled to and where can I apply for the benefits?

Statutory provision in Germany for the elderly consists of:

- the state pension;
- civil service pension;
- professional pension schemes; and
- old-age provision for farmers.

All employees, including contracted employees and workers, are obliged to belong to one of these old-age insurance systems. This also applies to self-employed people in certain professions, including farmers, artists, journalists and members of professions organised into associations, such as doctors, architects, craftsmen, pharmacists, engineers, accountants and lawyers, along with others. Self-employed people who are not subject to compulsory insurance can join the state pension scheme through compulsory insurance or voluntary insurance.

Low-paid workers (regular remuneration of a maximum of EUR 450 per month) who started their employment after 31 December 2012 are subject to compulsory pension obligations. They can however ask to be exempted from compulsory insurance. Compulsory pension obligations do not apply to short-term employees and people who have worked less than three months or no more than 70 days in the calendar year and do not exercise this employment as a profession.

Pension calculation

The amount of your earnings-related and contributory pension always depends on the insurance years covered and the total of the insured earnings. Reduced contribution and contribution-free periods can also be added to this.

According to the pension formula, the personal earned income points, the pension type factor and the current pension value are decisive for the calculation of the pension.

There is an individually calculated basic pension supplement to the pension after many years of insurance in the statutory pension insurance with below-average income. The prerequisite is, among other things, at least 33 years of "basic pension periods" (above all compulsory contribution periods from employment, bringing up children and care work). The basis for calculating the supplement is the earned income points (EP) from basic pension periods which have a value of at least 0.025 EP/month (corresponding to 30% of

average earnings of everyone insured) (basic pension assessment periods). The basic pension is granted income-dependent, the income check is carried out with little paperwork through electronic retrieval of income data through the pension insurance by the tax authorities. No separate application is required.

Application forms

Essentially, only those who have applied in advance to the relevant pension provider receive pensions.

There is no need for an additional application for the basic pension supplement.

You can obtain the pension application form from your pension provider and can also find it at the website of *Deutsche Rentenversicherung* <http://www.deutsche-rentenversicherung.de/>

Pension claims which you do not claim immediately are not lost: If you only make your pension application later or if you first take only a partial pension, you will receive a higher full pension later on. For each month after reaching the standard retirement age in which you have not applied for your full pension despite having fulfilled the prerequisites, your eventual rent will increase by 0.5% (6% per year). You should ask your pension provider about the process so that you do not miss any application deadlines.

Your rights

Providers of the state pension scheme are

- [the *Deutsche Rentenversicherung Bund*](#)
- [the *Knappschaft-Bahn-See - German pension provider*](#)
- [the regional German pension providers](#)

European Commission publications:

- [As a pensioner abroad: Your rights as EU citizens abroad](#)

If you have social insurance in one or more countries other than Germany, ask about the effects on your pension scheme:

- Liaison offices for the state pension scheme:
Deutsche Rentenversicherung <http://www.deutsche-rentenversicherung.de>
- for Greece, Liechtenstein, Switzerland, Cyprus:
Deutsche Rentenversicherung Baden-Württemberg, 76122 Karlsruhe, Tel.: +49 721 825 0 and 70429 Stuttgart, Tel.: +49 711 848 0 <http://www.deutsche-rentenversicherung-bw.de>
- for Poland:
Deutsche Rentenversicherung Berlin-Brandenburg, Knobelsdorffstrasse 92, 14059 Berlin, Tel.: +49 30 3002 0 <http://www.deutsche-rentenversicherung-berlin-brandenburg.de>
- for Hungary:
Deutsche Rentenversicherung Central Germany, Kranichfelder Strasse 3, 99097 Erfurt, Tel.: +49 361 482 0 <http://www.deutsche-rentenversicherung-mitteldeutschland.de>
- for Bulgaria:
Deutsche Rentenversicherung Central Germany, Paracelsusstrasse 21, 06114 Halle, Tel.: +49 345 213 0 <http://www.deutsche-rentenversicherung-mitteldeutschland.de>
- for Slovenia, Slovakia, Czech Republic
Deutsche Rentenversicherung Southern Bavaria, 84024 Landshut, Tel.: +49 871 81 0 <http://www.deutsche-rentenversicherung-bayernsued.de>

- for Austria:
Deutsche Rentenversicherung Southern Bavaria, 81729 München, Tel.: +49 89 6781 0 <http://www.deutsche-rentenversicherung-bayernsued.de>
- for Denmark, Finland, Norway, Sweden:
Deutsche Rentenversicherung North, Ziegelstrasse 150, 23556 Lübeck, Tel.: +49 451 485 0 <http://www.deutsche-rentenversicherung-nord.de>
- for Estonia, Latvia, Lithuania:
Deutsche Rentenversicherung North, Platanenstrasse 43, 17033 Neubrandenburg, Tel.: +49 395 370 0 <http://www.deutsche-rentenversicherung-nord.de>
- for Ireland, United Kingdom
Deutsche Rentenversicherung North, Friedrich-Ebert-Damm 245, 22159 Hamburg, Tel.: +49 40 5300 0 <http://www.deutsche-rentenversicherung-nord.de>
- for Belgium, Spain
Deutsche Rentenversicherung Rhineland, 40194 Düsseldorf, Tel.: +49 211 937 0 <http://www.deutsche-rentenversicherung-rheinland.de>
- for France, Luxembourg:
Deutsche Rentenversicherung Rhineland-Palatinate, Eichendorffstrasse 4-6, 67346 Speyer, Tel.: +49 6232 17 0 <http://www.deutsche-rentenversicherung-rlp.de>
- for Italy, Malta:
Deutsche Rentenversicherung Swabia, Dieselstrasse 9, 86154 Augsburg, Tel.: +49 821 500 0 <http://www.deutsche-rentenversicherung-schwaben.de>
- for Portugal:
Deutsche Rentenversicherung Northern Bavaria, Friedenstrasse 12/14, 97072 Würzburg, Tel.: +49 931 802 0 <http://www.deutsche-rentenversicherung-nordbayern.de>
- for Iceland, Netherlands:
Deutsche Rentenversicherung Westphalia, Gartenstrasse 194, 48125 Münster, Tel.: +49 251 238 0 <http://www.deutsche-rentenversicherung-westfalen.de>
- Liaison offices of *Deutsche Rentenversicherung* for all countries, if contributions are paid to the insurance company:
Deutsche Rentenversicherung Bund, 10704 Berlin, Tel.: +49 30 865 1 <http://www.deutsche-rentenversicherung-bund.de>
- *Deutsche Rentenversicherung Knappschaft-Bahn-See*, Pieperstrasse 14-28, 44789 Bochum, Tel.: +49 234 304 0 <http://www.deutsche-rentenversicherung-knappschaft-bahn-see.de>
- Liaison office for old-age pensions for farmers:
Sozialversicherung für Landwirtschaft, Forsten und Gartenbau, Weissensteinstrasse 70-72, 34131 Kassel, Tel.: +49 561 9359 0 <http://svlfg.de>
- Information on welfare compensation:
The Federal Ministry of Labour and Social Affairs (BMAS), Wilhelmstrasse 49, 10117 Berlin Tel.: +49 30 18 527 0 <https://www.bmas.de/DE/Soziales/Soziale-Entschaedigung/soziale-entschaedigung.html>

Further information

You can obtain free advice and information from the pension providers. For most people in Germany, this is the *Deutsche Rentenversicherung* with offices in the larger cities.

You can find the addresses at <http://www.deutsche-rentenversicherung.de/>

You can obtain information by telephone on the toll-free number 0800 1000 4800

The pension scheme contribution for 2022 is 18.6% of your earned income. Half of the contribution is paid by the employer and the other half by the employee. There is a contribution assessment ceiling for this too:

You do not make any pension contributions on earned income above EUR 84,600 per annum in West Germany ("old" German states) and EUR 81,000 in East Germany ("new" German states) (as at 2022).

Registration process:

As soon as you have taken up employment, your employer registers you for social insurance.

First of all, you are registered at the health insurance fund (health insurance company), which forwards the registration to the nursing care insurance, the pension provider and the unemployment insurance company.

After you start your first employment where you are liable to contributions as an employee, you receive a letter with the social security card printed on from the pension provider. The card contains your surname, maiden name, first name and your personal insurance number. Your pension provider registers your insurance periods and your qualifying remuneration under this number.

With your insurance number you receive the address of your pension provider.

The self-employed must register themselves at their health insurance company, and if they are subject to compulsory pension insurance, at the pension insurance provider.

For some professions there are also a few separate social insurances which have not been listed in these guidelines:

- Social insurance for agriculture, forestry and horticulture <https://www.svlfg.de/>
- Insurance for craftsmen, [https://www.deutsche-
rentenversicherung.de/Westfalen/DE/Broschueren_und_mehr/Broschueren/Handw
erkerversicherung_01_2022.html](https://www.deutsche-rentenversicherung.de/Westfalen/DE/Broschueren_und_mehr/Broschueren/Handwerkerversicherung_01_2022.html)
- and [the KSK artists' insurance](#) (for artists, freelance journalists and publicists).

The website of the Federal Ministry of Labour and Social Affairs is <http://www.bmas.de>.

Survivors' benefits

Under the state pension system, policy holders may be entitled to a survivor's pension if they meet certain conditions.

Under what circumstances am I entitled to benefits?

Widows, widowers, full orphans and semi-orphans receive survivor's pensions.

Eligibility requirements

Survivor's pensions go to:

- surviving spouses;
- the surviving partner of a registered life partnership; and
- in some cases, also the divorced spouse of a person who dies,

if the deceased has fulfilled the qualifying period (minimum insurance period) of five years of contributions and contribution-equivalent periods. The qualifying period can be met sooner if the insured party has died, for example, because of an accident at work or shortly after the completion of training. The couple must have been married for at least one year for the surviving spouse to be entitled to a pension.

Children of policy holders who die receive an orphan's pension, in principle until their 18th birthday. The pension is continued until they are 27, provided that the orphan

- remains in education or professional training; or

- is in an interim period of at the most four calendar months between two educational sections; or
- is serving a voluntary social or ecological service year out or is carrying out voluntary military service, ((§ 32 para. 4 sentence 1 no. 2 letter b); or
- cannot provide for their own needs because of a disability.

A semi-orphan pension is allocated when one parent is still alive; a full orphan's pension is allocated when both parents are dead.

What am I entitled to and where can I apply for the benefits?

Orphan's pension

Semi-orphans (one dead parent) receive 10% and full orphans (both parents dead) 20% of the pension which the deceased parent(s) would have received. They receive an orphan's supplement on top of the pension. If the insured father or mother died before the age of 63, the orphan's pension is curtailed by up to 10.8%.

Deduction of income:

Income of the survivors such as earned income, yield on capital and other income are partially deducted from the pension. The monthly exempt value that is not deducted from the pension is linked to the current pension value. For survivors and beneficiaries bringing up the child, it is 26.4 times the current pension value. If personal income is higher than the exemption, 40% of the surplus net income is deducted from the survivor's pension. For orphans nothing is deducted.

Calculation of widow and widower pensions:

Widows or widowers usually receive 25% of the total which the deceased would have received for a disability pension for two years at most (known as the small widow or widower pension).

Survivors receive 55% of this amount if they

- are bringing up children;
- are 45 years and older (from 2012, this is rising gradually to 47 by 2029); or
- themselves have reduced earning capacity (the so-called big widow or widower pension).

Widows and widowers who have raised children receive a supplement. If the couple is divorced, there is normally a maintenance settlement that takes into account later pension claims (pension rights).

Pension splitting

Spouses and partners in a registered life partnership may split their claims to a survivor's pension between them in a contract which must be signed by both. This is possible if

- both spouses each have at least 25 years pension qualifying time; and
- the couple married in 2002 or later; and/or
- both partners were younger than 40 at the time of the wedding.

This also applies to partners living in a registered partnership.

Application forms

- Pensions are always paid out only on the corresponding application. The application must be submitted to the competent pension provider.
- [You can obtain the application forms for survivor's pensions from your pension provider.](#)

Your rights

- [The pension providers will inform you about your rights and entitlements](#)

European Commission publications:

<http://ec.europa.eu/social/main.jsp?catId=849&langId=en>

Further information

- You can obtain free advice and information from the pension providers. For most people in Germany, this is the *Deutsche Rentenversicherung* with offices in the larger cities.
- You can find their addresses at <http://www.deutsche-rentenversicherung.de/>
- You can obtain information by telephone on the toll-free number 0800 1000 4800

The website of the Federal Ministry of Labour and Social Affairs is <http://bmas.de>.

Social assistance

Guaranteed minimum resources

Entitlement to guaranteed minimum resources.

Under what circumstances am I entitled to benefits?

The purpose of guaranteed minimum resources is to enable persons entitled to benefits to live with dignity and to participate in society.

Any person

- normally residing in Germany; and
- who cannot support themselves
- by their own means (income and assets);
- nor by their own efforts (joining the workforce);
- nor with the help of a third party,

is – with a few exceptions - entitled to income support. This comes in the form of either

- basic insurance for jobseekers pursuant to the Second Social Code, or assistance with living costs; or
- benefits of the basic insurance for old age and in case of partial disability according to the Twelfth Social Code.

There are different benefits depending on the personal situation, age and life situation. Whether people in need of help are eligible for benefits and which of the two books of the Social Code apply depends on whether they are able to work or not.

Unemployed people fit for work but in need of assistance may apply for basic jobseekers' allowance pursuant to the Second Social Code for themselves and for any family members they share a domestic unit with who are not fit for work and are in need of assistance. People who cannot or not sufficiently with the wages they earn are classed as in need of assistance.

Normally, the application is submitted by one person of the domestic unit. Every member of a domestic unit can also apply individually for income support. The income and assets of the persons in question and the spouse or partner living with them are taken into account when calculating the benefits.

Benefits under the Twelfth Social Code are available to persons and households who are

- not able to work or have reached the age limit for the standard old-age pension of the statutory pension insurance; **and**
- cannot cover their needs on their own; **and**
- have no (sufficient) claims from upstream insurance and pension schemes.

Benefits under the Second Social Code and benefits of basic insurance for old age and in case of reduced earning capacity under the Twelfth Social Code are only available on application. On the other hand, benefits for income support according to the Twelfth Book of the Social Code are received as soon as the social authorities become aware of them.

Eligibility requirements

Income support pursuant to the Social Code XII

The benefits under the Twelfth Social Code (SGB XII) that ensure subsistence include **income support** and **basic insurance for old age** and in the event of reduced earning capacity. Which of these benefits is considered in the individual case depends on whether or not a person is **permanently** fully incapacitated for work or has reached the statutory retirement age.

People residing in Germany

- at a working age who are unable to support themselves; **and**
- are **temporarily** unfit for work.

are entitled to **subsistence support** pursuant to the Third Chapter of the Social Code XII if the other requirements are met.

Basic income support in old age and, in the event of reduced earning capacity in accordance with the Fourth Chapter SGB XII, replaces subsistence support if a person in need of assistance who resides in Germany is of **legal age and**

- has reached the **age limit**; or
- is **permanently fully incapacitated** for health reasons.

What both benefits have in common is that a claim only exists for persons who cannot provide for themselves

- neither from their own resources (income and assets);
- from their own strength (use of their labour),

with the help of a third party.

Basic jobseekers' allowance pursuant to the Social Code II

People who are over 15 years and have not reached the age entitling them to receive an old-age pension (65 to 67 years), are for work but in need of assistance and have their habitual abode in Germany may apply for basic jobseekers' allowance pursuant to the Social Code II. This is available only on application.

The basic jobseekers' allowance is based on a household principle. This means that in addition to the beneficiary who is able to work also every member of a household who shares the same needs community and qualifies for benefits can apply individually for benefits to secure a humane subsistence level either in the form of unemployment benefits II or income support. This also means that the income and assets of the persons in question and the spouse or partner living with them are taken into account when calculating the benefits.

What am I entitled to and where can I apply for the benefits?

The municipal authorities (social security offices) are responsible for paying out the social insurance benefits.

Payment of the basic jobseekers' allowance is the joint responsibility of the *Bundesagentur für Arbeit* ("Jobcenter") and the municipal authorities, as well as the 105 authorised municipal authorities as the only authorities responsible for the basic allowance.

The Basic Law (*Grundgesetz*, GG) guarantees the basic right to a **minimum subsistence level** for human beings. Article 1(1) of the Basic Law and the Welfare State Principle of Article 20(1) of the Basic Law are decisive here. They ensure that every person in need of assistance has the financial means

- for the necessary subsistence; **and**
- for a minimum level of participation in social, cultural and political life.

The benefits under the Twelfth Social Code (SGB XII) and the basic income support for jobseekers under the Second Social Code (SGB II) equally aim to secure the minimum subsistence level for human beings. For this reason, the legal provisions for subsistence needs are largely the same in both laws.

In SGB II, however, those who are fit for work are encouraged to take up gainful employment. The principle of "develop and challenge" applies here. This means that those entitled to benefits must exhaust all possibilities to end or reduce their need for assistance. Anyone who does not actively seek work or misses appointments at the Job Centre without excuse may have the amount of their unemployment benefit II reduced.

The necessary subsistence is covered by the standard needs – as far as it is possible to calculate a lump sum. However, the **standard needs**, which are uniform throughout Germany, are differentiated according to

- the age of a person, i.e. whether child, youth or adult;
- whether adults live alone or with partners;
- whether a person does not live in a flat.

For this reason, the standard needs are divided into six **standard needs levels**. These cover the costs of food, personal hygiene, household goods and the needs of daily life on a flat-rate basis.

Standard needs level 1	Single persons / single parents	EUR 449
Standard needs level 2	Couples per partner / joint households	EUR 404
Standard needs level 3	Adults in institutions (according to SGB XII)	EUR 360
Standard needs level 3	Non-employed adults under 25 in parents' household (SGB II)	EUR 360
Standard needs level 4	Young people from 14 to 17	EUR 376
Standard needs level 5	Children aged 6 to 13	EUR 311
Standard needs level 6	Children from 0 to 5	EUR 285

These standard rates have applied since 1 January 2022:

In addition to the standard needs, there are benefits for accommodation and heating, which are provided in the amount of the actual expenses, as far as these are **appropriate**, and, if necessary

- Supplements for additional needs for specific groups (e.g. single parents, pregnant women, people with special costly nutritional requirements due to specific diseases, etc.).
- One-off benefits that are not included in the standard needs, e.g. clothing during pregnancy and at the birth, or an allowance for furnishing accommodation for the first time with furniture and household devices.
- Educational and integration packages for children and young people, for school outings, field trips, school needs, transport to school, common lunch catering, sport, culture and leisure in the community as well as, under certain circumstances, remedial lessons and private tuition.

The monthly subsistence minimum to be covered in a specific individual case results from the sum of all individual needs, otherwise known as the total need.

While receiving basic benefits for jobseekers, the Job Centre pays:

- health insurance contributions;
- contributions to long-term care insurance.

The external service of the competent service provider inspects the applicant's living and earning situation.

Application forms

Subsistence aid starts as soon as the competent local social security provider learns about it. Subsistence income support at old age and a reduction to earning capacity are available only on application. You make the applications at the office of the welfare authorities of the city or community in which you live. A basic jobseeker's allowance (unemployment benefits II / income support) can be applied for at your local job centre. Generally, this is the job centre of the area where the beneficiary normally resides. You can obtain further information there as well as in the citizens' advice centre at the town hall where you live.

Your rights

The service providers where the application is submitted are always obliged to provide advice. Additionally, non-statutory welfare agencies and trade unions, among others, offer advice, which is free for their members, on social rights issues. Charitable associations such as unemployment centres help those in need with the forms and will also accompany you, if required, to the public authorities.

European Commission publications:

- <http://ec.europa.eu/social/main.jsp?catId=849&langId=en>

Further information

Subsistence aid starts as soon as the competent local social security provider learns about it. Subsistence income support at old age or in case of a reduction of earning capacity and other benefits under the minimum benefit system are available only on application. You make the applications at the office of the welfare authorities of the city or community in which you live. A basic jobseeker's allowance (unemployment benefits II / income support) can be applied for at your local job centre. You can obtain further information from the competent service provider as well as at the citizens' advice centre at the town hall where you live, or you can use the website for your city, town or community (normally www.Name.de, e.g. <https://www.berlin.de/> or <http://www.muenchen.de/>)

The website of the Federal Ministry for Labour and Social Affairs is <http://bmas.de>

Unemployment

Unemployment benefits

An overview of unemployment benefits and the conditions you must meet in order to receive them.

Under what circumstances am I entitled to benefits?

If, as an employee or trainee or as a person subject to compulsory insurance under employment promotion law, you become unemployed, you receive unemployment benefit if you have satisfied the qualifying period as well as the other requirements.

Eligibility requirements

If, as an employee or trainee or as a person subject to compulsory insurance under employment promotion law, you become unemployed, you receive unemployment benefit if you have satisfied the qualifying period and you:

- have registered at the labour office and have applied for unemployment benefit;
- have no job or you work less than 15 hours per week;
- are available for work (i.e. you must be fit to work and prepared to accept any reasonable employment); and
- are actively seeking to end your unemployment, such as by writing applications and going to job interviews when invited by an employer; and
- have completed the qualifying period to claim unemployment benefits, i.e. you must have been subject to compulsory insurance for at least twelve months of the 30 months before becoming unemployed.

If you are unemployed, you must take all opportunities to re-join the workforce. You will sign an integration agreement on the individual placement strategy worked out between you and the Employment Agency.

The contribution rate for unemployment insurance is 2.4% of your earned income. As with pensions, there is a contribution assessment ceiling. The contribution is usually paid half-and-half by the employee and the employer.

Basic jobseekers' allowance (unemployment benefit II / income support):

If you are not eligible for unemployment benefits, you may receive unemployment benefit II on top of unemployment benefit or in addition to low unemployment benefits or remuneration, provided that you are:

- fit to work;
- in need of support;
- over 15 and under 65 (or have not reached the staggered age threshold, under section 7a of the second book of the Social Code); and
- normally resident in the Federal Republic of Germany (so are live predominantly in Germany).

People who are not fit for work and live in the same household as someone who is fit for work and qualifies for benefits (usually in a shared apartment), receive income support to ensure their subsistence, provided that they do not belong to the category of persons defined more closely in the twelfth book of the Social Code (SBG XII).

What am I entitled to and where can I apply for the benefits?

Unemployment insurance is a compulsory insurance with the Federal Labour Office. The Federal Labour Office is divided into the central office in Nuremberg, the regional offices and the labour offices in all major cities. All employees, trainees, young persons with

disabilities and other persons subject to compulsory insurance are covered by unemployment insurance.

To receive unemployment benefits, you must personally or electronically inform the labour office using the specialist portal of the Federal Employment Agency using an electronic proof of identity that you are unemployed and apply for the benefit.

You are required to report voluntarily any change in your personal situation to the labour office, in case the change may impact your entitlement to benefits (e.g. if you start to receive a pension or have found a job).

Unemployment benefit:

Unemployed persons

- with children receive 67%;
- without children, 60%

of the net wage they received on average per day during the 12 months before becoming unemployed. Usually, the gross unemployment benefits are reduced by the legal salary deductions employees normally incur (generalised net salary). For 2022, the gross wage will be a maximum of EUR 7,050 per month in West Germany and EUR 6,750 in East Germany.

Labour offices pay unemployment benefit for 12 months at most (up to 24 months for older people). It depends in particular on how long you have paid contributions and how old you are.

To receive unemployment benefits, you have to have insured at least 12 months in the unemployment insurance in the last 30 months before registering as unemployed.

A blocked period of up to 12 weeks can occur if you, among other things, without good cause:

- terminated your employment relations yourself or gave your employer reasonable grounds due to your behaviour; or
- refused a job offered to you by the labour office; or
- did not attend a reasonable professional reintegration event or
- do not turn up for an appointment or fail to declare yourself as looking for work immediately after being given notice of termination (one week).

Other benefits:

During your period of receiving unemployment benefits, the unemployment insurance pays for you:

- health insurance contributions so that you are also covered for health insurance.
- your contributions to nursing care insurance.
- Contributions to your pension insurance.

While on unemployment benefit, you are also insured against some kinds of accidents.

There are no special provisions in Germany for people who take early retirement. Nevertheless, in many sectors there are provisions under collective agreements for early retirement.

Basic jobseekers' allowance (unemployment benefit II / income support):

If you cannot ensure your subsistence adequately or at all from your income or assets, you may apply for basic subsistence benefits for jobseekers.

Whoever is in need for help has a constitutional right to receive support from the state. The basic jobseekers' support provides the necessary subsistence for a decent existence. These include nutrition, clothing, household goods, decent accommodation, heating, health

and hygiene, as well as the possibility of maintaining interpersonal relationships and at least a minimum involvement in social, cultural and political life.

Unemployment benefit II is paid out by the local competent job centres. The benefits are usually approved for twelve months at a time. You must then apply again for the benefits and demonstrate again that you still meet the requirements for it. You must also report any changes which could have an impact on the amount of benefits (e.g. accepting work) immediately to the job centre. Benefits to secure subsistence are not paid for the past or for emergencies that have already been overcome. Therefore, it is recommendable to submit the application in good time. When applying, you must inform the job centre about your financial assets, e.g. indicate how much you have in savings and whether you own a house, an apartment or a car. If you provide them with false or incomplete information, you can be punished for fraud. In urgent cases, you may apply for an advance payment for the time while the job centre processes your application.

The unemployment benefit II or the income support is paid out by the local competent job centre as a monthly flat rate cash benefit. The benefits to secure the subsistence level of single people or single parents – the so-called standard requirement – are EUR 446 per month as of 1 January 2022. If several people live in a community of needs the standard needs are granted as follows:

- EUR 404 per month for spouses, life partners and other partnerships living together;
- EUR 360 per month for other persons fit for work living in a community of needs if they are above 18 years or for adults eligible for benefits below 25 years who move without approval of the job centre.
- EUR 376 per month for adolescents above 14 years until they reach 19 years;
- EUR 311 per month for children between 7 and 14 years; and
- EUR 285 per month for children under 6.

Additionally, the expenses for accommodation and heating are recognised as a need, if this is appropriate. Apart from this additional needs have to be taken into account among others for pregnant women or single parents, as well as one-time benefits, for example for initial provisions in case of birth or moving into a new home.

While receiving unemployment benefits II the Jobcenter pays your:

- health insurance contributions to ensure you still have health insurance;
- contributions to nursing care insurance.

For children, adolescents and young adults, the standard need is supplemented by benefits from the education and participation package if the personal requirements are met. There are allowances for school outings, field trips, personal school supplies at the beginning of the school year, school transport, for lunch at school, after-school care and similar facilities, for joint activities in sports, culture and children's and young people's leisure activities as well as remedial teaching or private tuition (learning support).

On this basis all people in need are helped to guarantee the socio-cultural bare minimum for a humane life.

Irrespective of that, the main purpose is to avoid that the need for help arises and, where it cannot be avoided, to keep it as short as possible and do everything to overcome it as quickly as possible. Therefore, the integration into the labour market is paramount for people who are capable of working.

True to the principle of "promoting and expecting", the Jobcenter provides all benefits required in each individual case to promote integration into the labour market, taking the principles of viability and economy into account. If employment within the general labour market is not possible in the foreseeable future, you have to accept any reasonable work opportunity offered.

Therefore, invitations to the job centre have to be accepted. If you do not attend and have no valid reason, your unemployment benefits II can be reduced.

Application forms

You receive unemployment insurance, as well as jobseeker's allowance only by applying for it. Applications are made at labour offices and job centres, where you can obtain the relevant forms.

Your rights

Trade unions, among others, offer their members free advice on social rights issues. Jobcenters are by law obliged to advise on the benefits of unemployment insurances. Charitable associations such as unemployment centres help those in need with the forms and will also accompany you, if required, to the public authorities.

European Commission publications:

- [Welfare benefits for the unemployed: Your rights as EU citizens abroad](#)

If you still have social insurance in one or more countries other than Germany, ask about the effects of this on your unemployment insurance and child benefit:

Federal Labour Office
Regensburger Strasse 104
90478 Nürnberg
Tel.: +49 911 179 0

[The Federal Ministry of Labour and Social Affairs](#)

Central Employment Agency
<http://www.arbeitsagentur.de>

Further information

You can find information about labour offices and their addresses at <http://www.arbeitsagentur.de> You can find job centres at <http://www.jobcenter-ge.de>.

The website of the Federal Ministry of Labour and Social Affairs is <http://bmas.de>.

Moving abroad

Previous benefits (in other EU countries) may be taken into account.

In this chapter, you will learn what effects relocating within the European Union has on your entitlements to social benefits.

Social insurance schemes and EU regulations

If you work in another EU country or in another neighbouring country subject to EU regulations, you are usually no longer insured in Germany. Your entitlements will therefore depend upon the laws of the country where you are working.

If you have worked in another EU country (or a state in which the same regulations apply) and/or paid social insurance contributions there, the entitlements you acquired there may be taken into consideration when calculating your welfare benefits in Germany.

Which social welfare entitlements are affected of your change of residence?

Under some conditions, you can combine the following welfare benefits within the European Economic Area (EU, Iceland, Liechtenstein and Norway), Switzerland and the United Kingdom*:

- Unemployment benefit;
- State old age pension;
- Disability pension;
- Survivor's pensions;
- Maternity allowance;
- Parental allowance.

** Each case needs to be assessed individually to determine whether a person falls within the scope of Art 30 of the Withdrawal Agreement, and so the EU Coordination Regulations apply, or whether they fall within the scope of situations described in Art 32 of the Withdrawal Agreement and/or come under domestic legislation and the Protocol on Social Security Coordination attached to the Trade and Cooperation Agreement.*

What do I need to do?

If you have worked in a country governed by EU law and come back to Germany, you must bring along the following documents:

A receipt showing the social welfare contributions paid by you in the other country on the E104 and U1 forms (previously: E301). You can obtain these from your social insurance provider. Please check before your departure whether you have all the necessary documents for social insurance in Germany.

If you have received unemployment benefit or other unemployment support for four weeks in a country in the European Economic Area, Switzerland or the United Kingdom*, you may transfer this for three to six months to Germany for the job search. You need the U2 form for this (previously: E303).

** Each case needs to be assessed individually to determine whether a person falls within the scope of Art 30 of the Withdrawal Agreement, and so the EU Coordination Regulations apply, or whether they fall within the scope of situations described in Art 32 of the Withdrawal Agreement and/or come under domestic legislation and the Protocol on Social Security Coordination attached to the Trade and Cooperation Agreement.*

Your rights

Official websites of the European Union:

- http://europa.eu/legislation_summaries/internal_market/living_and_working_in_the_internal_market/c10521_en.htm (previously: 1408/71)
- EU Regulation 883/2004 of 29 April 2004 as a pdf: <http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32004R0883&from=EN>

European Commission website:

<http://ec.europa.eu/social/main.jsp?catId=849&langId=en>

Further information

German Federal Ministry of Labour and Social Affairs Wilhelmstr. 49, 10117 Berlin Tel.: +49 3018 5270 Fax: +49 3018 527-1830 email: info@bmas.bund.de

Home page: <http://www.bmas.de>

Main residence

"Habitual residence"

In this chapter, you will find out what you need to know about the term "habitual residence" when you apply for social welfare benefits in Germany.

Is my "normal place of residence" in Germany?

Having your "habitual residence" in Germany means that a person's circumstances suggest that they are here not only on a temporary basis.

Determining whether someone has their habitual residence in Germany depends on the following:

- The duration and continuity with which a person lives in Germany or another country and has registered their residence;
- Duration and purpose of absences from Germany;
- Living situation;
- Type and scope of professional activity;
- The geographical focus of their personal interests;
- The person's future interests and intentions as can be determined from their circumstances.

To apply for the following social welfare benefits in Germany, you must have your habitual residence in Germany:

- Unemployment benefit (exceptions in rare cases of residence in the border area) I and II;
- Child benefit;
- Parental allowance;
- Benefits for children and young people;
- Housing subsidy;
- Income support;
- Benefits from the state health and nursing care insurance.

Normal residence in Germany (see above)

Having your "habitual residence" in Germany means that a person's circumstances suggest that they are here not only on a temporary basis.

Your rights

European Commission website

<http://ec.europa.eu/social/main.jsp?catId=849&langId=en>

Getting in touch with the EU

In person

All over the European Union there are hundreds of Europe Direct information centres. You can find the address of the centre nearest you at: europa.eu/european-union/contact_en

On the phone or by email

Europe Direct is a service that answers your questions about the European Union. You can contact this service:

- by freephone: 00 800 6 7 8 9 10 11 (certain operators may charge for these calls),
- at the following standard number: +32 22999696 or
- by email via: europa.eu/european-union/contact_en

Finding information about the EU

Online

Information about the European Union in all the official languages of the EU is available on the Europa website at: europa.eu/european-union/index_en

EU publications

You can download or order free and priced EU publications at: publications.europa.eu/en/publications. Multiple copies of free publications may be obtained by contacting Europe Direct or your local information centre (see europa.eu/european-union/contact_en).

EU law and related documents

For access to legal information from the EU, including all EU law since 1952 in all the official language versions, go to EUR-Lex at: eur-lex.europa.eu

Open data from the EU

The EU Open Data Portal (data.europa.eu/euodp/en) provides access to datasets from the EU.

Data can be downloaded and reused for free, both for commercial and non-commercial purposes.

