



European
Commission

Your social security rights

in Germany

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

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

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Chapter I: Introduction, organisation and financing

Introduction

The German social security system comprises five statutory branches: sickness insurance, long-term care insurance, pension insurance, accident insurance and unemployment insurance. This chapter explains for each type who are the insurers and the insured, and sets out the registration and contribution procedures.

Social insurance for Agriculture, Forestry and Horticulture (*Sozialversicherung für Landwirtschaft, Forsten und Gartenbau*), insurance for craftsmen and social insurance for artists and publicists are not included in this guide. Further information concerning these types of insurance can be obtained from the competent insurance institutions.

The insurance institutions have set up liaison bodies for dealings in the field of social security with the other EU Member States. If you have problems or questions concerning social security in Germany and one or more other Member States, you should get in touch with the [competent liaison body](#).

The statutory old-age insurance system in Germany comprises the statutory pension insurance, the civil servants' scheme (*Beamtenversorgung*), the occupational pension schemes and the old-age insurance for farmers. All employees are insured in one of these public compulsory systems of old-age insurance, in addition to certain categories of self-employed (farmers; members of the professions, which have the right to form associations; and specific groups of self-employed in the statutory pension insurance). In general, self-employed are not subject to compulsory old-age insurance. However, upon request they can become mandatorily or voluntarily affiliated to the statutory pension insurance. Employees with insignificant employment who started their employment after 31 December 2012 are subject to compulsory old-age insurance, in the same way as all other employees. However, they can opt to be exempted from compulsory affiliation. Those with insignificant employment who earn no more than € 450 per month as well as short-term employees who work less than two months or 50 days during the calendar year are exempted from compulsory insurance.

Unemployment insurance may in principle be extended on a voluntary basis by making a request to the Federal Employment Agency, provided that, in the 24 months prior to taking up a self-employed activity, the interested party has for a period of 12 months been subject to compulsory insurance or received unemployment benefit. You may contact your local employment agency for information or advice.

In addition to the above-mentioned types of social security, there is also State social support, basic provision for jobseekers, in old age and in the event of reduced earning capacity as well as various family benefits and housing allowances.

The registration procedure

As soon as you have taken up employment, your employer will take the necessary steps to register you for social security. You will first be registered with the sickness insurance fund (*Krankenkasse*), which will then inform the competent long-term care, pension and unemployment insurance bodies. You will be given an insurance number (*Versicherungsnummer*), under which the pension insurance institution will record your periods of insurance and your contributable income.

Upon taking up employment for the first time, you will receive a social insurance identity card (*Sozialversicherungsausweis* or *SV-Ausweis*) from the pension insurance institution. This contains your surname, maiden name (where appropriate), given name and your insurance number. For some professions (e.g. construction), identification papers (passport, identity card) must be carried during working hours. Your employer will inform you.

All persons to whom a new insurance number is allocated immediately receive notification of which pension insurance body is competent in their case. Self-employed persons must register themselves with the competent sickness insurance fund.

Organisation of social protection

Statutory pension insurance

The statutory pension insurance (*Gesetzliche Rentenversicherung*) is organised by the Federal Institution for German Pension Insurance (*Deutsche Rentenversicherung Bund*), the Regional Institutions of the German Pension Insurance (*Regionalträger der Deutschen Rentenversicherung*) and the German Pension Insurance for Mining, Railways, Marine (*Deutsche Rentenversicherung Knappschaft-Bahn- See*).

Statutory sickness insurance

The statutory sickness insurance (*Gesetzliche Krankenversicherung*) is in the hands of 134 insurance funds, some of which operate regionally (e.g. local sickness insurance funds, *Ortskrankenkassen*) and some of which operate at a national level (e.g. substitute funds, *Ersatzkassen*). These funds are open to all members regardless of occupation or employment in a company (exception: the sickness insurance fund for farmers). Apart from a few special categories (e.g. civil servants, judges, soldiers) all employees are subject to compulsory insurance, unless the remuneration is above the annual assessment ceiling in one year. For minor employment, special rules are applied. The sickness insurance funds administer the collection of the overall social insurance contributions for all branches.

Statutory long-term care insurance

Each statutory sickness insurance fund has established a long-term care insurance fund which is independently responsible for granting benefits to beneficiaries who are in need of long-term care. All persons who are members of a statutory sickness insurance fund are covered against the risk of need for long-term care in the same fund. Persons with private sickness insurance coverage must correspondingly conclude a private long-term care insurance contract. (In addition, it is possible to take out voluntary long-term care insurance with private insurers).

Statutory accident insurance

The relevant organisations of the statutory accident insurance (*Gesetzliche Unfallversicherung*) are the accident insurance institutions for the industrial and agricultural sector (*Berufsgenossenschaften*) and the accident insurance institutions of the public sector.

Statutory unemployment insurance

Statutory unemployment insurance (*Gesetzliche Arbeitslosenversicherung*) is mandatory and is implemented by the Federal Employment Agency (*Bundesagentur für Arbeit, BA*). The BA is divided into the main office, the regional directorates and the local agencies. The statutory unemployment insurance applies as of right and covers all employees (manual workers, white-collar workers, trainees and young disabled persons).

Social Compensation Benefits

Social compensation (*Soziale Entschädigung*) is a separate, tax-financed system whose benefits go beyond what is provided by the social security systems in Germany. Social compensation is intended to help eliminate or improve and financially mitigate the health (and the often related financial) consequences of an injury for whose consequences society has to bear special responsibility. Under special conditions survivors can also make a claim for benefits. Social compensation benefits are based on the Federal War Victims' Relief Act (*Bundesversorgungsgesetz*), which was initially enacted to provide for victims of the Second World War and their surviving dependants. Nowadays, the Act also applies to other groups of persons such as victims of violent crimes, people injured during military or civil service, people with vaccine damage or victims of injustices committed under the DDR (German Democratic Republic) regime as well as their survivors.

Social compensation benefits depend on the extent and the degree of severity of the consequences of the damage as well as on the actual needs of the person concerned. The benefits are composed of various individual benefits (both in cash and in kind). In general, the benefits can be divided into two categories, namely in care benefits (*Versorgungsleistungen*) and welfare benefits (*fürsorgerische Leistungen*). Care benefits cover in particular medical treatment as well as pension benefits. The pension benefits are designed to compensate for the additional expenses arising from the injury and have primarily a humanitarian character. Among others, a basic pension, a supplement for severe disabilities or a long-term care supplement can be paid.

The welfare benefits complement the compensation through the care benefits. The main welfare benefits are the assistance in special circumstances, the assistance towards long-term care as well as the supplementary allowance towards living expenses. If the individual's need did not solely arise from the injury, the welfare benefits are dependent on the beneficiary's income and assets.

Benefits are provided subject to the condition that the entitlement to medical treatment and pension benefits under social compensation law is recognised by a care administration. The welfare benefits can be claimed at central or local welfare offices.

The social compensation benefits will not be further elaborated in this guide.

Self-administration

The individual branches of social insurance are governed by the insurance institutions according to the principle of self-administration. To that end the insurance institutions establish self-governing bodies (representatives' meetings and board meetings or administrative boards), which consist of the same number of representatives of the employers and the insured persons. In the field of unemployment insurance,

representatives of the public sector are included as a third party. Members of the self-governing bodies are elected every six years on a rotational basis by the employers and insured persons.

Supervision

The self-governed social insurance institutions fulfil their tasks under their own responsibility in accordance with the law and the otherwise applicable legislation. They are subject to state supervision, which is carried out by the supervisory authority. The federal insurance institutions whose jurisdiction extends to more than three *Länder* are generally subject to supervision by the Federal Insurance Office (*Bundesversicherungsamt*). The other insurance institutions (at *Länder* level) are supervised by the Land where they are situated. Your insurance institution informs you about the supervisory body which is relevant for you. Where the German Pension Insurance – Federal Institution is responsible for basic issues and horizontal functions, the supervision is generally carried out by the Federal Ministry of Labour and Social Affairs and by the Federal Insurance Office.

Financing

The social security system is financed from national insurance contributions paid by employers and employees, and from general tax revenue.

As an employee, you are obliged to pay contributions to sickness insurance, long-term care insurance, unemployment insurance and pension insurance. The level of your contribution for a statutory insurance coverage is a fixed percentage of your earnings. 53% of the contribution has to be paid by you while your employer pays about 47%. However, self-employed persons pay their full contribution to sickness insurance, long-term care insurance and pension insurance. Employers are exclusively responsible for accident insurance contributions. The employer of a person with insignificant employment has to pay lump-sum contributions to the sickness insurance and, together with the employee, compulsory pension insurance contributions.

Your employer is responsible for the calculation and actual payment of contributions every time your wage or salary is paid. He/she keeps his/her contribution percentage and pays the overall social insurance contributions (i.e. the contributions for sickness, long-term care, pension and unemployment insurance) to the statutory sickness insurance funds (as collecting agency) of your choice.

The total contribution to the sickness insurance scheme currently represents 15.5% of your earnings up to an amount determined on an annual basis (ceiling for the calculation of contributions: € 47,250 annually). 7.3% of the contribution is borne by the employer. If the financial requirements of the respective sickness insurance funds are not covered by the income-related contribution, the insurance funds are allowed to levy an additional contribution which is not income-related. If the average additional contribution of the statutory sickness insurance exceeds 2% of your earnings subject to contributions, you are entitled to a social compensation (*Sozialausgleich*).

The contribution rate for long-term care insurance (*Pflegeversicherung*) is 2.05%. Insured persons born since 1940 without children pay an additional contribution of 0.25% once they reach the age of 23.

In 2013, the ceiling for compulsory statutory sickness insurance and long-term care insurance is set at € 52.200.

For general pension insurance, the total amount is 18.90% of earnings up to the contribution ceiling (€ 69,600 annually in the old *Länder* and € 58,800 annually in the new *Länder*). Half of the contribution is generally borne by the employer.

The rate of contribution to unemployment insurance is 3.0% of earnings up to the contribution ceiling applicable to the unemployment insurance. In principle, half of the contribution is borne by the employer and half by the employee.

No contributions are payable for family allowances (which are financed by public funds).

Chapter II: Healthcare

When are you entitled to healthcare?

There is a general obligation for the entire population to be insured against the risk of sickness. As a rule, this obligation can be fulfilled through statutory or private sickness insurance.

In the statutory sickness insurance (*gesetzliche Krankenversicherung, GKV*), all insured persons are entitled to benefits in kind in the event of sickness, regardless of whether they are compulsorily, voluntarily or co- (family-)insured.

The following groups are compulsorily insured under the statutory sickness insurance:

- persons in paid employment and those receiving vocational training, including trainees;
- pensioners with a sufficient period of insurance;
- unemployed persons receiving unemployment insurance benefits;
- disabled persons in sheltered employment;
- persons participating in vocational rehabilitation and people being trained for some form of employment in special training institutions for youth assistance (*Jugendhilfe*);
- students in public or state-approved higher education;
- farmers and helping members of their family;
- artists and writers;
- persons having no other right to the provision of healthcare services (under certain conditions).

Spouses, civil partners and children of members of the statutory sickness insurance are, subject to certain conditions, co-insured in the family insurance, without having to pay contributions.

In general, it is possible for persons who withdraw from compulsory or family insurance to continue their insurance in the statutory sickness insurance as a voluntary member.

What is covered?

Preventive examinations

For the early detection of diseases, you and the members of your family are entitled to the following preventive medical examinations:

- screening examinations for children's diseases up to the age of six and from the age of ten;
- yearly screening examination for cancer for women from the age of 20 and men from the age of 45;
- every two years, a general medical screening examination for, in particular, heart, circulatory and kidney diseases or diabetes for insured persons from the age of 35.

Medical care

For as long as you are insured, you and the members of your family are entitled to treatment by general practitioners, specialists and dentists.

Medicines, therapeutic aids and appliances

Medicines are available on prescription from a sickness insurance fund doctor and may be obtained from all pharmacies. As a general rule, every medicine bought in a pharmacy entails an extra charge corresponding to 10% of the sale price, with a minimum of € 5 and a maximum of € 10. The extra charge may not, however, exceed the price of the medicine. You must pay the full cost of medicines taken for certain illnesses such as a common cold or influenza including pharmaceuticals for their treatment such as nasal congestion remedies, painkillers, cough suppressant and expectorant remedies, mouth and throat therapeutics, excluding fungal infections, laxatives and pharmaceuticals against travel sickness.

Pharmaceuticals with a main purpose of increasing life quality are also excluded from insurance coverage. Especially exempted are pharmaceuticals for the treatment of erectile dysfunctions, for the incitement and increase of sexual potency, smoking cessation, weight loss or to restrain appetite, for the regulation of body weight or the improvement of hair growth. There is, however, an exemption to the fact that over-the-counter drugs are not paid for by the insurance fund. For example, medicines for children up to the age of 12 showing developmental disability, as well as pharmaceuticals which, according to the guidelines of the Joint Federal Committee (*Gemeinsamer Bundesausschuss*) constitute the therapy standard for the treatment of serious diseases, are (partially) refunded.

Insured persons are also entitled to therapy (physiotherapy, logopaedia, occupational therapy, chiropody). Persons are obliged to pay an additional charge of 10% of the costs, plus € 10 per prescription.

The sickness insurance fund also assumes financial responsibility for the cost of medically necessary hearing aids, prostheses and other aids and appliances amounting to the contracted prices, if necessary, up to a fixed amount. Insured adults only have a limited entitlement to visual aids. Prior approval of the sickness insurance fund is required for the provision of aids and appliances, if it was not waived by the fund. The extra charge for aids and appliances corresponds to 10% of the price, with a minimum of € 5 and a maximum of € 10. The extra charge may not, however, exceed the price of the product purchased. The extra charge for aids intended for consumption is limited to € 10 for the whole monthly supply of these aids.

Dental services

The sickness insurance funds provide for full compensation of medically necessary conservative and surgical dental treatment.

Insured persons pay 20% of the cost of orthodontic treatment (the prevention and correction of jaw or tooth misalignment). They are refunded this 20% by the sickness insurance fund after the treatment has been completed. There is full compensation of necessary orthodontist care for insured persons aged less than 18 (in certain cases also for older persons).

Insured persons receive diagnosis-related fixed subsidies for dentures and crowns, which correspond to 50% of the costs of the standard care (*Regelversorgung*) as determined by the Joint Federal Committee (*Gemeinsame Bundesausschuss*). The fixed subsidy increases with regular proven prevention. In addition to the fixed subsidy, insured persons with income below a certain threshold are entitled to the same amount as well as to the medically necessary standard care free of charge. Furthermore, the so-called flexible hardship provision (*gleitende Härtefallregelung*) guarantees that insured persons are not unreasonably charged.

Domestic nursing care and domestic help

If the circumstances in your household are such that you cannot be given the necessary care and attention by a person living in your household when you are ill, the sickness insurance fund will pay not only for the medical treatment but also for the necessary domestic nursing care by qualified nursing staff. However, this right exists only where hospital treatment is required but is not possible, or where this treatment can be avoided or shortened by care at home. In principle, entitlement to domestic care is limited to four weeks per case of sickness.

In principle, entitlement to domestic help is limited to four weeks per sickness episode when, as a result of your illness, you cannot carry out your household duties. This benefit, however, is provided only if your household includes a child who is below the age of 12 or is disabled, and who cannot be looked after by another person at home.

The sickness funds have to provide in their statutes that domestic nursing care is also supplied in other cases (e.g. when the household does not include a child aged below 12), if the insured cannot take care of the household due to sickness.

In-patient treatment

You are entitled to any form of hospital treatment you may require. The need for hospital treatment must be confirmed in a certificate from the doctor. Except in the case of emergencies, an application must be made beforehand to the sickness insurance fund for coverage of the costs. For up to 28 days per calendar year, you must pay a contribution of € 10 for each day in hospital.

Travel expenses

Under certain conditions, travel expenses incurred for the purpose of obtaining medical treatment may be partially or wholly paid for by the sickness insurance fund. Insured persons pay 10% of the travel expenses themselves, with a minimum of € 5 and maximum of € 10 per journey.

Travel expenses for outpatient treatment are usually not covered.

How is healthcare accessed?

Before any medical treatment, you must present the doctor concerned with a health insurance card (*Krankenversichertenkarte*). In an emergency, the doctor will treat you without requiring this card; in this case, you should present the health insurance card within the next 10 days.

Treatment is provided by doctors or dentists who have contracts with the sickness insurance funds – which is the case for more than 90% of all established medical practitioners. You have a free choice of doctor among these practitioners.

A list of these practitioners is available from your sickness insurance institution.

If your doctor considers it necessary to refer you to a specialist, a policlinic or a similar institution, s/he will give you a referral note (*Überweisungsschein*).

Chapter III: Sickness cash benefits

When are you entitled to sickness cash benefits?

In Germany, if you are an employee and you become unfit for work due to sickness, your employer will continue to pay your salary regardless of your weekly or monthly working time. Entitlement to continuation of payment of wages (*Entgeltfortzahlung*) only exists if your employment relationship lasted four weeks without interruptions.

What is covered?

If you become unfit for work as a result of illness through no fault of your own, your employer will, as a rule, continue to pay your wage or salary during the first six weeks of inability to work.

Sick persons whose wage or salary is not or is no longer paid by their employer are entitled to cash sickness benefit (*Krankengeld*) payable by the sickness insurance fund. The amount of benefit is 70% of your regular earnings (*Regelentgelt*), but it may not exceed 90% of your regular net earnings.

Cash sickness benefit is paid up to the end of the certified period of inability to work. For one and the same illness, however, the cash sickness benefit may not be claimed for more than 78 weeks during a period of three years. At the end of the three-year period, there are certain conditions under which payment for a further period of three years is possible.

Persons receiving other benefits such as invalidity benefits or benefits from abroad will have the cash sickness benefit either withdrawn or reduced.

How are sickness cash benefits accessed?

If you are unfit for work, you must notify your employer immediately of your incapacity and its likely duration.

If your incapacity for work lasts for more than three calendar days, you have to provide your employer with a doctor's certificate, at the latest on the fourth day of illness. Entitlement to cash sickness benefit exists in principle from the day following the one on which the doctor determined the incapacity for work. The medical certificate states the expected duration of the incapacity for work. You must submit it to your employer.

If you are called up for a medical examination, you must attend punctually. Any absence for which adequate justification is not provided may result in the withdrawal of your sickness benefits.

If you are receiving another benefit (a pension, for instance) or if your illness is attributable to an accident at work or to an occupational disease, you must inform your sickness insurance fund. For the duration of your incapacity for work, you may not leave Germany without permission from your sickness insurance fund. Doing so without this permission may result in the loss of benefits.

Your right to cash benefits in case of illness of your child

If you are covered by statutory sickness insurance and your child (up to 12 years old) is ill and in need of care (as attested by a doctor), you are entitled to sickness benefits for a maximum of 10 working days per child (in total a maximum of 25 working days) within each calendar year, provided there is no other person in your household who could take care of the child.

Chapter IV: Maternity and paternity benefits

When are you entitled to maternity or paternity benefits?

All women entitled to [sickness insurance benefits in kind](#) are also entitled to benefits in kind during pregnancy and after delivery.

Women who are affiliated to the statutory sickness insurance receive a maternity benefit of € 13 per calendar day during maternity leave and for the day of confinement, if they are entitled to sickness benefits in case of incapacity for work or if no remuneration is paid during maternity leave. Female employees who are not themselves affiliated to statutory sickness insurance (e.g. privately insured women or women insured under the statutory sickness insurance on the basis of a derived right ("*familienversichert*")) receive in total a maternity benefit of maximum € 210, paid by the Federal State.

What is covered?

Maternity benefits in kind include:

- attendance by a doctor and assistance from a midwife during pregnancy and after delivery;
- assistance from a midwife and, if necessary, a doctor during delivery;
- drugs, medicines, bandages and other medical aids and remedies;
- coverage of the costs in the case of a hospital delivery;
- entitlement to domestic nursing care;
- entitlement to home help.

The maternity benefit will be paid six weeks before the delivery and eight weeks afterwards (12 weeks in the case of premature or multiple births). In the event of premature birth the maternity leave after confinement is extended by those days that could not be taken before the delivery. The amount is dependent upon your wage or salary and will not exceed € 13 per day. The difference between this allowance and your wage or salary will be paid by your employer.

How are maternity and paternity benefits accessed?

If you are pregnant, you should obtain a maternity card (*Mutterschaftspass*), which contains information about your entitlement to further examinations.

Chapter V: Invalidity benefits

When are you entitled to invalidity benefits?

All those subject to compulsory pension insurance are insured against invalidity.

Pension for general invalidity (*Erwerbsminderung*)

This pension is awarded if an insured person, following a reduction in his or her capacity for work for health reasons, is no longer able to perform an activity under normal labour market conditions for at least six hours (pension for partial invalidity) or at least three hours (full invalidity) per day.

In order to qualify for a pension, you will have to provide proof of having paid insurance contributions for at least 60 months (qualifying period). In addition, you must provide proof of having been compulsorily insured for three of the last five years before the onset of invalidity. This period may be extended, for example, by periods of incapacity for work, unemployment, schooling and child-rearing. Where an insured person becomes incapacitated less than six years after completing education or training, the qualifying conditions are eased.

Pension for partial invalidity (*teilweise Erwerbsminderung*)

In line with the principle of legitimate expectations, insured persons may also claim a pension in case of partial invalidity if they meet the conditions laid down in the insurance legislation and were born before 2 January 1961, and if their reduced earning capacity due to health reasons prevents them from working more than six hours per day in their current profession or in another profession acceptable to them.

Additional income limits

If you take up employment and earn an income in addition to your pension, this may result in the loss of your pension. You should therefore consult your pension institution before taking up such employment.

Special rules for miners

If you are a miner, your ability to work is considered to be reduced if, as a result of illness or disability, you are no longer able to carry out your usual mining duties or similar duties, unless you are engaged in equivalent employment outside the mining sector. Additional income from employment not equivalent in financial terms to your previous employment does not affect your pension.

On reaching the age of 50, a miner is entitled to a pension if he is no longer in employment equivalent in financial terms to his employment as a miner. In order to be eligible for this pension, however, you must have completed a qualifying period of 25 years.

Benefits for participation

Under pension law, benefits for medical rehabilitation and participation in working life (benefits for participation) take priority over the granting of pensions (according to the

principle “rehabilitation prior to pension”). In case the earning capacity of the insured person can be maintained or restored through benefits for participation, the pension insurer first grants these benefits rather than a pension.

In addition, the pension insurance provides the insured persons with benefits to ensure the success of the benefits for participation. These include benefits for integration into working life, benefits for securing the earning capacity, preventive benefits and inpatient treatment for children of the insured and pensioners, if by these means their compromised or already affected health can be improved or restored.

In order to secure the subsistence of the insured and his/her family, the pension insurance pays a transitional benefit (*Übergangsgeld*) during the period of receipt of benefits for participation. The transitional benefit is calculated on the basis of previously earned income. Furthermore, travel expenses connected with participation are covered, and so are the necessary costs for farm- and household assistance and child care.

What is covered?

The amount of your pension will depend on the amount of social security contributions paid by you in the course of your entire 'insurance life'. In addition to contribution periods, other periods exempt from contributions or with reduced contributions may increase the pension.

How are invalidity benefits accessed?

As a matter of principle, pensions are awarded only if applied for. The application should be made to the competent social insurance institution.

Chapter VI: Old-age pensions and benefits

When are you entitled to old-age benefits?

Everybody who is subject to compulsory pension insurance is covered by old-age insurance.

An old-age pension is seen as a reward for the work you have done in the course of your working life. To receive it, you must have reached a certain age and completed a minimum period of insurance (the general qualifying period is five years of contribution and substitute periods).

All calendar months in which you paid contributions or were rearing a child under three years of age are taken into account for qualifying periods of five, 15 and 25 years. For the qualifying period of 35 years, the periods taken into account are all pensionable periods. This includes, for example, training periods and periods of rearing a child below the age of ten.

If, on reaching pensionable age, you wish to cut back on your professional activity without stopping completely, you may opt for partial retirement, i.e. to receive your old-age pension in the form of a partial pension (one-third, one-half or two-thirds of the full pension). You may also decide not to claim your pension for the time being. If, on reaching the legal retirement age, you do not claim an old-age pension or only claim a partial pension, your final full pension will be increased by 0.5% per month (6% per year) of the amount of pension you did not claim before.

Normal retirement pension (*Regelaltersrente*)

The standard retirement age is gradually increased to 67 years from 2012 to 2029, starting with those born in 1947. The increase initially equals one month per birth cohort (retirement age rise from 65 years to 66 years). For persons born from 1^oJanuary 1959 onwards, the increase corresponds to two months per birth cohort (retirement age rise from 66 to 67 years). For all those born after 31^oDecember 1963, the standard retirement age of 67 years will apply. It will still be possible for insured persons to retire at the age of 65 years without having their pensions reduced if they completed 45 years of compulsory contributions from employment and care and from child-raising periods up to the age of ten.

There are no limits to the amount of income you may receive in addition to your normal retirement pension.

Early pension

The retirement age for early pensions will be adjusted to the new standard retirement age. However, there is no adjustment for pension types which are being phased out, i.e. the old-age pension due to unemployment or after part-time work for elder workers (*Altersteilzeitarbeit*) and the old-age pension for women. For these pensions, the standard retirement age remains 65 years of age.

An early pension (at reduced rate) may be claimed from the age of 63 after 35 years of pension insurance periods.

The old-age pension for the severely disabled may be claimed by insured persons who have reached the relevant retirement age, are recognised as severely disabled when the pension is first paid, and have completed a qualifying period of 35 years. The minimum age to receive an old-age pension for the severely disabled at the full rate (i.e. without any reductions) is gradually increased from 63 to 65 years, starting with persons born from 1^oJanuary 1952 onwards, while the lowest age limit to claim a reduced old-age pension for the severely disabled is gradually raised from 60 to 62 years of age.

In accordance with the principle of legitimate expectation, insured persons born before 1 January 1952 may still claim a reduced old-age pension at the age of 63 if they:

- have completed a qualifying period of 15 years;
- have paid compulsory contributions for an insured occupation for eight years out of the last ten preceding the start of the pension;
- are unemployed at the start of the pension;
- have been unemployed from the age of fifty-eight and a half for a total of 52 weeks or have worked part-time on the grounds of age (*Altersteilzeitarbeit*) for at least 24 months before the start of the pension.

As a compensation for the longer duration of pension payments, the pension is reduced by 0.3% for each month of drawing a pension prior to the standard retirement age (in case of old-age pension for persons with severe disability before the age of 65).

There are special rules for miners. They are entitled to an old-age pension on reaching the age of 60, provided that they have completed a qualifying period of 25 years.

Old-age pension for women

Women born before 1^oJanuary 1952 are entitled to an old-age pension at the age of 60 if they can produce evidence of more than ten years of compulsory contributions after reaching the age of 40. The qualifying period is 15 years.

What is covered?

The amount of your pension will depend mainly on the amount of social security contributions paid by you in the course of your entire 'insurance life'. In addition to contribution periods, other periods exempt from contributions or with reduced contributions may increase the pension.

How are old-age benefits accessed?

As a matter of principle, pensions are awarded only if applied for. The application should be made to the competent social insurance institution.

Chapter VII: Survivors' benefits

When are you entitled to survivors' benefits?

Everybody who is subject to compulsory pension insurance is covered also by survivors' insurance.

A widow's or widower's pension is awarded to the surviving spouse, the surviving partner in a registered partnership and under certain conditions to the divorced spouse.

Entitlement to a **widow's or widower's pension** is subject to a qualifying period of five years of contribution and substitute periods. The qualifying period may be deemed fulfilled if the insured person died as a consequence of an employment injury or shortly after completing education/training. Moreover, for a surviving spouse to be entitled to a pension, the marriage must in principle have lasted for at least one year.

An **orphan's pension** is awarded in principle, following the death of an insured person, to children up to the age of 18. The age limit is increased to 27 if the orphan is receiving educational or vocational training, if he or she voluntarily completes a social or ecological year, during Federal Voluntary Service (*Bundesfreiwilligendienst*) or if he or she has a disability which prevents him or her from earning a living. If educational or vocational training is interrupted by military service, the entitlement to an orphan's pension is extended for 6 months beyond the age of 27. A partial orphan's pension is paid when one parent is still living; the full orphan's pension is paid if both parents have died.

What is covered?

Widow's and widower's pensions (*Witwen-und Witwerrenten*)

A widow's or widower's pension is 25% of the full invalidity pension (*Rente wegen voller Erwerbsminderung*) of the deceased person (referred to as the minor widow's/widower's pension). The payment of this benefit is limited to two years. The pension is increased if the beneficiary has the care of a child, on reaching the age of 45 (since 2012 this age limit gradually increases to 47 years in 2029), or if his or her earning capacity is reduced to 55% (referred to as the major widow's/widower's pension). Widows or widowers who have raised children are also entitled to a supplement. In the case of divorce, the commonly acquired rights for old-age and invalidity insurance are divided between the ex-spouses.

Pension sharing

Instead of the usual provisions for spouses and widows/widowers, the spouses may, through a joint declaration, ask that the pension rights acquired during communal life be shared. The condition for this is that the spouses must have each completed at least a 25-year pension qualifying period, have been married after 31 December 2001 and/or have both been under 40 years old on that date. If these conditions are met, partners in a registered partnership may also request to share their pensions.

Orphan's pension (*Waisenrente*)

The orphan's pension for orphan children who have lost one parent amounts to 10% of the deceased parent's pension plus an orphan's supplement. For orphan children having lost both parents, the pension amounts to 20% of the deceased parents' pensions plus an orphan's supplement. The orphan's pension is reduced by a maximum of 10.8%, if the insured person dies before the age of 63 years.

Consideration of income

In determining pensions in the event of death, the beneficiary's professional or alternative income is taken into consideration to a certain extent as well as income from assets, where applicable. The monthly amount of exemption is connected to the current pension value. For orphans, it amounts to 17.5 times the current pension value, while for survivors and beneficiaries of child-raising pension it amounts to 26.4 times this value. If the beneficiary's own income exceeds the exemption amount, 40% of the remaining net income is attributed to the survivor's pension.

How are survivors' benefits accessed?

As a matter of principle, pensions are awarded only if applied for. The application should be made to the competent social insurance institution.

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

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

Accident insurance is compulsory in particular for workers and trainees. Other groups of people are also compulsorily insured, including: children in day nurseries or being looked after by qualified day carers; pupils in general education; persons undergoing rehabilitation; and students receiving university education. Self-employed persons are not, in principle, subject to compulsory insurance, except where the competent accident insurer, through a provision in its statutes, explicitly covers them. In any case, self-employed persons may choose to take out insurance on a voluntary basis.

Accident insurance benefits are paid only in the case of insured events, meaning accidents at work and occupational diseases.

Accidents at work include not only those that occur while exercising an insured activity but also commuting accidents. The latter concerns accidents suffered by insured persons on the way to or from the insured activity. Occupational diseases are diseases suffered by insured persons as a result of or during their insured activity and are defined in the ordinance on occupational diseases (a list of 73 recognised diseases). There is also a possibility to prove the occupational character of diseases not on the list (mixed system).

There has to be a causal link between the insured activity and the accident/disease, and between the accident/disease and the damage to health.

What is covered?

By way of compensation for damage to health caused by an insured event, you may claim the following benefits:

Medical treatment

Medical treatment includes first aid, medical care, medicines, therapeutic remedies and aids, home-care services and medical rehabilitation benefits.

Working life participation benefits

Working life participation benefits comprise benefits for keeping or obtaining a job, job seeking, work experience, vocational preparation, basic and further training and retraining.

Community participation benefits

The purpose of these benefits is to re-integrate people in community life, in particular to help them to:

- acquire knowledge and practical skills;
- understand their surroundings;
- acquire, maintain and equip accommodation suitable for disabled people;
- live independently in a sheltered dwelling;
- participate in cultural and social life.

Supplementary benefits

Supplementary benefits concern in particular the group practice of rehabilitation sports prescribed by a doctor and practised under medical supervision, travel costs incurred in practising this sport, company support, home help and child-care costs.

Long-term care benefits

If you become dependent as a result of an insured event, you are entitled to care benefits or a care allowance (even if you already receive a pension).

Injury benefit and temporary benefit

You are entitled to injury benefit for as long as you are unable to work. It amounts to 80% of your gross salary before onset of the incapacity for work, within the limit of your net salary. The injury benefit is in general awarded following the period of entitlement to continued payment of wages for a maximum of 78 weeks. The payment of the injury benefit does not end before the inpatient treatment is concluded. The benefit is terminated when you are awarded an injury pension.

A temporary benefit is granted during the period when you receive working life participation benefits; the amount of the temporary allowance is slightly lower than that of the injury benefit.

Pension

If, following an accident at work or an occupational disease, your earning capacity is reduced by at least 20% for more than 26 weeks following the contingency, you will be awarded a pension. The amount of the pension depends on the degree to which your earning capacity has been reduced and your previous annual income (income from the last 12 calendar months preceding the insured event).

Survivors' pensions (*Hinterbliebenenrenten*)

If your spouse's death was caused by an accident at work or an occupational disease, you will be awarded a survivor's pension. The pension amounts to 40% of the annual earned income of the deceased person, if you are over 47 years of age or unable to work or rearing a child entitled to an orphan's pension. If you are younger and are not raising a child, you will receive an annual pension equivalent to 30% of the deceased person's annual earned income for two years. However, the pension is extended beyond two years if the date of death was before 1 January 2002, or if the spouses, of whom at least one was born before 2 January 1962, were married before 1 January 2002.

Children under the age of 18 receive an orphan's pension (*Waisenrente*). A partial orphan (a child who has lost one parent) receives 20%, a full orphan 30% of the insured person's annual earned income. If a child is still receiving education, the pension is paid up to the age of 27.

If the pension beneficiary has his or her own income, this may be deducted from the pension.

Lump sum

Under certain conditions, a lump sum (*Abfindung*) may be paid instead of the pension.

Death grant

Where death has occurred as the result of an accident at work or an occupational disease, a death grant (*Sterbegeld*) is paid. The amount in question corresponds to one-seventh of the reference sum (Old *Länder*: € 4,620 - New *Länder*: € 3,900; values in 2013).

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

It is the accident insurance institution which officially determines whether an injury qualifies as an insured event and a right to benefits exists. You are not obliged to make a request yourself. Your employer has to notify every accident to the accident insurance institution.

If you suffered an accident, you generally have to consult a specialised physician (transition doctor or *Durchgangsarzt*) approved by the accident insurance institution. This transition doctor makes the decisions regarding the subsequent medical treatment in cooperation with your responsible accident institution.

Chapter IX: Family benefits

When are you entitled to family benefits?

Provided the conditions mentioned below are met, every person living in Germany is entitled to child benefit (*Kindergeld*) and a parental allowance (*Elterngeld*) for his or her own children, for adopted children or for children of the spouse (stepchildren). For entitlement to child benefit, also grandchildren or foster-children who live in the same household can be taken into account.

Child benefit

Child benefit is granted for all children up to the age of 18. Thereafter, children continue to be eligible for benefit if they:

- have not yet exceeded the age of 21, are not in employment and are registered as a jobseeker with an employment service in Germany or another EU Member State, Iceland, Liechtenstein, Norway or Switzerland;
- have not yet exceeded the age of 25 and are attending school, studying or receiving vocational training, are in a transitional period (lasting no longer than four months) between two periods of training or study, or participating in voluntary service within the meaning of § 32 para 4 sentence 1 No. 2 letter d of the Income Tax Law (*EStG*) or who are unable to start or continue a vocational training due to the absence of training places
- are unable to earn a living owing to a physical, mental or psychological impairment which arose before reaching the age of 25.

Children of full age can only be taken into account after the completion of the first vocational training if they are not employed. Employment of up to 20 hours of regular weekly working time, vocational training or insignificant employment is permissible.

You are not entitled to child benefit for a child for whom you, your spouse or another person with whom a child is in a parent/child relationship already receive a similar benefit.

Parental allowance (*Elterngeld*)

The parental allowance is paid to the mother and/or to the father, provided that the parents share the same household with the child and bring it up themselves. A parent receives this benefit as long as s/he does not work for more than 30 hours per week. It is payable until the child reaches the age of 14 months.

Spouses or partners taking care of a child after the birth (even if the child is not their own) can receive the parental allowance under the same conditions. The same applies for relatives up to the third degree, if the parents due to hardship (illness, disability or death of the parents) cannot take care of the child themselves.

For adopted children and children who are taken into the household with the goal of adoption, the parental allowance can be paid for up to 14 months. The 14-month period starts when the child is taken into the household. The entitlement ceases when the child has reached the age of eight.

What is covered?

Child benefit

Child benefit is paid as an amount of € 184 for the first two children, € 190 for the third child and € 215 for the fourth and subsequent children.

Parental allowance

Parents can receive a parental allowance for a minimum of two months (minimum reference time) and a maximum of 12 months. In principle both parents are jointly entitled to a total of 12 monthly payments, which are granted for each month of age of the child. They are entitled to two more monthly payments, if both parents use the parental allowance and their earned income is reduced for at least two months (shared months). Single parents can receive a parental allowance as income replacement for up to 14 months.

The parental allowance (*Elterngeld*) replaces in principle 67% of the adjusted net income. With a net income of more than € 1,200 before confinement the income replacement rate is gradually reduced to 65%. For persons with low income the income replacement rate is raised to 100%. In absolute figures, the parental allowance amounts at least to € 300 (irrespective of income) and at most to € 1,800 per month. Families with several small children receive a sibling's bonus to the amount of 10% of the parental allowance they are entitled to, which corresponds to at least € 75 per month.

How are family benefits accessed?

Child benefit must be applied for in writing. The application form may be obtained from the employment agency (family allowance fund). You can find more information at <http://www.familienkasse.de>.

The employment agency (family allowance fund) pays the allowance into the designated bank account in the course of the month for which the child benefit is determined.

You are obliged to notify the employment agency immediately, and on your own initiative, of any changes in the information given in the application form which could affect your entitlement to child benefit (e.g. the end of a child's vocational training).

The family allowance funds responsible for the child benefit vary according to the place of residence. Your family allowance fund will provide you with any information you may require. You can find the body responsible at <http://www.familienwegweiser-regional.de/Kindergeld.113.0.html>.

Parental allowance is only granted upon written application. Parental allowance offices are responsible for assessing your claim and paying the benefit. Depending on the *Bundesland* this task is carried out by different offices. The parental allowance office responsible in your case as well as the application forms can be found at <http://www.familien-wegweiser-regional.de/Elterngeld.73.0.html>.

Chapter X: Unemployment

When are you entitled to unemployment benefits?

Ordinary unemployment benefit

In principle, if you are an employed person or trainee and become unemployed, you are entitled to unemployment benefit provided that:

- you register as an unemployed person with the employment office and apply for the benefit;
- you are unemployed or are employed for fewer than 15 hours a week;
- you are available for work, i.e. you must be capable of working and willing to accept any suitable employment offered, and you are actively seeking employment;
- you have completed the qualifying period to be entitled to employment benefit, i.e. you must have been in employment for which contributions are compulsory for at least 12 months during the last two years. Under certain circumstances, and until 31st December 2014, six months of employment are sufficient to fulfil the qualifying period.

As an unemployed person, you are obliged to pursue every opportunity to find employment. You must fulfil the duties mentioned in the integration agreement which the employment agency has concluded with you.

The benefit will not be awarded until after a period of up to 12 weeks (*Sperrzeit*) if, without an important reason:

- you terminate your employment relationship yourself;
- you refuse work offered to you by the employment office;
- you refuse to participate in any reasonable measure to help you find employment;
- you ignore a request for reporting to the employment office or you fail to register promptly as a jobseeker.

Basic provision for jobseekers (unemployment benefit II/social welfare allowances)

Following unemployment benefit, or in addition to it, you are entitled to type II unemployment benefit if you are:

- capable of work;
- without means;
- aged between 15 and 65 (or having reached the differentiated age limit according to § 7a of Book II of the Social Code, *Sozialgesetzbuch SGB II*); and
- usually resident in the Federal Republic of Germany.

Beneficiaries incapable of work living with a beneficiary without means who is capable of work in a 'community of dependence' (*Bedarfsgemeinschaft*) are entitled to social welfare allowances to meet their needs, provided that they do not fall into the category of people stated in Book XII of the Social Code (*Sozialgesetzbuch, SGB XII*).

What is covered?

Ordinary unemployment benefit

Benefits vary according to your salary, the fiscal category mentioned on your tax card and according to whether or not you have children.

For the purposes of calculating the benefit, the average daily wage during the last year is taken into account, up to a benefit ceiling of € 5,800 per month in the old *Länder* and € 4,900 per month in the new *Länder*.

Beneficiaries with children receive 67% of net earnings, while beneficiaries without children receive 60% of net earnings.

The duration of benefits depends on the length of the period during which you have paid contributions and on your age, with a maximum duration of 24 months. It ranges from six months for people who have been subject to compulsory insurance for 12 months up to a maximum of 24 months for older people who have been subject to compulsory insurance for 48 months. The duration of benefits ranges from three to five months in special circumstances, after completion of a qualifying period of six to 10 months of employment; this provision is limited to 31st December 2014.

Basic provision for jobseekers (unemployment benefit II/social welfare allowances)

The basic provision for jobseekers is a needs-oriented and means-tested welfare aid, the amount of which is determined in line with social assistance, in order to guarantee a socio-cultural subsistence level. The necessary subsistence level is granted according to the "normal requirements" (*Regelbedarfe*) at federal level which are the same all over Germany. Actual housing and heating costs are covered to the full amount if these are adequate. The authoritative normal requirement is granted as a lump sum covering the costs for food, personal hygiene, household equipment and personal needs of daily life. Moreover, "additional requirements" (*Mehrbedarfe*) (e.g. in case of pregnancy or for single parents etc.) as well as special benefits can be granted. The minimum resources scheme for the socio-cultural subsistence level for children, youngsters and young adults secures the so-called "educational package". Through this package, needs relating to school trips, personalised school supplies, community lunches, school transport, sports, culture and leisure time activities and under certain circumstances learning/study support are taken into account.

The duration of the basic provision for jobseekers is in principle unlimited as long as the conditions of eligibility are met; as a rule, however, the benefit is only granted for a duration of six months, then it is necessary to prove the entitlement again.

Other benefits

While you are unemployed, the unemployment insurance scheme pays the following contributions in your name:

- sickness insurance contributions; as regards the receipt of benefits, the conditions explained in the part on healthcare apply;
- contributions to long-term care insurance.

While receiving unemployment benefit, you are also insured against certain accidents.

There are no statutory pre-retirement benefits in Germany. However, collective agreements in many sectors include provisions on pre-retirement.

How are unemployment benefits accessed?

Ordinary unemployment benefit

To claim the benefit, you must register as an unemployed person with the employment office and apply for the benefit.

You must also inform the employment office immediately of any changes in your personal circumstances which may affect in any way your entitlement to benefit (for instance, the award of a pension, taking up employment).

Basic provision for jobseekers (unemployment benefit II/social welfare allowances)

While you are claiming benefits, you are obliged to report to the competent institution for basic provision (the so-called job centre) if requested to do so. Failure to respond to such a request without a valid reason may result in penalties in the form of reduced benefits.

The basic provision for jobseekers is subject to a specific assessment. The job centre decides on the request for benefits. The incapacity for work is also determined by the job centre. Moreover, in the case of an appeal you have to obtain an expert opinion from this centre. The job centre has an external service to combat benefit fraud.

Chapter XI: Minimum resources

When are you entitled to benefits regarding minimum resources?

Assistance benefits

Anyone who is unable to maintain him- or herself through his or her own resources, whether financial (income and assets) or physical (capacity for work), or with the help of a third party, is entitled to claim social assistance, provided s/he actually resides in Germany.

The legislation on social assistance encompasses several areas, each governing benefits awarded in specific situations. The benefits discussed here are part of a tax-financed scheme of means-tested minimum resources to secure a decent standard of living for persons in need who are incapable of working, and who do not earn a sufficient income to meet the needs, or who do not receive the necessary support from other people. In particular, persons below the age of 65 who cannot meet their own needs and are temporarily unable to work receive a subsistence allowance (*Hilfe zum Lebensunterhalt*) as part of social assistance. Persons over the age of 65, and those over the age of 18 who are permanently unable to work for medical reasons, are entitled to claim a needs-based pension supplement in old age and in the event of reduced earning capacity (*Grundsicherung im Alter und bei Erwerbsminderung*). Unemployed persons who are capable of work and without means can apply for the basic provision for jobseekers ([unemployment benefit II/social welfare allowances](#)).

Each member of an eligible household is entitled to claim social assistance in his/her own right. The total amount increases with the size of the family. The income and assets of the claimant and spouse or partner who share the same household are taken into account for the calculation of benefits.

Blindness allowance and care allowance

Depending on the respective *Länder* legislation, persons suffering from partial or total blindness may, under certain conditions, be awarded blindness and care allowances from the *Land* concerned (*Landesblindengeld* and *Landespflegegeld*). In some *Länder*, deaf people and those with certain major disabilities may also claim a care allowance. Entitlement to these allowances is conditional upon being resident or ordinarily resident in the *Land* concerned.

What is covered?

Assistance benefits

The standard rates (*Regelsätze*) are set by the *Länder*. The amounts of the standard rates vary according to the age and the beneficiary's position in the household. Since 1^o January 2013 the "normal requirements" (*Regelbedarfe*) are as follows throughout Germany:

- Normal requirements for the head of the household as well as for a person living alone: € 382,
- normal requirements if spouses or cohabitants are living together: € 345,

- for an adult person, who does not live in an own household nor does he/she live in a shared household as spouse, partner or in a quasi-marital partnership: € 306,
- for members of the household under the age of 6: € 306,
- for members of the household aged between 6 and 14: € 255,
- for members of the household from the age of 14 onwards: € 289.

The standard rates may be supplemented by the following:

- supplements for special needs for certain groups (e.g. children, single parent families, pregnant women, persons in need of extra nutrition due to certain diseases, etc.);
- one-time benefits that are not included as a flat-rate in the standard rate, e.g. for initial clothing outfit (including in the case of pregnancy and birth) or initial fittings for the house (including household appliances);
- educational package (*Bildungs- und Teilhabepaket*) for children and young people, which covers in particular needs relating to school trips, personalised school supplies, school transport, community lunches, sports, culture and leisure time activities and under certain circumstances learning/study support.

How are minimum resources benefits accessed?

Assistance benefits

The institution responsible for social assistance makes the decisions regarding a request for benefits. The permanent full incapacity for work of a person as eligibility requirement for a needs-based pension supplement in old age and in the event of reduced earning capacity (*Grundsicherung im Alter und bei Erwerbsminderung*) is determined by the State pension insurance institution. The institution responsible for social assistance has an external service to examine the living and working situation of individual cases.

Chapter XII: Long-term care

When are you entitled to long-term care?

In Germany, long-term care benefits in case of need for care (“dependency”) are provided upon request under the statutory long-term care scheme.

The Social long-term care insurance (Book XI of the Social Code, *Sozialgesetzbuch SGB XI*) is an independent branch of social security, which covers the risk of long-term care in a similar manner than the insurance against sickness, accidents, unemployment as well as old-age insurance. The extensive list of long-term care benefits helps to mitigate the physical, mental and financial burden for persons in need of care and their family members resulting from the need of long-term care, and supports them to live in dignity and according to their wishes despite their need of care.

Everyone who is covered by statutory or private sickness insurance is automatically and mandatorily covered by the statutory or private long-term care insurance. For entitlement to benefits under the statutory long-term care insurance a qualifying period of two years is required. According to the requirements of the statutory long-term care insurance, a person is in need of care if, as a result of a physical, emotional or mental disease or disability, he or she is expected to need long-term assistance for at least six months to perform everyday activities. The relevant need for assistance extends to the areas of personal hygiene, feeding, mobility as well as general care and domestic help. Rather than on age or income, the amount of the long-term care benefits is based on the extent of care needs as determined by the medical service of the sickness insurance. This means that in principle, only persons of at least category I are granted long-term care benefits. For certain benefits (so-called “low-threshold offers”) a lower level of care needs is sufficient to be entitled to those benefits.

Persons with minor care needs (under 90 minutes per day) or persons with partial insurance coverage (“*Teilkaskoversicherung*”) for whom the capped benefits are not sufficient to cover the real costs, can, in specific cases, receive care benefits under the social assistance scheme.

Social assistance care benefits, the so-called “care assistance”, are only granted in case of financial dependency of the person concerned, i.e. if the person in need of care can neither bear the total costs of the care service him-/herself nor receive it from others.

Moreover, the statutory long-term care insurance for caring family members and other informal carers provides for the payment of the pension insurance contributions, accident insurance coverage, contribution payment for the unemployment insurance during periods of caring as well as other supporting benefits, e.g. free training courses, possibilities of respite and substitute care etc.

What is covered?

Benefits in kind

In addition to a legal entitlement to care counselling for all, benefits in kind include mainly:

- the provision of home care and domestic help by outpatient centres or individual carers;
- a lump-sum payment for the costs of residential care (including short-term care (*Kurzzeitpflege*)).

For category III the amount of benefits in kind is € 1,550 and for so-called cases of hardship € 1,918.

The amount of these benefits depends on the degree of dependency and is fixed by law.

In addition, there are accompanying benefits to complement home care such as respite care (*Verhinderungspflege*), short-term care (*Kurzzeitpflege*) as well as day and night care (*Tages-und Nachtpflege*).

Benefits for home care may also be complemented by aids and appliances to facilitate the provision of care or household activities or by measures for the improvement of the living conditions.

Additional care benefits are available for persons with an extensive general need of care (e.g. people with dementia, mentally disabled people and people with mental illnesses).

Benefits have an unlimited duration as long as the entitlement conditions are fulfilled.

Cash benefits

If a person in need of care wants to provide for the care him-/herself, he/she can claim a care allowance in order to assure necessary basic care and household assistance in an adequate way. The amount of this benefit varies according to the degree of dependency. For category III, it equals € 700.

Cash benefits and benefits in kind may be combined: if the person in need of care only partly claims the benefits in kind, he/she is also entitled to receive a proportionate care allowance. Apart from the entitlement to day care, the person maintains a 50%-entitlement to the respective care benefit in kind or care allowance.

There is a free choice between benefits in kind and cash benefits.

Benefits have an unlimited duration as long as the entitlement conditions are fulfilled.

How is long-term care accessed?

The medical service of the sickness insurance, which consists in principle of doctors and staff specialised in care, carries out the assessment to determine the need for long-term care.

In the assessment procedure, four indicators are taken into consideration: personal hygiene, food, mobility and housekeeping.

Annex: Useful addresses and websites

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

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

Statutory sickness and long-term care insurance

GKV Spitzenverband, Abteilung
Deutsche Verbindungsstelle
Krankenversicherung – Ausland (DVKA)
[German liaison body for sickness insurance abroad]
Pennefeldsweg 12 c
53177 Bonn
Tel.: +49 228 95300
<http://www.dvka.de>

Accident insurance

Deutsche Verbindungsstelle
Unfallversicherung - Ausland
[Central Federation of Industrial Employers' Liability Insurance Associations]
Alte Heerstraße 111
53757 Sankt Augustin
Tel.: +49 2241 231 1142
<http://www.dguv.de>

Unemployment insurance and family benefits

Bundesagentur für Arbeit
[Federal Employment Agency]
Regensburger Straße 104
90478 Nürnberg
Tel.: +49 911 179 0
<http://www.europaserviceba.de>
<http://www.arbeitsagentur.de>

Liaison bodies for statutory pension insurance

Deutsche Rentenversicherung
<http://www.deutsche-rentenversicherung.de>

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>

Poland
Deutsche Rentenversicherung Berlin-Brandenburg
Knobelsdorffstraße 92
14059 Berlin
Tel.: +49 30 3002 0
<http://www.deutsche-rentenversicherung-berlin-brandenburg.de>

Hungary
Deutsche Rentenversicherung Mitteldeutschland
Kranichfelder Straße 3
99097 Erfurt
Tel.: +49 361 482 0

Bulgaria
Deutsche Rentenversicherung Mitteldeutschland
Paracelsusstraße 21
06114 Halle
Tel.: +49 345 213 0
<http://www.deutsche-rentenversicherung-mitteldeutschland.de>

Slovenia, Slovakia, Czech Republic
Deutsche Rentenversicherung Bayern Süd
84024 Landshut
Tel.: +49 871 81 0

Austria
Deutsche Rentenversicherung Bayern Süd
81729 München
Tel.: +49 89 6781 0
<http://www.deutsche-rentenversicherung-bayernsued.de>

Denmark, Finland, Norway, Sweden
Deutsche Rentenversicherung Nord
Ziegelstraße 150
23556 Lübeck
Tel.: +49 451 485 0

Estonia, Latvia, Lithuania
Deutsche Rentenversicherung Nord
Platanenstraße 43
17033 Neubrandenburg
Tel.: +49 395 370 0

Ireland, United Kingdom
Deutsche Rentenversicherung Nord
Friedrich-Ebert-Damm 245
22159 Hamburg
Tel.: +49 40 5300 0
<http://www.deutsche-rentenversicherung-nord.de>

Belgium, Spain
Deutsche Rentenversicherung Rheinland
40194 Düsseldorf
Tel.: +49 211 937 0
<http://www.deutsche-rentenversicherung-rheinland.de>

France, Luxembourg
Deutsche Rentenversicherung Rheinland-Pfalz
Eichendorffstraße 4-6
67346 Speyer
Tel.: +49 6232 17 0
<http://www.deutsche-rentenversicherung-rlp.de>

Italy, Malta
Deutsche Rentenversicherung Schwaben
Dieselstraße 9
86154 Augsburg
Tel.: +49 821 500 0
<http://www.deutsche-rentenversicherung-schwaben.de>

Portugal
Deutsche Rentenversicherung Nordbayern
Friedenstraße 12/14
97072 Würzburg
Tel.: +49 931 802 0
<http://www.deutsche-rentenversicherung-nordbayern.de>

Iceland, Netherlands
Deutsche Rentenversicherung Westfalen
Gartenstraße 194
48125 Münster
Tel.: +49 251 238 0
<http://www.deutsche-rentenversicherung-westfalen.de>

Liaison body for all countries once contributions have been paid to the insurer

Deutsche Rentenversicherung Bund
10704 Berlin
Tel.: +49 30 865 1
<http://www.deutsche-rentenversicherung-bund.de>

Liaison body for miners, railway workers and mariners

Deutsche Rentenversicherung Knappschaft-Bahn-See
[German pension insurance scheme for miners, railway workers and mariners]
Pieperstraße 14-28
44789 Bochum
Tel.: +49 234 304 0
<http://www.deutsche-rentenversicherung-knappschaft-bahn-see.de>

Liaison body for old-age pensions for farmers

Sozialversicherung für Landwirtschaft, Forsten und Gartenbau
[Social insurance for agriculture, forestry and horticulture]
Weißensteinstraße 70-72
34131 Kassel
Tel.: +49 561 9359 0
<http://svlfg.de>

Information on social compensation

Bundesministerium für Arbeit und Soziales (BMAS)
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<http://www.bmas.de/DE/Themen/Soziale-Sicherung/Soziale-Entschaedigung/inhalt.html>