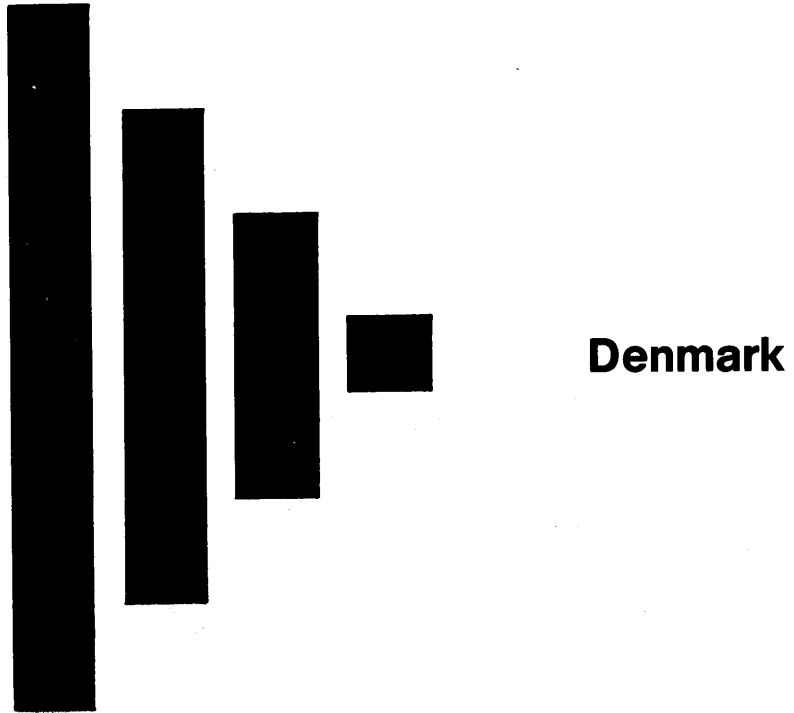


# EUROPEAN COMMUNITIES

## Social security for migrant workers



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# **Guide**

**concerning the rights and obligations  
with regard to social security  
of persons going to work in  
DENMARK**

In your own interest  
read this guide carefully

**NEW EDITION**

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This guide gives only general guidance.

It must not be treated as a complete and authoritative statement on the law in any particular case.

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# I. Introduction

## 1. Main principle

As a national of a Member State (or as a stateless person or refugee resident in a Member State) you are, when taking up employment or self-employment in Denmark, entitled to social security benefits in the same way as employed or self-employed Danes.

Your spouse or children residing in Denmark are also entitled to the same social security benefits as Danish nationals.

## 2. Social security benefits

Social security benefits in Denmark include the following:

- medical care, treatment in hospital, maternity care, cash sickness benefit, rehabilitation;
- early and ordinary retirement pension, and supplementary pension;
- benefit for accidents at work and occupational diseases;
- unemployment benefit;
- family allowance and young persons' allowance.

## 3. Contributions

As the Danish social security system is in general not based on the principle of insurance, the persons covered need not as a rule pay social security contributions. Expenditure is covered from tax revenue. Exceptions are unemployment insurance and the supplementary pension for employed persons (ATP), for which contributions must be paid.

## 4. Insurance coverage

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

## **5. Appeals**

Information on appeals procedures is given separately in the various sections below.

## II. Health services, sickness benefit, maternity benefit, etc.

### A. Health services

#### 1. Persons covered

Health services are available to all persons residing in Denmark (though not those resident in the Faeroe Islands or in Greenland) or employed aboard Danish vessels.

#### 2. How to join the Health Service

The social and health department of each commune (kommunens social- og sundhedsforvaltning) issues Health Service cards (sygesikringsbevis) to all persons resident in the commune. The cards are sent automatically whenever a person's name is entered in the local population register. Children under 16 years of age do not as a rule receive a Health Service card of their own.

#### 3. Two categories of Health Service coverage

Your Health Service card shows to which category you belong. Persons in group 1 are entitled to free medical care solely from a local doctor of their choice, while those in group 2 receive a partial refund of their medical expenses.

People are free to choose between the two groups. The choice is made by a notification of the commune's social and health department. They may change from one group to the other once a year.

##### *(a) Treatment by a general practitioner or a specialist*

If you belong to Health Service group 1 you are entitled to free treatment by the general practitioner you have chosen. Treatment by a specialist is free of charge but can only be granted on referral by your general practitioner. You can choose or change your doctor once a year.

If you belong to group 2 you are free to choose your own doctor whenever you need treatment. The doctor will charge his own fees; part of the cost of treatment will be borne by the Health Service.

*(b) Medicines, dental care, physiotherapy*

The Health Service contributes towards the cost of the following services:

- drugs and medicines;
- various kinds of preventive dental care and treatment. If you belong to Health Service group 1, such a contribution can only be paid to you if the dentist treating you is covered by a contract with the Public Health Service;
- physiotherapeutic treatment provided by a recognized physiotherapist on referral by a doctor.

*(c) Medical care while travelling abroad (rejsesygesikring)*

If you are on holiday or staying for study purposes, on your own account, in a country of the European Community or in certain countries outside the Community, you are covered for up to 2 months by the special Danish health scheme covering those travelling abroad. For periods of stay in a Community country, see also Guide No 1 on the Community regulations.

For further information on sickness insurance, please apply to the social and health department of your commune (kommunens social- og sundhedsforvaltning).

#### **4. What to do to receive health services**

Irrespective of whether you belong to Health Service group 1 or 2, you must always present your Health Service card.

For persons insured in group 1 the Health Service pays for the services provided or bears a part of the cost of services in accordance with the rates laid down in contracts concluded between the Public Health Service and the associations of medical practitioners. Those in group 2 have to pay the fees charged by practitioners, but the Health Service bears part of the cost in accordance with the rates payable for similar treatment to persons in group 1.

Persons in group 1 or 2 should pay the practitioner (general practitioner, dentist, etc.) only that part of his fee which is payable by patients themselves.



If the medical practitioner is not covered by a contract with the Health Service, patients in group 2 will receive a refund from the social and health department of their commune on presentation of a detailed receipted bill.

### **5. Hospital treatment**

Treatment and stay in county hospitals (amtskommunale sygehuse) is free for local residents.

### **6. Maternity care**

Women resident in Denmark are entitled to free maternity care. The services provided include preventive medical examinations, free transport in connection with such examinations as well as transport to hospital, confinement in hospital or attendance by a midwife in the case of home confinement.

### **7. Qualifying period on arriving from abroad**

As a rule people entering Denmark acquire entitlement to health care and free hospital treatment only six weeks after their arrival in the country.

However, this qualifying condition may be fulfilled by counting periods of insurance, employment or residence completed in another Member State.

For this purpose you should, when moving from another Member State to Denmark, bring a form E104 with you, which you can obtain from the insurance institution with which you were last insured. The form should be given to the social and health department of the commune in Denmark where you are taking up residence.

## **B. Cash benefit (dagpenge)**

### **1. Who are entitled to cash benefits?**

All persons drawing an income from employment or other earnings mainly derived from work performed by the insured person are entitled to cash benefits. As a rule, entitlement is conditional upon the income being subject to taxation in Denmark. Persons who carry out domestic work in their own homes and self-employed persons (from the second day of absence from work during the first three weeks of a period of sickness) can take out voluntary insurance to receive cash benefits.

### **2. The cash benefit scheme — Qualifying conditions**

Cash benefit is paid to compensate for loss of earnings in the event of incapacity for work due to illness, injury (including accidents at work and occupational diseases), childbirth, or adoption.

#### *(a) Cash sickness benefit (sygedagpenge)*

— Employed persons

Sickness benefit payable by the employer

If you have been working for an employer for at least eight weeks and have worked for at least 40 hours during the four weeks immediately preceding the beginning of your incapacity for work, your employer must pay you sickness benefit for a period of up to 13 weeks (employer's period).

Sickness benefit payable by the commune

If your incapacity for work continues for more than 13 weeks or if you are not entitled to sickness benefit from your employer when you become unfit for work, sickness benefit is paid by the social and health department of your commune.

In both cases the benefit is paid from the second day of absence from work.

— Self-employed persons

The commune pays sickness benefit from the first day of absence from work after three weeks of illness, provided that a claim for benefits was submitted on the same day.

*(b) Cash benefit for childbirth or adoption*

A woman who satisfies certain conditions relating to her employment and the level of her income (insurance periods completed in other Member States are counted as periods of employment) is entitled to cash benefits for pregnancy and childbirth. Payment of such benefit may at the earliest commence four weeks before the expected date of confinement; it continues for 14 weeks after the birth of the child. Persons seeking to adopt a child may likewise receive cash benefit for 14 weeks after the actual date of adoption.

From 1 July 1984 cash benefit may be paid to the child's parents after the birth or adoption of a child for a total of 20 weeks, up to six of which to the father.

From 1 July 1985 the period of benefit payment is 24 weeks, up to 10 of which payable to the father.

From 1 July 1984 the father also has a separate entitlement to cash benefit for up to two weeks after the birth or adoption of a child.

Cash benefit for childbirth or adoption is paid by the social and health department of the commune.

There are special rules for women who have taken out voluntary insurance to receive cash benefit.

### **3. How these benefits are paid**

Cash benefits are paid for one week at a time and amount to 90% of the worker's income. However, there is a maximum rate which is fixed each half-year on the basis of the average hourly earnings of all persons employed in the country. Amounts which, calculated on the basis of weekly earnings, are less than 10% of the maximum benefit rate are not paid out.

In the event of partial incapacity for work, cash benefit may be paid at a reduced rate.

Under voluntary cash benefit insurance for persons doing domestic work in their own homes, the maximum benefit payable is half the maximum rate.

#### **4. What to do to obtain cash benefit**

If you are entitled to cash benefits from your employer, you should inform him as soon as possible that you are ill and, if requested, submit supporting documents, e.g. a doctor's statement confirming that you are ill. If you fail to supply the evidence requested, you cease to be entitled to sickness benefit from your employer. If you are entitled to sick benefit payable by the commune, you should submit a statement on a special form specifying the cause of your incapacity for work, etc. The social and health department may also require a medical certificate on a special form to be completed by your doctor.

Claims for cash benefit for childbirth or adoption should be submitted to the social and health department within six months of the date of birth or actual adoption.

#### **5. Duration of benefit**

The payment of benefit is discontinued after it has been paid for more than 91 weeks during the past 36 months. However, this period does not include the first 13 weeks of the period of absence from work in the case of employed persons and the first three weeks for self-employed persons.

Since these cash benefits are basically short-term benefits, the social and health department must, after three months of illness, reassess the condition of the person concerned. Consideration may then be given to granting rehabilitation measures or granting an early retirement pension.

Persons receiving a social pension, persons who could have claimed such a pension by reason of their ill health if all the other conditions had been fulfilled, and persons who have reached the age of 67 are entitled to sickness benefit for a limited period only (13 weeks over a 12-month period).

## **C. Rehabilitation measures**

### **1. Benefits and services provided**

Assistance may be granted for education, vocational training and retraining to any person resident in Denmark. A general condition is that no assistance can be provided by the national educational loans and grants committee (Statens Uddannelsesstøtte) or from other schemes outside the scope of social legislation.

Grants may also be obtained towards the purchase of tools and machines, for establishing one's own business, and for appliances and aids (including motor vehicles) for disabled persons or persons in poor health.

Educational and retraining grants are available only if they are necessary, account being taken of the claimant's means to support himself and provide for his family.

### **2. How to obtain rehabilitation**

To obtain rehabilitation or aids and appliances you should apply to the social and health department of your commune. In certain cases, however, the relevant decisions are not taken by the commune but by the rehabilitation and pensions commission of the county administration (amtskommunens revaliderings- og pensionsnævn). Further information on this matter may be obtained from the commune.

## **D. Death grant**

On the death of a person with entitlement to benefits under the Law on the Public Health Service, the social and health department of the commune pays a death grant to the survivors. The rate of the death grant is linked to the cost-of-living index.

## **E. The grant of benefits in another Member State**

Please consult Guide No 1 on the Community regulations.

## **F. Appeals**

### **1. Period allowed for appeals**

If you disagree with a decision you may within four weeks of receiving the decision lodge an appeal or a protest.

Appeals lodged after this four-week period may nevertheless be admitted under special circumstances.

### **2. Where to appeal**

#### *(a) County Appeals Board (Amtsankenævnet)*

Appeals against a decision of the social and health department of the commune, with the exception of Copenhagen and Frederiksberg (see (b) below), should be lodged with the County Appeals Board (Amtsankenævnet) of the county where you live.

As a rule, no further appeals are possible against decisions by a County Appeals Board.

However, cases involving matters of principle may be examined by the Social Appeals Board (Den sociale Ankestyrelse).

#### *(b) Social Appeals Board (Den sociale Ankestyrelse)*

Appeals against decisions taken by the municipal authorities of Copenhagen or Frederiksberg should be submitted directly to the Social Appeals Board.

This Board is likewise competent to deal with appeals concerning:

— decisions taken by the social and health department of the county administration (amtskommune), the hospital administration of the county or the commune on behalf of the county administration;

— decisions taken by the National Social Security Office (Sikringsstyrelsen).

For the address of the Social Appeals Board (Den sociale Ankestyrelse), see the list of addresses in the back of this guide.

*(c) Cash Benefits Commission (Dagpengeudvalget)*

Disputes concerning entitlement to cash benefit during the 'employer's period' may be brought before the Cash Benefits Commission (Dagpengeudvalget). There is no further appeal against decisions of this Commission.

For the address of the Cash Benefits Commission, see the list of addresses at the end of this guide.

### III. Pensions

#### **A. Early retirement pension (førtidspension) and ordinary retirement pension (folkepension)**

##### **1. Persons covered**

The following persons are entitled to pensions in Denmark:

- (a) Danish nationals;
- (b) Foreign nationals after 10 years' residence in Denmark;
- (c) Employed or self-employed persons who are nationals of another Member State (or stateless persons or refugees resident in a Member State). Their entitlement is subject to the condition that they have been employed or self-employed in Denmark for at least a year.

##### **2. Pension rates**

The common element of the social security pensions is a basic rate (grundbeløb) and a pension supplement (pensionstillæg). While payment of the basic rate is subject to a means test for pensioners under the age of 67, pensioners who are 67 or over receive the basic rate regardless of their financial circumstances. However, the basic rate is reduced for persons aged between 67 and 70 with personal earnings.

The pension supplement varies with the level of the pensioner's and spouse's earnings.

Persons receiving an early retirement pension (førtidspension) may qualify for:

- an invalidity amount and, where appropriate, an amount for incapacity for work, neither of which is means-tested;
- a constant attendance supplement or a nursing supplement if the invalidity pensioner's condition requires constant attendance or nursing.



Where both spouses are drawing a pension, the pension is paid at the rate for married persons, which is lower than the general pension rates.

### **3. Qualifying conditions**

In order to qualify for a pension, the claimant must have resided in Denmark for at least three years between his 15th birthday and the day on which he reaches the age of 67.

Entitlement to a full retirement pension is acquired after 40 years of residence in Denmark between ages 15 and 67. Persons with a shorter period of residence have the right to a pension of 1/40th of the full pension rate for each year they resided in Denmark between ages 15 and 67.

If a pension is awarded before the person concerned has reached the age of 67, a full early retirement pension is payable when the claimant has resided in Denmark for at least 4/5ths of the years between his 15th birthday and the date on which the pension is awarded. For shorter periods of residence, the pension is determined on the basis of the ratio between the period of residence and 4/5ths of the period between the claimant's 15th birthday and the date from which the pension is awarded.

### **4. The different types of pensions — Rates and qualifying conditions**

#### *(a) Early retirement pension (førtidspension)*

The maximum and general early retirement pensions may be paid to persons aged between 18 and 67 whose earning capacity has been permanently reduced as a result of physical or mental disability.

The maximum rate of early retirement pension, comprising the basic rate, the invalidity supplement and the supplement for incapacity for work, may be granted to persons under the age of 60 whose residual earning capacity is negligible.

The intermediate rate of early retirement pension, comprising the basic rate and the invalidity supplement, may be granted to persons under the age of 60 whose earning capacity has been reduced

by about 2/3rds and to persons over the age of 60 whose residual earning capacity is negligible.

A general early retirement pension consisting of the basic rate may be granted to:

— persons aged between 18 and 67 whose earning capacity has been reduced by at least half as a result of ill health;

— persons aged between 18 and 67 whose earning capacity has been reduced by half though not exclusively as a result of ill health;

— persons aged between 50 and 67 whose social circumstances and state of health warrant the grant of such a pension.

Persons who have been awarded a general early retirement pension receive the early retirement supplement (*førtidsbeløb*) if the pension is awarded before they reach the age of 60. In such cases, the pension is referred to as the increased general early retirement pension (*forhojet almindelig førtidspension*). The rules governing the payment of this early retirement supplement come into effect on 1 January 1985.

Early retirement pension ceases to be paid when the beneficiary reaches the age of 67 and is subsequently — without need to submit a claim — replaced by an ordinary retirement pension (*folkepension*).

Persons who, in spite of severe disablement, have such a high income that their earning capacity cannot be considered as having been substantially reduced, may be awarded an invalidity allowance (*invaliditetsydelse*) in lieu of a maximum or intermediate early retirement pension. The allowance is intended to cover the extra expenditure incurred by them in pursuing their occupation.

*(b) Retirement pension (folkepension)*

The ordinary retirement pension consists of the basic rate; pensionable age is 67.

A pension supplement may be payable in addition to ordinary or early retirement pension if the pensioner (and, if married, the spouse) earns an income below a certain level.

## **5. How to claim a pension**

You should submit your pension claim to the social and health department (social- og sundhedsforvaltningen) of the commune in which you are resident. The claim should be made on a special form which is available from the department. For invalidity pension claims the department may require a medical certificate to be drawn up by your doctor on a special form. The costs connected with that certificate are borne by the department.

The social and health department of the commune will forward the claim for early retirement pension to the County Rehabilitation and Pensions Commission (Amtets Revaliderings- og Pensionsnævn). This Commission decides whether and from what date you qualify for early retirement pension, invalidity allowance, or an attendance or nursing supplement.

Before sending the claim on, the social and health department assesses whether treatment or functional rehabilitation would be appropriate.

To clarify the claimant's position, both the social and health department of the commune and the Rehabilitation and Pensions Commission may require that the claimant undergoes a medical examination or treatment or enters hospital for observation. The costs are borne by the institution that decided on such measures.

Any pension claim which you submit to the Danish institution will normally be treated also as a claim for pension in any other Member States concerned.

## **6. Payment of benefits**

Pensions may be paid at the earliest from the first day of the month following the submission of the claim or from the first day of the month following the day on which the claimant reached pensionable age.

An advance pension payment may be made while the claim is being processed.

Pensions are paid each month, in advance.

They are normally paid only to pensioners resident in Denmark or in another Member State.

## **7. Appeals**

If you disagree with the decision of the commune in connection with your pension entitlement, you may appeal to the competent County Appeals Board (Amtsankenævnet).

As a rule, no further appeals can be lodged against a decision of this Board.

In the case of decisions of the Municipal Authorities of Copenhagen or Frederiksberg or decisions which were originally taken by the County Rehabilitation and Pensions Commission or by the National Social Security Office (Sikringsstyrelsen), you may appeal to the Social Appeals Board (Den sociale Ankestyrelse).

The period allowed for appeals is four weeks.

However, appeals lodged after this period may nevertheless be admitted if there are special circumstances.

## **B. Supplementary pension for employed persons (Arbejdsmarkedets Tillægspension, ATP)**

### **1. Persons covered**

All persons aged between 16 and 66 who are employed by one employer in Denmark for at least 10 hours a week or 43 1/3 hours a month are covered by the ATP scheme. Employed persons who become self-employed can continue to be covered by the ATP scheme on certain conditions. In this case, they have to pay the full amount of contributions themselves.

### **2. Contributions**

Contributions to the ATP scheme are paid jointly by the employer and the employee. The employer pays 2/3rds and the employee 1/3rd of the contribution. The employer is responsible for seeing that the employee's share is actually paid.

### **3. ATP pension rates and bonuses**

The ATP pension is paid either as an old-age pension (alderspension) or as a surviving spouse's pension (ægtefællespension).

The surviving spouse's pension amounts to half of the pension that was due to the deceased spouse.

The benefit rate depends on the length of the period during which the person concerned has been covered by the scheme and also on the amount paid in contributions. For the present, bonuses are granted over and above the amount of the normal ATP pension. These bonuses are fixed, like the pension amount and the contribution rate, on the basis of the scheme's financial position.

#### **4. Qualifying conditions for the ATP pension**

The pension may be granted from the age of 67 and is paid only after a claim has been made.

To qualify for a surviving spouse's pension, the surviving spouse must be 62 or over, the marriage must have lasted at least 10 years and the deceased spouse must have completed at least 10 years of insurance.

If the claim for an ATP pension is made after the claimant reached the age of 67, the pension rate is increased by 5% for each half-year, and the claim is postponed until the claimant reaches the age of 70.

#### **5. How to claim — How pensions are paid**

Prospective claimants are normally sent a claim form by the ATP administration; however, this form is also available from banks, municipal offices and the ATP office. Claims should be sent to the address given at the end of this Guide (see Arbejdsmarkedets Tillægspension).

The ATP is normally paid in advance every month into the beneficiary's bank account or savings account or by postal giro.

#### **6. Appeals**

If you disagree with a decision of the ATP office concerning membership contributions or pension entitlement, you may lodge an appeal within four weeks with the ATP Appeals Board (Ankenævnet for Arbejdsmarkedets Tillægspension) (see the list of addresses at the end of this Guide).

## **IV. Accidents at work and occupational diseases**

### **1. Persons covered**

This insurance scheme covers all persons working for an employer, even if such employment is unpaid. Certain categories of self-employed persons are likewise obliged to take out insurance for themselves (fishermen, shipowners, and others). Insurance against occupational injuries must be taken out with an insurance company recognized by the State.

### **2. Matters covered by insurance**

Insurance covers all accidents or harmful effects lasting only a few days arising out of employment or attributable to working conditions if they result in a permanent or temporary reduction of earning capacity. The insurance also covers a number of occupational diseases that are mentioned in an official list. Insurance does not cover accidents sustained while travelling to or from work.

### **3. Benefits**

The benefits include:

- medical treatment and functional rehabilitation;
- compensation for loss of earning capacity;
- compensation for permanent disability;
- compensation for loss of breadwinner;
- interim allowance for survivors in the event of the worker's death.

Medical treatment and functional rehabilitation are granted in cases where such measures are regarded as necessary to ensure the best chances for recovery or to consolidate the results of treatment. Medical treatment and functional rehabilitation are granted only to the extent that the costs thereof are not borne by the health service and provided that these measures are not part of treatment in a public hospital.

For brief periods of incapacity due to accidents at work, sickness benefit is paid (see Section II B2(a)).

When one year has passed since the accident, a decision will, where possible, be taken to provide compensation for the loss of earning capacity or for injury of a permanent nature.

Such compensation normally takes the form of a current cash benefit which in less severe cases may be commuted into a lump sum. Such compensatory payments for the loss of earning capacity (erstatning for tab af erhvervsevne) are intended to compensate the person concerned for the loss of earnings caused by the occupational injury, amounting to the difference between the income which the person concerned could have earned if the injury had not occurred and the income which he can be expected to earn taking account of the injury. To qualify for this compensation, the loss of earning capacity must be more than 15%. In the case of a complete loss of earning capacity the benefit will amount to 3/4 of annual earnings, and for reduced earning capacity a proportionate part thereof. However, an upper annual earnings limit has been fixed for this purpose.

On reaching the age of 67 beneficiaries may claim a retirement pension (folkepension), in which case the current incapacity benefit is terminated by a final lump-sum settlement.

Compensation for permanent disability (erstatning for varigt men) is granted in respect of permanent handicaps in the conduct of everyday life which are attributable to the medical consequences of the injury. The amount of this benefit varies with the severity of the injury in accordance with a fixed scale of rates. The compensation for permanent disability is normally paid as a single lump sum.

Compensation for the loss of the breadwinner (erstatning for tab af førsorger) is granted to a surviving spouse or another survivor who has lost a breadwinner and is fixed at a level that takes account of the survivor's ability to support himself or herself. This benefit is paid for a period of 10 years, which may be extended, and amounts to 30% of the deceased breadwinner's annual earnings. As a rule, each child receives a current annual sum of 10% of the deceased person's annual earnings (20% if the deceased person

was the sole breadwinner for the child) until the child reaches the age of 18 (21 if the child is still receiving education or training).

An interim allowance (overgangshjælpen) is paid to cover expenses for which no documentary proof can be provided that have been incurred in connection with the death of the spouse or the person with whom the claimant was living. It takes the form of a single flat-rate payment.

#### **4. Payment of benefits**

Current pensions are normally paid by the insurance company concerned. Lump-sum payments, however, are normally made by the Social Welfare Board (det sociale udvalg) of the commune in which the claimant lives.

#### **5. Duty to report accidents at work and occupational diseases**

The employer must report accidents and occupational diseases to his insurance company within eight days. If he fails to do so, the person who has sustained the accident or contracted the disease, or his survivors, may directly apply to the insurance company or to the National Social Security Office (Sikringsstyrelsen) within one year.

#### **6. Appeals**

The National Social Security Office (Sikringsstyrelsen) will decide whether a reported case in fact constitutes an accident at work or an occupational disease and whether the person concerned is entitled to compensation and what the amount of that compensation should be. If you disagree with a decision of the National Social Security Office, you may lodge an appeal with the Social Appeals Board (Den sociale Ankestyrelse) within four weeks of receiving the decision. The period allowed for appeal is extended to six weeks if you are staying in another European country.

#### **7. Persons staying in or moving to another Member State**

See Guide No 1 on the Community regulations.



## V. Unemployment insurance

### 1. Membership

Unemployment insurance is in principle voluntary. The unemployment funds (arbejdsløshedskasserne) are linked to the trade unions and classified by occupation.

Even if you are covered by unemployment insurance in another Member State, you must, when taking up employment in Denmark, join the recognized unemployment fund competent for your occupation.

The membership fee (contribution) of the unemployment fund is six times the fund's unemployment benefit rate. Moreover, employers have to pay an unemployment insurance contribution for each insured employee.

Please consult the National Employment Office (Arbejdsdirektoratet) to find out whether there exists a recognized unemployment fund for your occupation.

### 2. Who can be insured?

Persons who are resident in Denmark and who are aged between 16 and 65 can join a recognized unemployment fund (arbejdsløhedskasse). Applicants for membership must be able to prove that they had worked immediately before joining, or that they were in vocational training in one of the occupations covered by the fund in question, or that they can get a job.

There are two unemployment funds for self-employed persons in Denmark.

### 3. Unemployment benefit

The rate of unemployment benefit is fixed every half-year by each of the unemployment funds. The weekly amount of benefit may not exceed 90% of national average weekly earnings.

Individual members may not receive more than 90% of their latest earnings.

Persons in part-time employment may take out partial insurance and will be paid unemployment benefit at a reduced rate.

The rate of unemployment benefit payable to self-employed persons is normally calculated on the basis of their average annual earnings during the best two years of the last five financial years.

#### **4. Qualifying conditions for unemployment benefit**

In order to qualify for unemployment benefit the claimant should be out of work, have registered with an employment office (arbejdsformidlingen) as a person looking for work, and keep in contact with the employment office for as long as he is out of work.

Entitlement to unemployment benefit is normally acquired after one year's membership of the fund. Insurance period and/or employment periods completed in another Member State may be taken into account. For this purpose, you should bring an E301 form issued by the unemployment insurance institution of the country in which you were previously employed.

To qualify for unemployment benefit you must have worked for at least 26 weeks as an employed or self-employed person in the past three years. Periods of military service and certain periods in which the person concerned was receiving vocational training are treated as periods of employment.

Pensioners and members over 67 years of age have only limited rights to unemployment benefit.

#### **5. Appeals**

Appeals against decisions of the unemployment fund concerning membership, benefits, etc. may be sent within four weeks to the Director (arbejdsdirektøren) of the National Employment Office (Arbejdsdirektoratet). Appeals against decisions of the Director of the National Employment Office may be lodged, also within four weeks, with the Appeals Board for Unemployment Insurance (Ankenævnet for Arbejdsløshedsforsikringen). For the addresses of the National Employment Office and the Appeals Board for Unemployment Insurance, see the list of addresses at the end of this Guide.

## VI. Family allowances and family benefits

### 1. Who are entitled to family allowances and family benefits?

#### (a) *Family allowances (børnetilskud):*

— general family allowances (almindeligt børnetilskud) are granted for children under 16 years of age;

— increased family allowances (forhøjet børnetilskud) are paid in lieu of the general allowance for children who are supported by only one person and children both of whose parents receive an ordinary retirement pension (folkepension) or an early retirement pension (førtidspension). The age limit is also 16;

— supplementary family allowances (ekstra børnetilskud) are paid to single persons whose children receive increased family allowances. Regardless of the number of children only one supplementary family allowance is paid to each one-parent family;

— special family allowances (særligt børnetilskud) are paid for children under 18 years of age in addition to general or increased family allowances to one-parent families, or for orphans, or where one or both parents receive a retirement or early retirement pension.

General, increased and supplementary family allowances are earnings-related in that their exact amount varies with the parents' taxable income.

#### (b) *Young persons' allowance (ungdomsydelse)*

This allowance may be paid to 16 and 17-year olds. The amount payable and the period for which the allowance is paid are fixed after an assessment of each case and depend on the expected income of the family during the period in which the allowance is paid and also on the young person's own income.

### 2. Qualifying conditions for family allowances or the young persons' allowance:

— the child, or the parent who has the custody of the child, must be a Danish national or have been resident in Denmark for the

past year, or the past three years for entitlement to a young person's allowance or a special family allowance;

— the child must reside in Denmark;

— the person to whom the benefit is to be paid, usually the child's mother, must be resident in Denmark;

— the child must be single;

— the child must not be living away from home under the law on social assistance (loven om social bistand) and must not otherwise be supported from public funds.

The first three conditions do not apply to children of employed persons who are nationals of another Member State or children of a pensioner or of a deceased employed or self-employed person who was a national of another Member State.

The abovementioned nationality condition does not apply for children of self-employed persons who are nationals of another Member State but are engaged in self-employment in Denmark.

If your children reside in another Member State while you are employed in Denmark, you are entitled to Danish family allowances. If the children's mother is working in the country where the children are resident, however, the family allowances must normally be paid by that country.

If the children are not resident in Denmark (see also Guide No 1 on the Community regulations), you will receive form E401 (certificate concerning the composition of the family) from the social and health department of the commune; this form must be certified by the population registry of the country in which the children are resident. The E401 certificate on the composition of your family must be renewed at yearly intervals.

### **3. How to obtain family allowances and the young persons' allowance**

Family allowances are paid in respect of the child. They are paid in advance every quarter to the child's mother. Normally, general family allowances are paid automatically without the need to claim. Supplementary and increased family allowances in respect of children who are supported by only one person can only be

granted after a claim has been received. Claims must be made to the commune.

A young person's allowance can be granted only on submission of a claim to the social and health department of the commune where you live. Details of the family's income and the number of children in the household as well as any other relevant information should be entered on the claim form. The rate of allowances and the period for which they will be paid are determined by the commune.

#### **4. Appeals**

If you disagree with a decision of the social and health department of the commune concerning family allowances or the young persons' allowance, you may appeal to the County Appeals Board (Amtsankenævnet). Appeals against decisions on family allowances by the municipal authorities of Copenhagen or Frederiksberg may be lodged with the Social Appeals Board (Den sociale Ankestyrelse). Appeals against decisions concerning the young persons' allowance taken by the municipal authorities of Copenhagen or Frederiksberg cannot be made to any other administrative authority.

## **List of addresses**

Ankenævnet for Arbejdsløshedsforsikringen,  
(Appeals Board for Unemployment Insurance),  
Amaliegade 25, 1256 København K

Ankenævnet for Arbejdsmarkedets Tillægspension (ATP),  
(Appeals Board for Supplementary Pensions  
for Employed Persons),  
Laksegade 19, 1063 København K

Arbejdsdirektoratet, (National Employment Office),  
Arbejdsmarkedsafdelingen,  
Adelgade 13, 1304 København K

Forsikringsafdelingen  
Finsensvej 78, 2000 København F

Arbejdsmarkedets Tillægspension (ATP),  
(Supplementary Pensions Office for Employed Persons),  
Kongens Vænge 3, 3400 Hillerød

Dagpengeudvalget, (Cash Benefits Board),  
Sikringsstyrelsen, Æbeløgade 1, 2100 København Ø

Sikringsstyrelsen, (National Social Security Office),  
Æbeløgade 1, Postboks 2566, 2100 København Ø

Den sociale Ankestyrelse, (Social Appeals Board),  
Amaliegade 25, 1256 København K

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