

Your social security rights

in Denmark



European Commission



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 I to this guide.

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Chapter I: Introduction, organisation and financing

Introduction

Social security benefits in Denmark include the following:

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

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

Organisation of social protection

Pension Schemes

All Danish citizens resident in Denmark are entitled to an anticipatory pension in the case of invalidity (invalidity pensions) under the age 65. At the age of 65 they are entitled to an old-age pension. This pension system (the social pensions) is run by the local authorities. The Ministry of Employment (*Beskæftigelsesministeriet*) supervises the implementation of the legislation. However, it does not have the right to interfere in individual cases.

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

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

Sickness Insurance

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

Family Benefits

The general family benefits and the various other family allowances are administered by the local authorities (within the scope of the Ministry of Taxation, *Skatteministeriet*, and the Ministry of Social Affairs, *Socialministeriet*). Cash benefits in the case of maternity are paid by local authorities (within the scope of the Ministry of Employment, *Beskæftigelsesministeriet*).

Unemployment Insurance

Unemployment insurance is voluntary. The unemployment insurances are distributed according to the various branches; two insurances are reserved for the self-employed. The insured pay contributions into the insurances. These contributions and the contributions



which the employees and the self-employed pay into the Labour Market Fund cover part of the State share for the expenses related to the unemployment insurance including early retirement. The Ministry of Employment, *Beskæftigelsesministeriet*, is in charge of the unemployment insurance.

Financing

Danish social security systems are generally financed by taxation (taxes paid to the State, counties and local authorities).

However, in 1994 a general social security contribution, the 'labour market contribution' (*arbejdsmarkedsbidraget*), was introduced to finance State spending on sickness, maternity and unemployment benefits, as well as invalidity pensions and re-adaptation aid.

Employed persons and self-employed persons contribute to the three original labour market funds, which in 1999 were amalgamated to form a single Labour Market Fund (*Arbejdsmarkedsfonden*).

These contributions amount to 8% of employees' gross pay, or 8% of self-employed persons' income from self-employment.

Employers are responsible for collecting their employees' contributions and transferring them (together with tax withheld at source) to the tax authorities.

The contributions paid to the Labour Market Fund are not social security contributions as such, but are simply a new type of funding for benefits previously financed by taxation.

Your right to social security benefits when moving within Europe

Social security systems in European countries are different, which is why EU provisions have been designed to coordinate them. Common rules ensuring access to social benefits are important to avoid European workers and other insured persons being put at a disadvantage when exercising their right of free movement. These rules are based on four principles.

- When moving within Europe, you are always insured under the legislation of one single Member State: generally, if you are active, it will be the country where you work; if you are inactive, the country where you reside.
- The principle of equal treatment ensures that you have the same rights and obligations as nationals of the country where you are insured.
- When necessary, periods of insurance acquired in other EU countries can be taken into account towards the award of a benefit.
- Cash benefits can be "exported" if you live in a country other than the one where you are insured.

You can rely on the EU provisions on social security coordination in the 27 EU Member States, Norway, Iceland, Liechtenstein (EEA) and Switzerland (31 countries altogether).

Some general information on the EU provisions is provided at the end of each chapter. Further information about the coordination of social security rights when moving or travelling in the EU, Iceland, Liechtenstein, Norway or Switzerland can be found at: <http://ec.europa.eu/social-security-coordination>.



Chapter II: Healthcare

When are you entitled to healthcare?

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

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

What is covered?

Health insurance benefits

You are entitled to the following:

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

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

The health insurance scheme pays between 35% and 65% of the cost of other types of treatment, according to the scale agreed between the scheme and practitioners' organisations.

The insurance scheme's contribution to the cost of medicines depends on your total annual expenditure on eligible medicines. If this is less than DKK 850 (€ 114), there is no reimbursement. The reimbursement rate then increases in steps: it is 50% for expenditure between DKK 850 (€ 114) and DKK 1,385 (€ 186), 75% for expenditure between DKK 1,385 (€ 186) and DKK 2,990 (€ 401) and 85% for sums in excess of DKK 2,990 (€ 401).

Children under 18 always receive a contribution of at least 50% towards the cost of eligible medicines.

Hospital care

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

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



How is healthcare accessed?

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

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

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

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

Appeals

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

Appeals against the local authority's decision on health insurance may be lodged with the Social Tribunal (*det Sociale Nævn*) in your county of residence.

Appeals against the county authority's decision on health insurance, hospital treatment or maternity care can be lodged with the Social Appeals Board (*Ankestyrelsen*).

Your right to healthcare benefits when moving within Europe

If you are staying or residing in another country of the European Union, Iceland, Liechtenstein, Norway or Switzerland, you and your family may benefit from the public healthcare services provided there. This does not necessarily mean that treatment will be free of charge; it depends on the national rules.

If you are planning a temporary stay (holidays, business trip, etc.) in another EU country, Iceland, Liechtenstein, Norway or Switzerland, apply for a European Health Insurance Card (EHIC) before leaving. Further information about the EHIC and how to apply for one is available at: <http://ehic.europa.eu>.

If you are planning to move permanently to another EU country, further information on your rights regarding healthcare is available at <http://ec.europa.eu/social-security-coordination>.



Chapter III: Sickness cash benefits

When are you entitled to sickness cash benefits?

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

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

Conditions to be met

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

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

If your incapacity for work continues for more than two weeks or if you are not entitled to sickness benefit from your employer when you become unfit for work, you can claim for sickness benefit paid by the local authority provided that you were in the labour market for the last 13 weeks before becoming ill and that you were occupied for at least 120 hours during that period.

You are also entitled to daily sickness benefit if you are affiliated to an unemployment insurance fund and if you have completed a course of vocational training lasting at least 18 months, or if you are a student on paid in-service training.

Non-salaried workers are entitled to sickness benefit paid by the local authority after two weeks of illness provided that they have been mainly self-employed for at least six months during the last year, including one month immediately before their absence from work. A written claim for benefits must be submitted no later than one week after the first two weeks of illness.

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

Parents with a child under 14 years of age affected by a serious illness are entitled to the benefit as in the case of their own sickness.

What is covered?

Amount of the benefit

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



The benefit amounts to a maximum of DKK 3,760 (€ 504) per week (for 2011). The maximum hourly rate for benefit is equal to the abovementioned maximum divided by the standard number of working hours per week as laid down in the collective agreements (37 hours), i.e. DKK 102 (€ 14). The benefit is paid on a weekly basis.

Salaried workers who are partially incapacitated due to illness may be granted reduced daily sickness benefit. The benefit is paid to them for the hours of the week that they do not work owing to their illness.

Duration of benefits and follow-up

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

The local authority must monitor employees on sick leave to ensure that they retain their link with the labour market. It must examine individual cases within eight weeks of the beginning of the absence, then at least once every eight weeks thereafter. The first examination involves the local authority taking a decision on how to develop a follow-up plan. The plan must be drawn up immediately after the second follow-up examination, i.e. no later than after two times eight weeks of sick leave.

Recipients of social pensions or those who could have claimed such a pension because of ill health are entitled to sickness benefit for a limited period only (13 weeks over a 12-month period). The same applies to those aged 65 years and over.

How are sickness cash benefits accessed?

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

In order to claim daily sickness benefit from your local authority you must inform it of your illness no later than one week after your first day of absence from work and submit a written request. If your employer pays you benefit, the local authority must be notified no later than one week after your employer has stopped payment. The local authority may also require a medical certificate if deemed necessary. If you fail to supply the proof requested you will, as a rule, forfeit your right to claim daily benefits.

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



Your right to sickness cash benefits when moving within Europe

As a general rule, sickness benefits in cash (i.e. benefits normally intended to replace an income which is suspended due to sickness) are always paid according to the legislation of the country where you are insured, regardless of where you are residing or staying.*

When moving to another country of the European Union, Iceland, Liechtenstein, Norway or Switzerland, whenever certain conditions have to be fulfilled in order to become entitled to sickness benefits, the competent institution (i.e. institution in the country in which you are insured) must take account of periods of insurance, residence or employment that you have completed under the legislation of any of the above-mentioned countries. This thus guarantees that people will not lose their sickness insurance coverage when changing employment and moving to another state.

Further information about the coordination of social security rights when moving or travelling can be found at <http://ec.europa.eu/social-security-coordination>.

* Some special non-contributory cash benefits are provided exclusively in the country in which the beneficiary resides and are therefore not "exportable". These benefits are listed in the Annex II provided at the end of this guide.



Chapter IV: Maternity and paternity benefits

When are you entitled to maternity or paternity benefits?

Benefits in kind (healthcare) are available for all resident women who have resided in Denmark for at least six weeks.

Cash benefits are available for employed and self-employed persons, including helping spouses. A woman who has been in employment during the 13 weeks prior to becoming entitled to maternity leave and has worked at least 120 hours during that period, or fulfils the requirements for being considered as self-employed, is entitled to daily benefit for maternity and childbirth or adoption.

What is covered?

Benefits in kind

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

Cash benefits

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

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

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

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

Amount

For employees maternity cash benefit (*dagpenge ved fødsel*) is calculated on the basis of the hourly wage of the employee with a maximum of DKK 3,760 (€ 504) per week or DKK 102 (€ 14) per hour (37 hours per week), and on the number of hours of work. For the self-employed the maternity cash benefit is calculated on the basis of the earnings from the occupational activity of the self-employed person, with the same maximum as mentioned above.

Holiday allowance

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



How are maternity and paternity benefits accessed?

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

Your right to maternity and paternity benefits when moving within Europe

The coordination provisions cover maternity and equivalent paternity benefits. Whenever certain conditions have to be fulfilled in order to become entitled to benefits, the competent institution (i.e. institution in the country in which you are insured) must take account of periods of insurance, residence or employment completed under the legislation of another country of the European Union, Iceland, Liechtenstein, Norway or Switzerland.

As a general rule, benefits in cash (i.e. benefits intended to replace suspended income) are always paid according to the legislation of the country where you are insured, regardless of where you are residing or staying*. Benefits in kind (i.e. medical care, medicines and hospitalisation) are provided according to the legislation of your country of residence as if you were insured there.

Further information about the coordination of social security rights when moving or travelling can be found at <http://ec.europa.eu/social-security-coordination>.

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Chapter V: Invalidity benefits

When are you entitled to invalidity benefits?

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

The following persons are entitled to this pension:

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

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

What is covered?

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

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

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

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

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

How are invalidity benefits accessed?

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



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

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

Appeals

If you disagree with the local authority's decision concerning your pension entitlement, you may appeal to the regional Employment Complaints Board (*Beskæftigelsesankenaevnet*).

The deadline for an appeal is four weeks.

Your right to invalidity benefits when moving within Europe

The competent institution of the country where you claim an invalidity pension will take account of periods of insurance or residence completed under the legislation of any other EU country, Iceland, Liechtenstein, Norway or Switzerland, if this is necessary for entitlement to invalidity benefits.

Invalidity benefits will be paid regardless of where you reside or stay in the European Union, Iceland, Liechtenstein, Norway or Switzerland.* Necessary administrative checks and medical examinations will normally be carried out by the competent institution in the country where you reside. Under some circumstances, you may be required to return to the country which is paying your pension for such examinations, if your state of health allows you to do so.

Each country applies its national criteria when determining degree of invalidity. Therefore, it may be the case that certain countries will consider a person to have a degree of invalidity of 70%, while others will not consider the same person to be invalid at all under their legislation. This is a result of the fact that the national social security systems are not harmonised, but only coordinated by the EU provisions.

Further information about the coordination of social security rights when moving or travelling can be found at <http://ec.europa.eu/social-security-coordination>.

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Chapter VI: Old-age pensions and benefits

When are you entitled to old-age benefits?

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

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

Social pension

The following persons are entitled to this pension:

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

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

Supplementary pension

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

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

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

Beneficiaries of early retirement allowances, which include the partial pension (*delpension*), the early retirement allowance for beneficiaries of the subsidised flexible employment scheme (*fleksydelse*) and the early retirement pension (*efterløn*) have the possibility of paying into the ATP scheme if they so wish. Beneficiaries of an invalidity pension who were granted their pension before 2003 can also contribute to this scheme on a voluntary basis. As a rule, voluntary members to the scheme pay half of the contribution themselves.



What is covered?

Social pension

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

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

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

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

Supplementary pension

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

If a claim for an ATP pension is submitted after the age of 65, the amount is increased by around 5-8% for each year that the claim is postponed, up to the age of 75. No retirement is possible before the retirement age of 65.

How are old-age benefits accessed?

Social pension

The local authority where you live is obliged to inform you about the possibility to apply for an old-age pension when you are getting close to the age of retirement. No special form of application is required.

Persons residing abroad will not be informed and must ensure that they contact the Danish Pensions Agency (*Pensionsstyrelsen*).

If you disagree with the local authority's decision concerning your pension entitlement, you may appeal to the local Social Tribunal (*det Sociale Nævn*). The deadline for an appeal is four weeks.

Supplementary pension

In principle, those entitled to a pension should automatically receive their pension from the ATP scheme. However, persons residing abroad must contact the ATP scheme themselves. Claims should be sent to the address given in Annex I below (see *Arbejdsmarkedets Tillægspension*).

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

If you disagree with a decision of the ATP scheme concerning your membership, contributions or pension entitlement, you may lodge an appeal with the Supplementary



Pensions Scheme Appeals Tribunal (*Ankenævnet for Arbejdsmarkedets Tillægspension*) within four weeks.

Your right to old-age benefits when moving within Europe

The EU provisions for old-age pensions exclusively concern state pension schemes and not company, occupational or private ones. They guarantee that:

- In each EU country (plus Iceland, Liechtenstein, Norway and Switzerland) where you have been insured, your insurance record is preserved until you reach the pensionable age in that country.
- Every EU country (plus Iceland, Liechtenstein, Norway and Switzerland) where you have been insured will have to pay an old-age pension when you reach the pensionable age. The amount you will receive from each of the Member States will depend on the length of your insurance coverage in each state.
- Your pension will be paid wherever you reside in the EU (plus Iceland, Liechtenstein, Norway and Switzerland).*

You should submit your claim to the pension insurance institution of the EU country (or Iceland, Liechtenstein, Norway or Switzerland) in which you live, unless you have never worked there. If this is the case, you should apply to the country where you last worked.

Further information about the coordination of social security rights when moving or travelling can be found at <http://ec.europa.eu/social-security-coordination>.

* Some special non-contributory cash benefits are provided exclusively in the country in which the beneficiary resides and are therefore not "exportable". These benefits are listed in the Annex II provided at the end of this guide.



Chapter VII: Survivors' benefits

When are you entitled to survivors' benefits?

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

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

When a member dies, his/her spouse/cohabitant and each of their children under 21 years are, as a rule, entitled to a single lump sum paid out by the ATP scheme on condition that the deceased had been a member of the new scheme for at least two years and had paid contributions corresponding to two years' full-time work. Cohabitants must have registered themselves as such with the ATP scheme prior to the death. In addition, they must be recorded in the population register as having shared the same address for two years prior to the death.

There is no other social pension scheme for survivors.

What is covered?

The benefits paid under the new rules are as follows. In principle, all survivors entitled to benefits receive a lump sum of DKK 50,000 (€ 6,703) before tax. The amount of benefit paid to the spouse/cohabitant is based on the age at which the member died. It falls progressively from the age of 66 and disappears entirely at 70 years.

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

Other benefits include:

- Death grant (*begravelseshjælp*): the health insurance fund may pay out a death grant if the deceased person was entitled to health insurance benefits. The amount (up to DKK 9,450 (€ 1,267)) depends on the deceased person's family situation and financial circumstances. If the deceased was aged under 18 the survivors receive a flat-rate grant which is not means-tested (DKK 7,950 (€ 1,066));
- Aid to survivors (*etterlevelseshjælp*), available for spouses (or cohabitants since at least 3 years). This benefit corresponds to a lump sum depending on survivor's income and fortune. The maximum amount is DKK 13,064 (€ 1,751). No benefit is granted when income is over DKK 336,059 (€ 45,052) per year;
- Maintenance allowance (*hjælp til forsørgelse*), which can be granted in case of need.

How are survivors' benefits accessed?

An application should be sent to the ATP body (see in Annex I) if the deceased lived abroad or if the survivors live abroad.



Your right to survivors' benefits when moving within Europe

In general, the rules which apply to pensions for surviving spouses or orphans and death grants are the same as the ones applying to invalidity and old-age pensions (see chapters V and VI). Namely, survivors' pensions and death grants have to be paid without any reduction, modification or suspension regardless of where the surviving spouse resides in the European Union, Iceland, Liechtenstein, Norway or Switzerland.*

Further information about the coordination of social security rights when moving or travelling can be found at <http://ec.europa.eu/social-security-coordination>.

* Some special non-contributory cash benefits are provided exclusively in the country in which the beneficiary resides and are therefore not "exportable". These benefits are listed in the Annex II provided at the end of this guide.



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

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

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

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

What is covered?

The benefits are:

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

Medical treatment and functional rehabilitation

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

Sickness benefit

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

Compensation for loss of earning capacity

Compensation for loss of future earning capacity is intended to replace the loss of earnings caused by the occupational injury. It amounts to the difference between the income which victims could have earned if the injury or occupational disease had not occurred and the income which they could be expected to earn taking account of the injury. To qualify for this compensation, the loss in earning capacity must be greater than 15%. In the event of total loss, compensation is equal to 83% of annual remuneration; if the



loss is less, the compensation is reduced proportionately. There is, however, a predetermined maximum amount per year (DKK 459,000 (€ 61,533)).

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

Compensation for permanent disability

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

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

Compensation for loss of provider

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

Temporary survivors' allowance

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

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

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

Payment of benefits

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

Appeals

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



Your right to benefits in respect of accidents at work and occupational diseases when moving within Europe

The EU provisions on benefits in respect of accidents at work or occupational diseases are very similar to the provisions on sickness benefits (see sections II and III). Within the European Union, Iceland, Liechtenstein, Norway or Switzerland, if you reside or stay in a country other than in the one in which you are insured against accidents at work and occupational diseases, you are normally entitled to receive healthcare there in respect of an accident at work or an occupational disease; benefits in cash will normally be paid by the institution by which you are insured, even if you reside or stay in another country.*

Whenever certain conditions have to be fulfilled in order to become entitled to benefits in respect of accidents at work or occupational diseases, the institution where you are insured must take account of periods of insurance, residence or employment that you have completed under the legislation of other countries of the European Union, plus Iceland, Liechtenstein, Norway or Switzerland. This guarantees that people will not lose their insurance coverage when changing employment and moving to another country.

Further information about the coordination of social security rights when moving or travelling can be found at <http://ec.europa.eu/social-security-coordination>.

* Some special non-contributory cash benefits are provided exclusively in the country in which the beneficiary resides and are therefore not "exportable". These benefits are listed in the Annex II provided at the end of this guide.



Chapter IX: Family benefits

When are you entitled to family benefits?

Child benefit and child allowance

Entitlement to both child benefit and child allowance is subject to the following conditions:

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

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

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

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

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

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

Child care allowance

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

What is covered?

Child benefit and child allowance

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

- For each child of 0 - 2 years: DKK 1,416 (€ 190) per month;
- For each child of 3 - 6 years: DKK 1,121 (€ 150) per month;
- For each child of 7 - 17 years: DKK 882 (€ 118) per month.

Maximum benefit per year: DKK 35,000 (€ 4,692).



Ordinary child allowance (*ordinaert børnetilskud*) equals DKK 406 (€ 54) per month. The supplementary child allowance is DKK 413 (€ 55) per month and per household (irrespective of the number of children).

Child care allowance

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

How are family benefits accessed?

Child benefit and child allowance are paid quarterly in advance, normally to the mother. Child benefit for children between 15 and 17 years old is paid monthly in advance. Child benefit is paid by the *Told- og Skattestyrelsen* (Ministry of Taxation, Central Customs and Tax Administration), while child allowance is paid by the local authority.

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

Appeals

If you disagree with a decision taken by the local authority concerning entitlement to child benefit or child allowance, you may lodge an appeal with the Social Tribunal (*det Sociale Nævn*). There is a tribunal in every county. However, decisions concerning tax liability are the responsibility of the *Told- og Skatteregionen* (customs and tax authority) in your place of residence. Appeals against these decisions may be lodged with the Customs and Taxation Board (*Told- og Skattestyrelsen*). The deadline for an appeal in both cases is four weeks.

Your right to family benefits when moving within Europe

Characteristics and amounts of family benefits vary considerably from one state to another.* It is therefore important for you to know which state is responsible for providing you with these benefits and what the conditions to entitlement are. You can find the general principles for determining the competent legislation at <http://ec.europa.eu/social/main.jsp?catId=849&langId=en>.

The country which is responsible for paying family benefits must take into account periods of insurance completed under the legislation of any other countries of the European Union, plus Iceland, Liechtenstein, Norway or Switzerland, if this is necessary to satisfy the conditions governing entitlement to the benefit.

If a family is entitled to benefits under the legislation of more than one country, they will, in principle, receive the highest amount of benefits provided for under the legislation of one of these countries. In other words, the family is treated as if all persons concerned resided and were insured in the state with the most favourable legislation.

Family benefits may not be paid twice over the same period and for the same family member. There are priority rules which provide for the suspension of benefits from one

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country up to the amount of those paid by the country which is primarily competent for payment.

Further information about the coordination of social security rights when moving or travelling can be found at <http://ec.europa.eu/social-security-coordination>.



Chapter X: Unemployment

When are you entitled to unemployment benefits?

Unlike other types of social insurance, unemployment insurance is voluntary. The unemployment insurance funds (*arbejdsløshedskasserne*) were originally allied to the trade unions and divided into occupational sectors. There are currently 27 funds.

When taking up employment in Denmark, you must join the recognised unemployment insurance fund for your occupation. Otherwise you will not be entitled to unemployment insurance benefits in Denmark. You may also choose to join the interdisciplinary unemployment insurance fund. If you are self-employed, you may join one of the two unemployment insurance funds for self-employed persons.

Please consult [the National Board of Industrial Injuries in Denmark \(Arbejdsskadestyrelsen\)](#) to find out which unemployment insurance fund covers your occupation.

Who can join an insurance fund?

Persons who are resident in Denmark and aged between 18 and 63 can join an unemployment insurance fund. Applicants must be able to prove that immediately before joining they were in one of the following situations:

- working as a salaried employee in an occupation covered by the fund;
- having completed a vocational training course of at least 18 months' duration or a vocational training course under the Basic Vocational Training Act (in this case, new members may join and be entitled to benefit one month after completing the training);
- engaged in self-employment;
- participating in the self-employed activity of their spouse;
- performing military service;
- performing a public function such as mayor, councillor, chairman of a committee, MP, member of the government or MEP.

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

Conditions to be met

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

Entitlement to unemployment benefit is normally acquired after one year's membership of a recognised unemployment fund. Moreover, the first time you apply for unemployment benefit you must have worked as an employee for a period equivalent to the standard full-time working hours for the occupation (typically 37 hours a week) for at least 52 weeks in the last three years or have been mainly self-employed over an equivalent period.

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

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



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

Further information is available from the Danish Pensions Agency (*Pensionsstyrelsen*) or the Centre for Complaints on Unemployment Insurance Funds (*Center for klager om arbejdsløshedsforsikring*) which is supervised by the National Board of Industrial Injuries (*Arbejdsskadestyrelsen*) in Denmark.

What is covered?

Unemployment benefit amounts to 90% of previous income from employment, up to a maximum of DKK 3,830 (€ 513) a week (in 2011). In the case of part-time insured persons, benefit amounts to a maximum of two thirds of the amount for full-time insured persons, i.e. DKK 2,555 (€ 343) per week in 2011.

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

Young unemployed persons immediately after vocational training of 18 months' duration or after military service receive a benefit of up to DKK 3,140 (€ 421).

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

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

How are unemployment benefits accessed?

An application should be made to the appropriate insurance fund.

Appeals

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

Your right to unemployment benefits when moving within Europe

Normally, the Member State in which you are employed is the one responsible for granting unemployment benefits. Special provisions apply to frontier workers and other cross-border workers who have maintained their residence in a Member State other than the one in which they work.

Periods of insurance or employment completed in other countries of the European Union, Iceland, Liechtenstein, Norway or Switzerland, may be used to fulfil the contribution conditions.



If you want to look for a job in a different country of the European Union, Iceland, Liechtenstein, Norway or Switzerland, you may under certain conditions export these benefits for a limited period of time.*

Further information about the coordination of social security rights when moving or travelling can be found at <http://ec.europa.eu/social-security-coordination>.

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Chapter XI: Minimum resources

When are you entitled to benefits regarding minimum resources?

Social assistance and starting allowance

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

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

No assistance is granted if the applicant or his/her spouse own sufficient property to cover their financial needs, including real property and movable assets. Any amount up to DKK 10,000 (€ 1,341), for a married couple up to DKK 20,000 (€ 2,681), shall not be taken into account. Moreover, a certain amount of income from work is disregarded. The municipal authorities may decide to disregard other income or assets on a case-by-case basis.

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

Accommodation expenses for pensioners

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

What is covered?

Social assistance and starting allowance

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

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

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

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



Accommodation expenses for pensioners

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

How are minimum resources benefits accessed?

Social assistance and starting allowance

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

Accommodation expenses for pensioners

Applications for accommodation expenses for pensions must be submitted to the local authority of residence.

Your right to minimum resources benefits when moving within Europe

Some special non-contributory cash benefits are provided exclusively in the country in which the beneficiary resides and are therefore not "exportable". These benefits are listed in the Annex II provided at the end of this guide.

EU coordination rules apply only to social security, not to social assistance benefits.

Further information about the coordination of social security rights when moving or travelling can be found at <http://ec.europa.eu/social-security-coordination>.



Chapter XII: Long-term care

When are you entitled to long-term care?

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

What is covered?

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

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

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

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

There are no specific cash benefits.

How is long-term care accessed?

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

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

Your right to long-term care when moving within Europe

Long-term care benefits also fall under EU social security coordination rules, in the same way as sickness benefits. Long-term care benefits in cash are paid according to the legislation of the state where you are insured, regardless of which state you are residing or staying in.*

Long-term care benefits in kind are provided according to the legislation of the state in which you reside or stay as if you were insured in that state.

Further information about the coordination of social security rights when moving or travelling can be found at <http://ec.europa.eu/social-security-coordination>.

* Some special non-contributory cash benefits are provided exclusively in the country in which the beneficiary resides and are therefore not "exportable". These benefits are listed in the Annex II provided at the end of this guide.



Annex I: Useful addresses and websites

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

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

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

Ministry of Employment:

BESKÆFTIGELSESMINISTERIET
Ved Stranden 8
1061 KØBENHAVN K
Tel.: + 45 7220 5000
www.bm.dk

Labour Market Supplementary Pensions Institution:

ARBEJDSMARKEDETS TILLÆGPENSION (ATP)
Kongens Vænge 8
3400 HILLERØD
Tel.: +45 4820 4923
www.atp.dk

Supplementary Pensions Scheme Appeals Tribunal:

ATP-ANKENÆVNET
Ved Stranden 8
Tel.: +45 7220 5000
DK-1061 KØBENHAVN K

National Board of Industrial Injuries:

ARBEJDSSKADESTYRELSEN
Sankt Kjelds Plads 11
P.O. Box 3000
2100 KØBENHAVN Ø
Tel.: +45 7220 6000
www.ask.dk



Ministry of Social Affairs:

SOCIALMINISTERIET
Holmens Kanal 22
1060 KØBENHAVN K
Tel.: +45 3392 9300
www.sm.dk

The Danish Pensions Agency:

PENSIONSSTYRELSEN
Landemærket 11
1119 KØBENHAVN K
Tel.: +45 3395 5000
www.penst.dk

Ministry of Interior and Health:

INDENRIGS- OG SUNDHEDSMINISTERIET
Slotsholmsgade 10-12
1216 KØBENHAVN K
Tel.: +45 7226 9000
www.im.dk

National Board of Health:

SUNDHEDSSTYRELSEN
Islands Brygge 67
P.O. Box 1881
2300 KØBENHAVN S
Tel.: +45 7222 7400
www.sst.dk

Ministry of Taxation:

SKATTEMINISTERIET
Nicolai Eigtvedsgade 28
1402 KØBENHAVN K
Tel.: +45 7222 1818
www.skat.dk

The National Social Appeals Board's Employment Committee:

ANKESTYRELENS BESKÆFTIGELSESDUDVALG
Amaliegade 25
Postboks 9080
DK-1022 KØBENHAVN K
Tel.: +45 3341 1200
www.ast.dk

The National Social Appeals Board:

ANKESTYRELEN
Amaliegade 25
P. O. BOX 9080
DK-1022 KØBENHAVN K
Tel.: +45 3341 1200
www.ast.dk



Annex II: Special Non-Contributory Benefits

Some social security benefits, referred to as special non-contributory cash benefits¹, are provided exclusively in the country where the person concerned resides. It is therefore not possible to "export" these cash benefits when moving to another country in Europe, even if you are still insured in Denmark.

The special non-contributory benefit listed for Denmark is:

- Accommodation expenses for pensioners (Law on individual accommodation assistance, consolidated by Law No 204 of 29 March 1995).

¹ In Annex X of Regulation (EC) No 883/2004 as amended by Regulation (EC) No 988/2009.