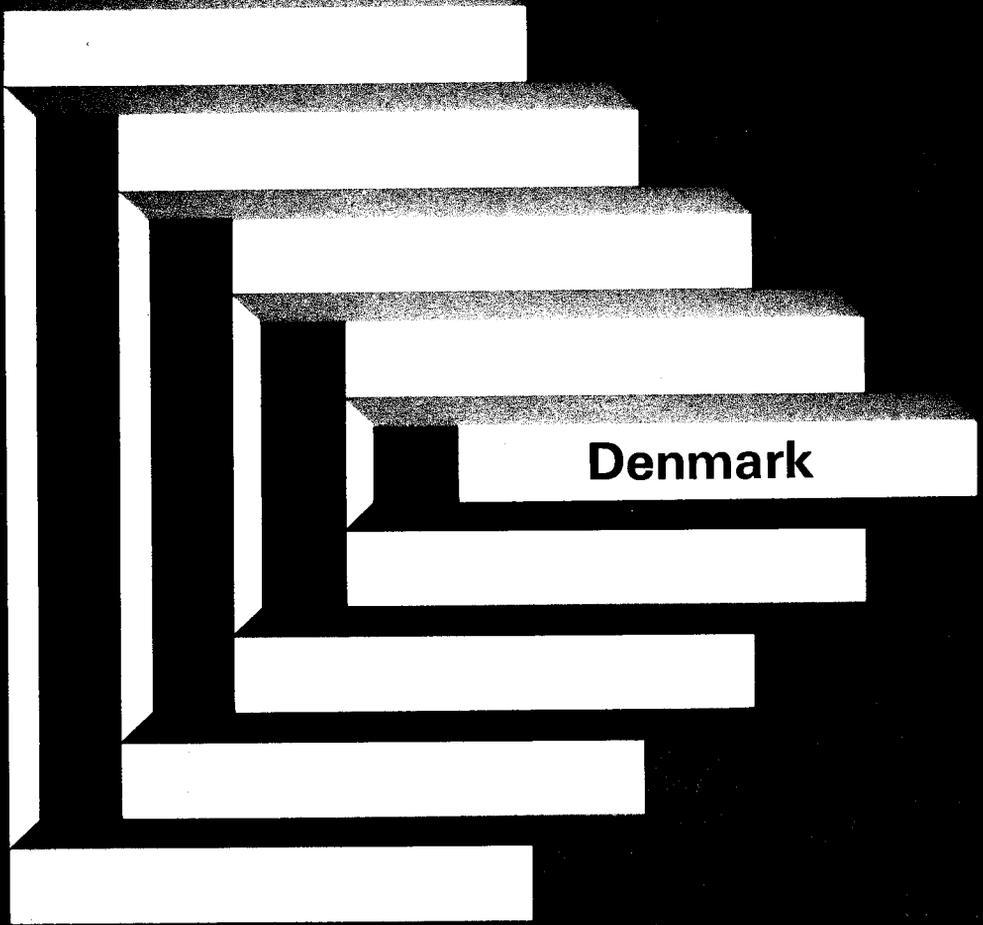


Social security for migrant workers



Denmark

Guide No 1

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

In your own interest
READ THIS GUIDE CAREFULLY

1976

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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.**

**This publication was prepared by the Administrative Commission of the
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Contents

Introduction	5
Part I - The Community Regulations	7
1. To whom do the Community Social Security Regulations apply?	9
2. To which countries do the Community Regulations apply?	10
3. What are the aims of the Community Regulations?	11
4. To which benefits are you entitled?	13
Part II - Social security in Denmark	17
1. General introduction	19
2. Health services, sickness benefit and maternity benefit for childbirth or adoption, rehabilitation measures, etc.	21
A. Health services (benefits in kind)	21
B. Sickness benefit and maternity benefit for childbirth or adoption	27
C. Rehabilitation measures	32
D. Death grants	34
E. Appeals	35
F. Benefits in another Member State	38
3. Pensions	42

4. Accidents at work and occupational diseases	53
5. Unemployment insurance	57
6. Family allowances and family benefits	61
List of addresses	64

Other useful addresses (see inside back cover)

Introduction

Under the Treaty establishing the European Economic Community workers who are nationals of one of the Member States of the European Communities have the right to pursue an employment in another Member State under the same conditions as nationals of that State. The EEC Treaty also provides for the adoption of measures permitting workers moving from one Member State to another to have taken into account periods of insurance which they have completed under the social security schemes of the various Member States in which they have been employed.

To this end the Council of the European Communities drew up Regulations Nos 1408/71 and 574/52 which came into force on 1 October 1972 for Belgium, Federal Republic of Germany, France, Italy, Luxembourg and the Netherlands, and on 1 April 1973 for Denmark, Ireland and the United Kingdom of Great Britain and Northern Ireland (including Gibraltar).¹

This Guide is designed to inform you about the rights which you and the members of your family may exercise as regards social security and to draw your attention to your duties and the formalities to be completed to qualify for the various social security benefits.

¹ These Regulations replaced Regulations Nos 3 and 4 which had been in force from 1 January 1959 to 30 September 1972.

The Guide comprises two parts:

- Part I, which sums up the main provisions of the Community Regulations;
- Part II, which briefly outlines the social security system of the Member State of the European Communities where you are going to work, as well as the benefits available and the conditions and formalities to be fulfilled to qualify for benefits.

A similar guide exists for each Member State of the European Communities.

- **Read this Guide carefully before your departure and make sure to obtain the forms mentioned in Part II**

In case of doubt please consult the insurance authorities or institutions of the country you are leaving or your new employer.

The other Guides available deal with the following cases:

- Temporary residence (stay) in a Member State of the European Communities (Guide No 2);
- Workers who are sent by their employers to another Member State for a limited period, international transport workers and other workers regularly employed in more than one Member State, e.g. commercial travellers (Guide No 3);
- Pensioners and pension claimants (Guide No 4);
- Members of a migrant worker's family who have stayed behind in a Member State other than the one in which he is working (Guide No 5).

Part I

The Community Regulations

1. To whom do the Community Regulations apply?

These Regulations apply to you if you are either:

- (a) a worker or pensioner pursuing or having pursued an activity as an employed person and if you have the nationality of a Member State of the European Communities (see section 2 below) or are a stateless person or a refugee resident in a Member State; (Officials of public bodies are considered as employed persons for the branches of social security in respect of which they are insured in a scheme covering employed persons);
- (b) a member of an employed person's or a pensioner's family fulfilling the conditions set out at (a) above;
- (c) a survivor of an employed person or a pensioner pursuing or having pursued an activity as an employed person, regardless of the worker's or pensioner's nationality, provided you are a national of a Member State or a stateless person or a refugee resident in a Member State.

With the exception of certain specific cases, the Community Regulations *do not apply* to self-employed persons or to pensioners who had been self-employed.

This list is not complete. Should you wish to know whether you are covered by the Regulations, please consult the institution with which you are insured (see Part II).

2. To which countries do the Community Regulations apply?

You are covered by the Regulations only if you are resident or staying in a Member State of the European Communities listed below:

Belgium

Denmark

Federal Republic of Germany

France

Ireland

Italy

Luxembourg

the Netherlands

the United Kingdom of Great Britain and Northern Ireland (including Gibraltar).

3. What are the aims of the Community Regulations?

- (a) One of the principal aims is to ensure that, as regards social security you will receive the same treatment as the nationals of any of the countries mentioned at section 2 above when you go there for work.
- (b) Another important aim of the social security Regulations is to ensure that by going to work in another Member State you do not lose the advantages acquired in respect of periods during which you were subject to the social security scheme of another Member State. In order to get certain social security benefits you must, under the legislation of the Member State concerned, have been either insured, employed or resident in that Member State for a specified period known as the 'qualifying period'. The Community Regulations provide that periods completed in the various Member States where you have worked must be taken into account, if necessary, to ensure that you will have completed the qualifying period prescribed by the legislation of the Member States where you are seeking benefits.

For instance, supposing you are claiming a retirement pension and you had been insured in Member State A for five years after which you went to Member State B where, you had a job and paid contributions for the next ten years. The legislation of country A as well as that of country B require that, to qualify for a retirement pension, you must have been insured in the

country for 15 years. In that case your five years of insurance in country A will be counted so as to make you fulfil the conditions laid down by the legislation of country B. Similarly, the ten years of insurance which you completed in country B will be counted so that you can fulfil the condition required by the legislation of country A.

Details on how the retirement pension will be calculated by each of these countries are given in section 4 B below.

The Community Regulations also provide that when you go to work in another Member State periods completed in the Member State where you had worked before may be used to enable you to receive sickness, maternity and unemployment benefits in the other Member State.

- (c) In general you will be insured under the social security legislation of the Member State in which you are employed. There are certain exceptions to this rule: for instance, workers posted abroad, i.e. workers sent by their employer to another Member State for a limited period, international transport workers and other workers regularly employed in more than one country. If you fall into one of these groups please consult Guide No 3.
- (d) An additional aim of the Community Regulations is to guarantee that you and the members of your family are granted the benefits for which you are eligible in whichever Member State you or they may be.

4. To which benefits are you entitled?

The following is a list and short description of the benefits which you can claim.

A. Sickness and maternity benefits (including medical benefits)

- (a) If you reside in a Member State other than the one in which you are insured, you and the members of your family may obtain benefits in kind (medical care, dental treatment, drugs and medicines, hospital treatment, etc.) through the institution of your place of residence as if you were insured with that institution.

Cash benefits to which you or your family may be entitled under the legislation of the Member State where you are insured are as a rule paid directly by the institution with which you are insured.

The members of your family may also obtain benefits if they are living in a Member State other than that in which you reside or are insured.

- (b) Under certain conditions you and the members of your family are entitled to benefits in kind while temporarily residing in (visiting) a Member State other than the one in which you are insured. The benefits in kind that you may claim are those provided for by the legislation of the Member State you are visiting.

You may also be entitled to receive cash benefit during such a stay; this benefit will be at the rate, and for the

period, laid down by the legislation of the Member State where you are insured.

For your information about your rights and the formalities to be completed, please consult your sickness insurance institution.

B. Retirement pensions and survivors' pensions

As explained in section 3 (b) above, if you had been insured in a Member State but if that period of insurance was not long enough to entitle you to a pension under the legislation of that State, account must also be taken of insurance periods completed in other Member States.

To go back to the example quoted at 3 (b), where it was assumed that you were insured in country A for five years and in country B for ten years, while the 'qualifying period' (prescribed minimum insurance period) in both Member States was 15 years. In that case you are entitled to a pension from each of these States which is calculated as follows: country A and country B each calculate the pension to which you would have been entitled had you been insured there during the whole of your insurance history, i.e. for 15 years. Once these amounts have been determined, you will receive a fraction of those amounts in proportion to the periods during which you were actually insured in each of the two countries.

In the above example:

- Country A would pay you a pension amounting to 5/15th of the pension that you would have been entitled to if you had been insured there for 15 years;
- Country B would pay you a pension amounting to

10/15th of the pension that you would have been entitled to if you had been insured there for 15 years.

If, however, in either or both of these countries the qualifying condition is fulfilled without having to take into account insurance periods completed in the other country, each of the countries in which the conditions is thus satisfied will calculate, in accordance with its own legislation, the pension due to you for the insurance periods you have completed in the country concerned. This amount will be paid to you if it is greater than the fraction calculated above.

The sum of the pensions may not be less than any minimum pension fixed by the legislation of the country where you are resident provided that you are entitled to a pension from that country.

C. Invalidity pensions and invalidity allowances

What was said at B. above applies generally to invalidity pensions. However, if you have been insured only in countries whose legislation provides that the amount of invalidity pension is not linked to the length of insurance—Belgium, France (except for the invalidity scheme for miners), Ireland, the Netherlands and the United Kingdom—you will receive one pension only; as a rule, that will be the pension of the Member State where you were last insured.

D. Accidents at work and occupational diseases

As with sickness benefit, you may receive benefit for accidents at work in cash and kind whilst staying or residing in a Member State other than the one where the institution responsible for paying benefit for that accident is situated.

Special rules exist for the granting of pensions payable for cases where an occupational disease has been contracted as a result of employment in several Member States.

Special rules also exist for cases where there has been an aggravation of an occupational disease.

E. Unemployment benefit

By taking into account periods during which you have been insured or employed in another Member State, the Community Regulations may enable you to receive unemployment benefit in a Member State where you have only worked very briefly.

You may also continue to receive unemployment benefit on certain conditions when you are leaving the Member State where you became unemployed to look for work in another Member State (see Part II).

Special rules exist for the case where during your last employment you were resident in a Member State other than that in which you were insured.

F. Family allowances

In general family allowances will be payable in respect of your children even if they are being brought up in a Member State other than the one where you are working.

Part II

Social security in Denmark

1. General Introduction

1. 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 in Denmark, entitled to social security benefits in the same way as Danish workers.

Your spouse and children are also entitled to the same social security benefits as Danish nationals, if they are resident in Denmark.

2. Social security benefits

Social security benefits in Denmark include the following:

- medical care, treatment in hospital, maternity care, sickness benefit, rehabilitation;
- invalidity pension, retirement pension, widow's pension, and supplementary pension;
- benefits for accidents at work and occupational diseases;
- unemployment benefit;
- family allowances and young persons' allowances.

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.

Expenses are 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 (see page 57).

5. Appeals

Information on appeals procedures is given separately in the various Chapters.

2. Health services, sickness benefit and maternity benefit for childbirth or adoption, rehabilitation measures, etc.

A. Health services (benefits in kind)

1. Persons covered

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

2. How to join the health service

The social and health department of each commune (*kommunens social- og sundhedsforvaltning*) issues a health service card (*sygesikringsbevis*) to all persons resident in the commune. The cards are sent automatically and they are issued whenever a person's name is entered in the local population register. Children under 16 years of age living at home do not receive a health service card of their own. The card shows to which of the two following categories the holder belongs.

3. Two categories of health service coverage

Insured persons are divided into two categories.

The main difference between the two types of coverage is that 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 to the commune's social and health department. They may change from one group to the other once a year, when those in group 1 may at the same time choose or change their doctor.

4. Available health services

Your health service card (*sygesikringsbevis*) entitles you to the following services:

(a) Treatment by your GP

If you belong to health service group 1 you are entitled to free treatment by the general practitioner of your choice. In case of the sudden onset or aggravation of illness while you are temporarily staying outside your doctor's practice area you may get free medical care from another doctor.

If you belong to group 2 you are free to choose your own doctor. Part of your medical expenses will be paid by the health service.

(b) Specialist services

If you belong to health service group 1 you are entitled to free medical treatment by specialists covered by a contract with the public health service. Treatment is provided only if you are referred to a specialist by your G.P.

If you belong to group 2 you pay only part of your medical expenses.

(c) Drugs and medicines

The health service contributes towards the cost of drugs and medicines obtained on prescription from a doctor or dentist and appearing on the list of medicines for which the health service pays part of the cost. For further information please apply to the social and health department of your commune.

(d) Dental services

The health service contributes towards the cost of various kinds of preventive dental care and treatment. Further information may be obtained from the social and health department of your commune. 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.

(e) Physiotherapy etc.

The health service contributes towards the cost of physiotherapeutic treatment provided on a doctor's prescription by a recognized physiotherapist. The health service may also pay part of the cost of diathermy and balneotherapeutic treatment and also for treatment by a chiropractor.

(f) Provision of health services while travelling abroad (*rejsesygesikring*)

If you are on holiday or staying for study purposes, on your own account, in Europe (west of the Urals), or in African or Asiatic countries bordering the Mediterranean Sea, Jordan, the Canary Islands or Madeira, you are cover-

ed, for up to two months, by the special health scheme covering those travelling abroad, which comprises necessary medical treatment, stay and treatment in hospital, drugs and medicines, the cost of your journey home and refunds towards the cost of dental treatment in emergencies (see also page 39).

5. What to do to receive health services

Irrespective of whether you belong to health service group 1 or 2, you must present your health service card when seeking the services of a doctor, dentist, physiotherapist or dispensing chemist.

For persons in group 1 the health scheme pays for the services provided or makes refunds in accordance with the rates laid down in contracts with the associations of medical practitioners. Those in group 2 have to pay the practitioner's fee but are subsequently reimbursed by the scheme at rates payable for persons in group 1 for similar treatment.

However, the intention is that, if you are insured, you should, where necessary, pay only your part of the doctor's, dentist's or physiotherapist's fees after which the scheme will pay its share directly to the practitioners concerned.

If the medical practitioner is not covered by the relevant contract with the health service you will receive a refund by way of compensation under group 2. This refund is paid out by the social and health department of your commune on presentation of a detailed receipted bill.

6. Hospital treatment

Treatment at district hospitals (*amtskommunale sygehuse*) is free for local residents. Treatment as well as board and lodging and provision of medicines in the hospitals are free of charge. To a certain extent transport in connection with treatment or stay in hospital is also provided free of charge.

7. Maternity care

Women resident in Denmark are entitled to free maternity care. This may take the form either of free hospital treatment or, in the case of home confinements, of free attendance by a midwife. Besides, free preventive medical examinations by a doctor or midwife are also granted and, to a certain extent, free transport in connection with such examinations as well as transport to hospital.

8. Qualifying period on arriving from abroad

As a rule people entering Denmark acquire entitlement to health benefits 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 E 104 with you showing the insurance periods you have completed in the Member State or States in which you were last insured; you can obtain this form from the insurance institution with

which you were previously insured. The form should be given to the social and health department of the commune in Denmark where you are taking up residence. Alternatively, the commune may apply directly to the sickness insurance institution of the Member State or States concerned.

B. Sickness benefit and maternity benefit for childbirth or adoption

1. Who are entitled to sickness and maternity benefit

All persons drawing an income from employment or other earnings derived from work performed by the insured person are entitled to these benefits. As a rule entitlement is conditional upon the income being subject to taxation in Denmark.

Persons doing housework in their own home for themselves and at least one other person can take out voluntary insurance to receive cash sickness benefit.

2. The sickness and maternity benefit scheme. Qualifying conditions

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

(a) Sickness benefit

● *Sickness benefit payable by the employer*

If you have been working for an employer for at least 40 hours during the four weeks immediately preceding the beginning of your incapacity for work, your employer must, for a period of up to five weeks counting from the first day of absence (employer's period) pay you sickness

benefit, unless you continue to receive your full wage or salary while you are ill.

The right to sickness benefit from the employer during what is known as the employer's period is maintained even if the employment ends before the expiry of that period.

● *Sickness benefit payable by the commune*

If your incapacity for work continues for more than five 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.

(b) Maternity benefit for childbirth or adoption

A woman who is an employed person and who satisfies certain conditions relating to her employment and the level of her income is entitled to maternity benefit for pregnancy and delivery. Maternity benefit may be granted for 14 weeks, at the earliest from eight weeks before the expected date of confinement.

An employed person seeking to adopt a child may receive maternity benefit for up to six weeks on adopting the child. In the case of a married couple seeking to adopt a child, maternity benefit can only be granted to one of the spouses and only if both of them have an income from gainful employment or other earnings.

In these cases maternity benefit is paid by the social and health department of the commune.

For entitlement to maternity benefit for childbirth or adoption the same qualifying conditions apply as regards employment and the level of earnings. Insurance periods completed in another Member State may be taken into account as periods of employment. As was pointed out in

the section on the health service at page 25, Form E 104 serves as documentary evidence of insurance periods completed in another Member State.

A woman who is covered for maternity benefit by voluntary insurance is entitled to maternity benefit for four weeks after confinement. Entitlement to maternity benefit is acquired 10 months after applying for voluntary insurance.

3. How these benefits are paid

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

Sickness benefit may be paid from the first day of absence from work onwards. Payment ceases on the day when the worker can work again.

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

Under voluntary sickness and maternity insurance for persons doing housework in their own home, the maximum benefit payable is half the maximum rate. Sickness benefit can be paid to these persons after they have been ill for one week.

4. What to do to obtain sickness and maternity benefit

If you are entitled to sickness benefit from your employer, you should immediately inform him of your illness. Your employer may require that you present proof, e.g. a doctor's

statement, within a reasonable period to show that your absence from work is due to illness. If you fail to supply the evidence requested, you cease to be entitled to sickness benefit from your employer from the moment on which such evidence should have been submitted.

In general the employer will require to be notified of your incapacity for work within two hours from the beginning of the normal working day on your first day of absence and expect a written notification of illness, which you should sign as being a true statement (*tro- og loveerklæring*), on the second or third day of absence from work.

If you are ill for more than two weeks your employer may require that, at his expense, you should submit a statement from your own GP or from a specialist of your choice to show the expected duration of illness. If you fail to do so, you may also forfeit your entitlement to sickness benefit from your employer.

If you are entitled to sickness benefit payable by the commune, you must submit a statement, on a special form available from the social and health department of your commune, on the cause of your incapacity for work and giving details of your earnings, employment situation and other personal details that may be relevant for your entitlement to benefit. The social and health department may also require a medical certificate on a special form to be completed by your doctor. The cost of such a certificate is paid by the commune.

If you are living abroad but are entitled to sickness benefit from the commune, the benefit will be paid by the social and health department of the commune in which your employer's undertaking is situated.

Claims for maternity benefit (also adoption) should be made to the social and health department within three months of the date of birth or actual adoption.

5. Duration of benefits

Since sickness and maternity 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, replacing sickness benefit by invalidity pension or granting an earlier retirement pension (*førtidig folkepension*).

Persons receiving a retirement pension, an invalidity pension or a widow's 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. Who are entitled

All residents in Denmark.

2. Types of benefits

Assistance may be granted for education, vocational training and retraining. 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 and for the establishment of one's own business.

Grants may furthermore be obtained by disabled persons or persons in poor health to help them acquire aids and appliances (including motor vehicles).

3. Qualifying conditions

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

A condition for the grant of aids and appliances is that they should be necessary to enable the person concerned to carry out his occupation or to reduce substantially his suffering or make everyday life at home easier for him.

4. How to obtain rehabilitation

To obtain rehabilitation or aids and appliances you should apply to the social and health department of your local commune. In certain cases, however, the relevant decisions are not taken by the commune but by the rehabilitation and pensions commission of the district administration (*amtets revaliderings- og pensions nævn*).

Further information on this matter may be obtained from the commune.

Aids and appliances may also be granted under the law on insurance against accidents at work, or in the course of treatment in public hospitals.

D. Death grants

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. Appeals

Appeals to the district appeals board (*amtsankenævnet*) and to the social appeals board (*den sociale ankestyrelse*) should normally be made within four weeks of receiving notification of the decision.

The district appeals board and the social appeals board may, in special circumstances, admit an appeal lodged after this four-week period has lapsed.

Please note the following rules in connection with appeals relating to the various benefits:

(a) Health services (benefits in kind)

If you disagree with a decision of the commune's social and health department you may, within four weeks of receiving the decision, lodge an appeal with the appeals board of your district. Appeals against decisions of the municipal authorities of Copenhagen or Frederiksberg should, however, be sent to the social appeals board.

If the decision in question was taken by the social and health department of the district administration, or by the commune on behalf of the district administration, your appeal should be sent to the social appeals board within the same period.

(b) Sickness benefit

Disputes concerning entitlement to sickness benefit during the employer's period may be brought before the sickness

and maternity benefits commission (*dagpengeudvalget*). There is no further appeal against decisions of this commission.

If you disagree with a decision of the commune's social and health department you may, within four weeks of receiving the decision, lodge an appeal with the appeals board of your district. Appeals against decisions of the municipal authorities of Copenhagen or Frederiksberg should, however, be sent to the social appeals board.

Appeals against decisions of the district appeals board should be sent to the social appeals board.

Appeals against decisions concerning entitlement to sickness benefit taken by the National Social Security Office (*sikringsstyrelsen*) should be lodged with the social appeals board within four weeks.

(c) Hospital treatment

If you disagree with a decision of the district's hospital administration (*amtskommunens sygehusforvaltning*) regarding the conditions in the hospital where you are being treated or transport to hospital, you may lodge an appeal with the social appeals board within four weeks.

(d) Rehabilitation measures

If you disagree with a decision of the social and health department of your commune, you may appeal to the district appeals board; in Copenhagen and Frederiksberg appeals should be sent to the social appeals board. No appeals can be made to any higher administrative authority against decisions of the district appeals board relating to aids and appliances.

For the address of the social appeals board (*sociale ankestyrelse*), see the list of addresses at the end of this Guide.

F. Benefits in another Member State

1. Members of the family resident in another Member State

If your family resides in another Member State while you are employed in Denmark, they are entitled to benefits in kind in their country of residence (medical care, hospital treatment, etc.). The benefits are granted in accordance with the legislation of their country of residence even if the family members are not insured there, and are paid as if you were insured in that country.

In such a case you should apply to the social and health department of your commune for Form E 109 (certificate for the registration of members of the worker's family) of which you should obtain two copies. The two forms should be sent to the members of your family and they should present them to the insurance institution of the country in question named on page 3 of the form.

It is your duty to inform the insurance institution of the country in which the members of your family are resident of any change in your or their circumstances (termination or change of employment, change of place of residence or stay).

For further details, see Guide No 5.

2. Temporary residence (stay) in another Member State

(a) **Benefits in kind (medical care, hospital treatment etc.)**

When you are going to stay in another Member State

(including your home country), for instance if you are going on holiday there, you should, before leaving Denmark, obtain Form E 111 from the commune's social and health department. This certificate entitles you and your spouse and children accompanying you to benefits in kind while staying in another Member State. Should you need medical treatment or other benefits, you should present the form to the insurance institution of the place where you are staying (see addresses on page 2 of the form).

The Danish scheme for health services while travelling abroad (*rejse-sygesikring*), however, normally covers your medical expenses while you are on holiday in another Member State. You should therefore make sure to take your health service card with you when going abroad. Form E 111 will be required in particular when travelling abroad for more than two months and when making business trips abroad. Form E 111 is not required to obtain benefits in kind while staying in the United Kingdom.

(b) Sickness benefit

Should you fall ill while staying in another Member State, e.g. on holiday, you should apply for sickness benefit to the sickness insurance institution of the place where you are staying. The sickness benefit will then be paid by Denmark.

If you are entitled to sickness benefit from your employer, you should notify him of your incapacity for work before the end of your holiday.

While you are unfit for work you must undergo the necessary medical examinations required by the sickness insurance institution of your place of stay.

- For more detailed information on your rights while staying in another Member State, see Guide No 2

3. Stay in another Member State to receive medical treatment. Permission to leave for another Member State in the case of sickness or maternity

You may obtain permission to go to another Member State. If such permission is granted you will, while staying in the other country, retain your entitlement to health benefits etc. Permission is granted by the National Social Security Office (*sikringsstyrelsen*) which will issue Form E 112 (certificate concerning the right to benefits in kind). You should submit this form to the sickness insurance institution of the place where you have gone to stay (see instructions on the back of the form). Permission must be obtained before you leave Denmark. When you have obtained permission you continue to be entitled to the sickness benefits to which you would have been entitled in Denmark.

4. Unemployed persons going to another Member State in search of work (see page 60)

If you are unemployed and are about to leave for another Member State in search of employment, you should, before your departure, obtain Form E 119 from the social and health department of your commune to show that you and any members of your family accompanying you are entitled to benefits in kind (medical care, hospital treatment etc.). In addition to this form you should take Form E 303 with you, to be issued by the National Employment Office (*arbejdsdirektoratet*) in Copenhagen.

If you need health benefits while staying in the other country, you should submit both forms to the insurance institution of that country whose name and address are shown on page 3 of Form E 119.

Whereas the members of your family are entitled to benefits in kind only, you are entitled to benefits in kind and cash sickness benefit during the period shown on Form E 119. If you become entitled to sickness benefit this will be paid by Denmark.

While you are unfit for work you must undergo any medical examinations ordered by the sickness insurance institution of your place of stay.

3. Pensions

A. Invalidity pension, retirement pension, widow's pension

1. Who are entitled to pension

The following persons are entitled to pensions in Denmark:

- (a) Danish nationals;
- (b) women married to Danish nationals or whose last marriage was to a Danish national;
- (c) 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 in Denmark for at least a year;
- (d) widows of employed persons whose deceased husband had acquired the right to pension in Denmark, provided that the widow or the deceased husband was a national of a Member State.

2. Details of pensions

The common element of the three social pensions is a basic amount (*grundbeløb*) and a pension supplement (*pensions-tillæg*). The pension supplement varies with the level of the pensioner's earnings and those of the spouse. The basic amount is also earnings-related if the pensioner has not yet reached the age of 67, but only the pensioner's own earn-

ings are taken into account. The basic amount is paid in full to pensioners who have reached the age of 67 without taking account of their earnings or other income.

Persons in receipt of an invalidity pension receive an invalidity supplement (*invaliditetsbeløb*) and, where appropriate, a supplement for incapacity for work (*erhvervsudgytighedsbeløb*), neither of which is earnings-related.

Where both spouses are drawing a pension, their pensions are granted at a lower rate than for other pensioners.

Persons receiving invalidity pension who need constant attendance or nursing may be granted a constant attendance or nursing supplement (*bistandstillæg* or *plejetillæg*), which is retained when their invalidity pension is replaced by an old-age pension on reaching age 67.

Marriage supplements (*ægteskabstillæg*) or supplements for the spouse (*hustrutillæg*) may be granted to all pensioners—except for those receiving the minimum invalidity pension—provided that the spouse is not also in receipt of a pension.

3. Acquisition of the right to pension

Entitlement to a full 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 1/40 of the full pension for each year they resided in Denmark.

The right to a full retirement pension is also acquired after a period of residence in Denmark of 10 years, of which at least five immediately before reaching the age of 67.

If a pension is awarded before the person concerned has reached the age of 67—as is the case with invalidity and widow's pension and anticipatory retirement pension—the

period left between the award of the pension and the pensioner's 67th birthday is counted as a credit period (*godskrivningstid*) and added to the period of residence.

A further condition common to all three types of pensions is that the claimant must, after the age of 15, have resided in Denmark for at least one year. Where the period of residence in Denmark is more than one year and insurance periods have been completed in one or several Member States, Denmark grants a proportional pension according to a method illustrated by the examples given on pages 14 and 15.

Widows and widowers may, under certain conditions, have their pension calculated on the basis of the period of residence of their deceased spouse if it is longer than their own period of residence in Denmark.

A widow may be entitled to pension by virtue of her deceased husband's period of residence in Denmark regardless of her own nationality, even if she herself has never lived in Denmark.

4. The different types of pensions. Benefits and qualifying conditions

(a) Invalidity pension (invaliddepension)

Invalidity pension may be granted if a worker's earning capacity is permanently reduced due to physical or mental disability.

The *maximum rate of invalidity pension* comprises:

- basic amount
- invalidity supplement
- supplement for incapacity for work
- pension supplement.

The maximum pension is granted to persons who are unfit to work in any occupation or whose residual earning capacity is negligible.

The *intermediate rate of invalidity pension* comprises:

- basic amount
- invalidity supplement
- pension supplement.

This is granted to persons whose earning capacity has been reduced by about $2/3$.

The *minimum invalidity pension* comprises:

- half the basic amount
- half the invalidity supplement.

It is granted to persons whose earning capacity has been reduced by at least half. Invalidity pension can be drawn between ages 15 and 67, but the maximum invalidity pension can only be granted from the age of 18.

Invalidity pension ceases on reaching age 67 and is subsequently replaced by a retirement pension for which no claim need be submitted. Invalidity pension is also withdrawn if earning capacity improves substantially before that age. As a rule, invalidity pension can neither be awarded nor withdrawn after the age of 60. Neither is it possible after that age to replace the intermediate pension rate by the maximum rate or the minimum rate by the intermediate rate.

Persons who, in spite of severe disablement, have such a high income that their earning capacity cannot be consider-

ed as having been substantially reduced, may be awarded an invalidity allowance (*invaliditetsydelse*) in lieu of an invalidity pension. The allowance is intended to cover the extra expenditure incurred by them in pursuing their occupation.

(b) Retirement pension (*folkepension*)

Retirement pension comprises:

- basic amount
- pension supplement
- possibly, a deferment allowance (*ventetillæg*) (5% supplement for each half year's deferment in applying for a retirement pension after reaching the age of 67, but not more than 30%).

Pensionable age is 67; for single women however it is 62.

In special cases retirement pension may be granted from the age of 60 if this is warranted by ill health or other special circumstances.

(c) Widow's pension (*enkepension*)

Widow's pension comprises:

- basic amount
- pension supplement.

A widow's pension is granted to the following persons:

- women who have reached the age of 55 if they were widowed after the age of 45 and if their marriage lasted for at least five years;
- women who were widowed after the age of 45 and who, when their husband died, had to support two or more children under 18 years of age.

Widows and other single women who have reached the age of 50 or who have been in receipt of a widow's pension while supporting two or more children under 18 (see above) may exceptionally be awarded a pension if this is warranted by ill health or other special circumstances.

The widow's pension is withdrawn when a widow reaches the age of 62 because then she automatically becomes entitled to a retirement pension. Widow's pension is also withdrawn when a woman receiving such a pension is subsequently awarded an invalidity pension.

Entitlement to widow's pension ceases on remarriage, but may be resumed when that marriage is dissolved.

5. Simultaneous entitlement to pensions in several Member States

If you have been covered by the legislation of several Member States, the claim for a pension that you submit to the Danish National Social Security Office (*sikringsstyrelsen*) is, as a rule, recognized also as a claim for pension in the other Member State or States.

In the event of simultaneous entitlement to a pension from two or more Member States, the pension is calculated in accordance with the special pension rules set out on pages 14 and 15 of this Guide.

6. How to claim a pension

You should submit your pension claim to the social and health department of the commune (*social-og sundhedsforvaltning*) in which you are resident, using a special claim form available from the commune. When receiving your

claim for an invalidity pension the social and health department may also 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 social and health department.

The social and health department of the commune will forward the claim for invalidity pension, widow's pension awarded in special circumstances or anticipatory retirement pension to the district rehabilitation and pensions commission (*amtets revaliderings- og pensionsnævn*). For claims for invalidity pension that commission assesses the reduction of earning capacity and determines the beginning of invalidity and whether the conditions for the award of an attendance or nursing supplement (*bistandstillæg, plejetillæg*) are fulfilled. The district rehabilitation and pensions commission also decides on the granting of an anticipatory retirement pension (see page 46, section 4 (b), last paragraph) and widow's pension awarded in special circumstances (see page 47).

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

To clarify the claimant's situation 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 the measures.

If you are simultaneously entitled to pensions in one or several other Member States and if the Danish pension must therefore be coordinated with a pension from one or more other Member States, you should submit the claim form

(and, where appropriate, the doctor's certificate) to the National Social Security Office (*sikringsstyrelsen*) (see list of addresses on the last page of this Guide).

7. Payment of benefits

As a rule no pension can be paid in respect of a period before the claim was made. However, widow's pension is paid from the time of death if the claim was submitted not later than one month after the husband's death.

An advance pension payment may be made while the claim is being investigated. Requests for such an advance should be made to the commune's social and health department.

Pensions are paid each month, in advance.

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

Persons who since the age of 15 and immediately before claiming a pension have been resident in Denmark for at least 10 years may have their invalidity pension paid to them in any other country. The same applies to persons who have been awarded a full retirement pension. Moreover, the Minister of Social Affairs may in individual cases approve the transfer of pensions to countries outside the Community.

8. Appeals

If you disagree with a decision of the commune in connection with your pension entitlement, you may appeal to the competent district appeals board (*amtsankenævnet*).

Appeals against a decision of the district appeals board must normally be submitted within four weeks to the social appeals board (*den sociale ankestyrelse*).

In the case of decisions of the municipal authorities of Copenhagen or Frederiksberg or decisions which were originally taken by the district rehabilitation and pensions commission or by the National Social Security Office (*sikringsstyrelsen*), you may appeal to the social appeals board within four weeks of receiving the decision.

In special circumstances the social appeals board may accept the extension of the period allowed for appeals.

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

1. Persons covered

All persons between ages 18 and 66 who are employed by one employer in Denmark for at least 15 hours a week or 65 hours a month are covered by the ATP scheme.

2. Contributions

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

3. What is the ATP?

The ATP comprises old-age and widow's pension. The widow's pension amounts to half of the deceased husband's pension.

The rate of benefits is calculated in accordance with special rules and varies with the length of the period during which the person concerned has been covered by the scheme. For the present bonuses are granted over and above the amount of the normal supplementary pension. These bonuses are fixed, like the pension amount and the contribution rate, on the basis of the scheme's financial position.

If the ATP is not claimed until after the age of 67, the amount of pension due is increased (5 % increase for each deferred half year, up to age 70).

4. Qualifying conditions for the ATP

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

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

5. How to claim—How pensions are paid

Claims for ATP must be sent to the supplementary pensions office for employed persons (*Arbejdsmarkedets Tillægspension*) whose address is given in the list on the last page of this Guide. There are no special rules on how the claim must be worded.

The ATP is paid in advance every month into your bank account, 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 address on last page of this Guide).

4. Accidents at work and occupational diseases

1. Who are insured

Anyone pursuing an activity in Denmark, regardless of whether it is a professional or trade activity or not, and anyone employing other persons is obliged to have his employees insured against accidents with an accident insurance company recognized by the State.

Thus, insurance extends to all persons employed by others, even if no income is paid for their work.

2. Matters covered by insurance

Insurance covers accidents sustained at work or accidents arising out of employment if they result in a permanent or temporary reduction of earning capacity.

The insurance also covers a number of occupational diseases that are listed in the Law on insurance against the consequences of accidents at work.

Insurance does not cover accidents sustained while traveling to or from work.

3. Benefits

The benefits include:

- medical treatment and functional rehabilitation under certain conditions

- disablement pension (*invaliditetserstatning*),
- survivor's pension (*erstatning til efterladte*),
- death grant (*begravelseshjælp*).

Medical treatment, functional rehabilitation, payment of the cost of prostheses, special vehicles for the disabled and other aids and appliances are granted in cases where such items are, while the matter is being investigated, 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.

For brief periods of incapacity for work due to accidents at work or occupational diseases sickness benefit is paid. For further details, see page 27 (Sickness benefit).

Disablement pension (*invaliditetserstatning*). When one year has lapsed since the accident a decision will, where possible, be taken on the granting of disablement pension.

These benefits are in principle calculated as current pensions which, in less severe cases, may be commuted into a lump sum. The amount of the pension payable is determined on the basis of the degree of the loss of earning capacity of the person concerned, on the level of his annual earnings and an assessment of his social circumstances. In the case of a complete loss of earning capacity the pension amounts to 2/3 of annual earnings, and in the case of a partial loss of earning capacity part of that rate is paid according to the degree of the loss. However, there is an upper annual earnings limit, determined by reference to the average earnings in the country as a whole.

Once a disablement pension has been finally awarded, it is paid without interruption as long as the reduction of earning capacity does not change significantly.

On reaching the age of 67, the beneficiary's disablement pension is reduced by 1/4. At this age, he may receive a retirement pension.

Survivor's pension (*erstatning til efterladte*) may be granted to a surviving spouse and children under 19. Widows—and under certain circumstances also widowers—receive 30% of the annual earnings and each child receives 10% or, if the deceased does not leave a spouse, 20% of the deceased person's annual earnings. If there are no surviving spouse or children, the pension may also be awarded to other persons who looked after the deceased.

4. *Payment of benefits*

Accident insurance pensions are as a rule paid directly by the relevant insurance company. The death grant is also paid directly to the survivors or to persons who paid the costs of the funeral. If the disablement pension is commuted into a lump sum which is usually paid by the commune via the National Social Security Office.

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. In the case of occupational diseases the eight-day period is counted from the moment at which the employer learned that the illness must be assumed to be an occupational disease. If the employer fails to comply with this obliga-

tion, the person who has sustained the accident or contracted the disease, or his survivors, may directly apply to the insurance company or the National Social Security Office within one year.

6. Appeals

The National Social Security Office 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 will determine the level of annual earnings and also whether the reduction of earning capacity has changed significantly, etc.

If you disagree with the decision of the National Social Security Office, you may lodge an appeal with the social appeals board (*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. Stay in and moving to another Member State

If you have sustained an accident at work or contracted an occupational disease and if you want to go and stay or live in another Member State, you should note the information given on pages 38 to 40, Health services, sickness benefit, etc. Instead of Forms E 111 and E 112, Form E 123 is to be used for accidents at work and occupational diseases.

Disablement pension can also be paid to you in another Member State.

5. Unemployment insurance

1. Who can be insured

Persons between ages 17 and 65 can join a recognized unemployment fund (*arbejdsløshedskasse*). A condition is that the person concerned must reside in Denmark and, for at least five weeks immediately before joining, have worked in one of the occupations covered by the unemployment fund he is joining, or show proof that he can get employment immediately after joining. Persons who have received vocational training for at least 18 months may also join an unemployment fund.

2. How to join an unemployment fund

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

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

The membership fee of the unemployment fund is 2.25 times the daily rate of the fund's unemployment benefit (increased by administrative costs) and is normally paid together with the worker's trade union membership dues.

Please consult the National Employment Office (*arbejdsdirektoratet*) to see whether there exists a recognized unemployment fund for your occupation.

3. Unemployment benefit

Unemployment benefit is paid at the end of each week or month.

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

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

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

4. Qualifying conditions for unemployment benefit

The funds pay unemployment benefit to members who are unemployed and looking for work.

Entitlement to unemployment benefit is normally acquired after six months' membership of the fund.

When you move to Denmark from a Member State in which you were covered by unemployment insurance, your insurance periods in that other State may be taken into account. To this end, you should bring form E 301 certifying your period of insurance in the country you are leaving. This form can be obtained from the unemployment insur-

ance 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 person in the past three years. If you lose your right to unemployment benefit because you do not satisfy the employment conditions, you can acquire that right again only after having worked for at least 26 weeks in 18 months. Periods of military service and certain periods in which a member 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. How to obtain unemployment benefit

If you lose your job and you wish to claim unemployment benefit, you should apply to the local labour exchange (*arbejdsformidlingen*) and register for work. While you are unemployed you should keep in contact with the labour exchange.

6. Appeals

Appeals against decisions of the unemployment fund relating to membership, unemployment benefit, etc. may be sent within four weeks to the Director (*arbejdsdirektøren*) of the National Employment Office (*arbejdsdirektoratet*) (see address on the last page of this Guide).

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*).

7. *What happens when you go to another Member State to look for work*

If you are entitled to unemployment benefit while unemployed in Denmark and if you go to another Member State in search of employment, you retain your right to unemployment benefit for three months. Before your departure you must have been registered for work in Denmark for at least four weeks and you must then register with the labour exchange of the Member State or States where you are going and submit to any statutory checks required in the relevant Member States.

When you leave you should ask the National Employment Office for Form E 303. You should give this form to the unemployment insurance institution of the Member State where you are going. Further copies of the form must be submitted to the social and health department of the Danish commune you are leaving. The department will give you Form E 119 which is a certificate showing your entitlement to health services for you and your family while staying in the other Member State (see page 56). You will find further details on Form E 303/5 which you should keep.

6. Family allowances and family benefits

1. Who are entitled to family allowances and family benefits

(a) Family allowances (*børnetilskud*)

— general family allowances (*admindeligt 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 a retirement or disablement pension. 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 the 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 for one-parent families, or for children without parents, or where one or both parents receive a retirement or disablement pension.

(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 individual cases and depend on the expected income of the family in the

period in which the young persons' allowance is paid and also on the child'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 persons' allowance and 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 laws on the care and control of children or the law on child-protection, etc.

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

If your children reside in another Member State while you are employed in Denmark, you are entitled to family allowances from Denmark. If the children's mother is pursuing a professional or trade activity 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, you will receive Form E 401 (certificate concerning the composition of the family) from the social and health department of the commune; this form must be certified by the popula-

tion registry or other competent authority of the country in which the children are resident. The 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 are only granted once a claim has been received. Claims must be made to the commune.

To receive a young person's allowance you should submit a claim to your local social and health department. In your claim you should give the necessary information on the family's income, the number of children, etc. The commune fixes the amount of the benefit and decides on the period for which the benefit is to be paid.

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 district 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 and Frederiksberg cannot be made to any other administrative authority.

List of addresses

Appeals Board for Unemployment Insurance

Ankenævnet for arbejdsløshedsforsikringen, Amaliegade 25,
1256 København K.

Appeals Board for Supplementary Pensions for Employed Persons

Ankenævnet for arbejdsmarkedets tillægspension, Laksegade
19, 1063 København Ø.

National Employment Office

Arbejdsdirektoratet, Adelgade 13, 1304 København K.

Supplementary Pensions Office for Employed Persons

Arbejdsmarkedet Tillægspension, Skovledet 93-95, 3400 Hille-
rød.

Social Appeals Board

Den sociale ankestyrelse, Amaliegade 25, 1256 København K.

National Social Security Office

Sikringsstyrelsen, Æbeløgade 1, Postboks 2566, 2100 Køben-
havn Ø.

Other useful addresses

Doctor (Læge):

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Dentist (Tandlæge):

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Chemist (Apotek):

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Social and health department
(Social- og sundhedsforvaltningen):

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Labour exchange
(Arbejdsformidlingen):

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Unemployment fund
(Arbejdsløshedskasse):

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Social Security guides for nationals of the Member States of the European Communities moving from one Member State to another

● **Guide No 1 — General guide**

This guide sets out the rights and obligations with regard to social security of employed persons going to work in a Member State of the European Communities.

There are nine separate booklets, each containing information concerning one Member State.

● **Guide No 2 — Temporary stay**

This guide gives information for persons going to a Member State of the European Communities to stay there for a short period (holidays, family visits, business trips).

● **Guide No 3 — Workers posted abroad or employed in more than one Member State**

This guide is intended for posted workers, international transport workers and other workers regularly employed in more than one Member State (e.g. commercial travellers).

● **Guide No 4 — Pensioners**

This guide is designed for pensioners who were formerly employed persons and for pension claimants, who reside or stay temporarily in a Member State of the European Communities.

● **Guide No 5 — Members of the family**

This guide is intended for members of a worker's family who reside in another Member State of the European Communities than the worker.