

gesundes
unternehmen



Social insurance with AOK

Special information for employers 2023

AOK. The health insurance provider.

Legal Notice

gesundes unternehmen
Social insurance with AOK brochure

Publisher:

AOK-Bundesverband,
Rosenthaler Straße 31,
10178 Berlin

Publisher and editor:

Ministry Group GmbH,
Stadtdeich 2-4,
20097 Hamburg
Internet: ministrygroup.de

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©AOK 01/2023

Design:

Ministry Group GmbH

Print:

L.N. Schaffrath GmbH & Co. KG DruckMedien,
Marktweg 42-50,
47608 Geldern

Frequency of publication:

Annually

Legal status:

1 January 2023

Cover:

AOK



www.blauer-engel.de/uz195

- resource-conserving and environmentally friendly manufacturing process
- low-emission printing
- made from 100 % recovered paper



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- ressourcenschonend und umweltfreundlich hergestellt
- emissionsarm gedruckt
- aus 100 % Altpapier

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Foreword

Dear Sir or Madam,

This brochure from the series “gesundes unternehmen” is aimed at those who have had little or no experience with social security in the past.

You will receive an overview of the German social security system and how individual groups of people are integrated into it. There are also comments and information regarding the organisation and financing of social security institutions.

AOK presents itself as a strong and secure community. An overview shows the variety of services which are provided for health and care insurance and how AOK is involved as a family insurance fund. AOK is not just the ideal choice for employees, apprentices, and trainees. It also provides tips and information on how the option to select AOK can be exercised quickly and easily. After all, registration with AOK is the first prerequisite for being able to benefit from its services and benefits.

With kind regards,

Your AOK
The health insurance provider.

More
news &
information

aok.de/arbeitgeber
employer portal

**In explanations/examples,
it is assumed that the
minimum wage is observed.**



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1 Social Insurance in Germany

In its Basic Law, Germany is committed to the principle of the welfare state. Social security for citizens is a duty for the state which extends into all areas of life and is implemented by various institutions. Major risks in life are covered by insurance against illness and the restoration of health, income security in old age, or help and support in the event of an accident at work.

Social insurance is the core element of social security. There are also indirect benefits provided by the state, for example for people who have suffered damage to their health in the service of the state and are therefore entitled to benefits to restore their health or ensure their livelihood. There is also state aid for people who are not able to finance their livelihood and social security on their own. Cash and non-cash benefits are provided in order to prevent hardship or distress and

to ensure a humane existence for those affected. A prerequisite is the degree of need and an application for this aid to the competent authorities.

1.1 Health insurance

The statutory health insurance (SHI) covers the risk of illness. The providers are the health insurance funds. They are public corporations with self-government. This function lies with the administration board of directors. It decides on fundamental issues, such as the drafting of the statutes, approves the health insurance fund's budget and appoints the executive board. This body is solely responsible for managing the business of AOK.

In the past, there were many health insurance funds which were responsible for certain professions and groups of people. These differences have essentially disappeared today. Apart from a few exceptions, the funds are freely selectable. The number of health insurance funds fell from 1,147 in 1990 to 79 as of 1 January 2022.

Organisation

The SHI is divided into the following types of funds:

- general local health insurance funds (AOK)
- company health insurance funds (BKK)
- guild of health Insurance funds (IKK)
- substitute funds
- agricultural social security
- miners' association.

All health insurance companies are integrated in the SHI main association, which has been granted a number of competences to regulate details nationwide.

It represents the health insurance funds vis-à-vis politicians and, in the Federal Joint Committee, is the supreme advisory institution in its role as the “Medical Service of the SHI Main Association” for determining the contribution classification of voluntary members of the SHI and is responsible for relations with health insurance institutions abroad (Deutsche Verbindungsstelle Krankenversicherung – Ausland).

The individual types of health insurance funds also have their own federal associations which function as umbrella organisations.

Funding

The vast majority of SHI funding is financed by contributions from members and employees and/or other people or bodies who

or which are obligated to make contributions. The assessment of these contributions is based on the income of the members, which or who have contribution obligations, which are taken into account at a percentage defined by law. However, minimum and maximum limits apply to the assessment: the monthly income threshold for 2023 is EUR 4,987.50. Any additional income, such as wages, is not taken into account here. The statutory contribution rate is shared equally by employees and employers. There is a general and a reduced contribution rate:

- general contribution rate (for entitlement to sickness benefit and for pensioners): 14.6%
- reduced contribution rate (insurance without entitlement to sickness benefit): 14.0%.

The health insurance funds can demand an additional contribution from their members when they cannot fully finance their expenditure with the contribution rate set by law. Currently, every statutory health insurance in Germany charges an additional contribution.

The additional contribution will be borne equally. If expenditure continues to rise in the future, then the additional financial requirements must also be covered by the additional contribution.

The health insurance funds pass the funding resources on to the health funds. Contributions, which are to be paid by the pension insurance institutions and the Federal Employment Agency, go directly into the health fund. The fund is managed by the Federal Insurance Office. All contributions are redistributed in the fund according to risk criteria and then paid out to the individual health insurance companies in the form

1 Social Insurance in Germany

of monthly allocations to the people who are insured. The health fund also receives federal subsidies for health insurance, which compensate for non-insurance benefits such as maternity leave or non-contributory insurance for the family members of SHI members.

Insured persons

About 90% of all citizens are insured by statutory health insurance in Germany. Most of them are included in the compulsory insurance. This is created by law when certain prerequisites.

Health insurance policies are basically compulsory for the following:

- employees, including those undergoing vocational training
- people entitled to unemployment benefit or unemployment benefit II
- agricultural operators (farmers) and members of their families
- artists and publicists according to the Social Security Law for Artists
- people in youth welfare facilities
- participants in services for participation in work life
- disabled people in recognised workshops and in institutions, homes or similar establishments
- students
- practical work experience employees, trainees and apprentices without remuneration as well as trainees doing “second-chance” courses
- pensioners/pension claimants who have completed a certain pre-insurance period
- people who have no other health insurance cover and who, due to their status, belong to the statutory health insurance system or were last insured under the statutory health insurance scheme.

People who are not subject to compulsory insurance can join the SHI system as voluntary members if they have completed a previous insurance period or have left compulsory insurance. These include, for example, self-employed people or employees with a higher salary level, but also public sector employees and other people entitled to free medical care.

 **AOK offers five free online training courses on the basics of social insurance: aok.de/fk/online-trainings**

Children and spouses as well as life partners of members of the statutory health insurance scheme can be included in family insurance on a free of charge basis via the insured member. Several prerequisites must be fulfilled in order to qualify for this:

- a dwelling address and residential location in Germany
- no own insurance obligation
- no insurance exemption (exception: mini-job)
- no self-employed activity
- no income above a seventh of the reference value (2023: EUR 485)
- compliance with age limits (children).

A special form of compulsory insurance is the obligatory follow-up insurance. When an insurance obligation or a family insurance ends, then this insurance relationship continues automatically as voluntary insurance. The follow-up insurance comes into force legally, unless the previously insured person provides evidence of a different arrangement, for example with another health insurance company.

The previously responsible fund is then responsible for this insurance. The law seeks to prevent arrears of contributions from accumulating through the emergence of large gaps in the insurance process, and the people affected being excessively burdened. The health insurance companies are therefore obliged to contact these people at the end of an insurance policy.

1.1.1 Private health insurance

Germany has a special feature compared to other European countries. Not all citizens are included in uniform forms of health insurance. Instead, citizens who are not covered by compulsory insurance can select a private health insurance (PHI) company for coverage in case of illness. In the case of PHI, however, the solidarity principle does not apply. Instead, the premium for the insurance cover depends on personal conditions such as age, previous illnesses, and individual risks, such as smoking. This therefore means that, before each conclusion of a contract, a health check becomes due. If the health risk increases during the insurance, for example due to a serious illness, then special premiums or exclusions of benefits can be the consequence. With increasing age, the danger exists that the insurance premiums become ever higher. Of course, these special risks do not exist at AOK. We always accept every insured person as he or she is, without additional health checks or examinations; waiting periods and exclusions of benefits are foreign words for us.

More and more citizens are complaining about rising premiums for PHI and would like to return to the statutory health insurance system. The law has therefore set up rather high hurdles for this; the return to a statutory fund is not easily possible and as from the

age of 55 it is almost impossible. One can therefore correctly say that the decision for a private insurance can mean a decision for life. AOK is pleased to advise about the risks of switching to PHI, especially when it comes to applications for exemption from an insurance obligation which has previously arisen. Employers should also obtain information about this, to be able to answer questions from higher earning employees regarding this subject efficiently. Assistance can be provided by the corporate client advisers of your AOK.

1.1.2 AOK and its services

AOK has been firmly established in all regions of Germany since the start of statutory health insurance. In the beginning, the local health insurance companies mainly insured employees in narrowly defined regions. Services were often provided through directly employed doctors and other representatives or agents from healthcare professions. Today, the local AOKs are considered modern service companies in which 27 million people with statutory health insurance place their trust. Of course, AOK guarantees all legally required services through its contractual partners. But that is not all. AOK provides additional services and benefits via its statutes which, for many insured people, can fulfil very personal needs. With its dense network of business and advice centres, AOK is also easily accessible for its insured people and companies and provides a very individual service. Whoever wants to, can also use this service online.

Services for health

At the core of AOK's spectrum of services and benefits are the offers for curing illnesses and restoring health. These include:

- medical and dental treatment
- supplying dental prosthesis
- supplying medicines, bandages, remedies, and aids
- home nursing care
- hospital treatment
- medicinal convalescence, rehabilitation and supplementary benefits.

AOK does not just pay for these services, it rather also helps when you are looking for the right doctor, supports second opinions and investigates treatment errors. All services must be contractually agreed with doctors, hospitals, and other healthcare operators. Due to its high level of expertise, the voice of AOK carries particular weight and importance in regional and national negotiations. In this way, AOK makes a significant contribution to ensuring that benefit expenditure does not increase indefinitely and that health insurance contributions remain affordable.

AOK has assumed a pioneering role in structured treatment programmes for certain illnesses, enabling hundreds of thousands of its insured members to receive specialised medical treatment if and when they enrol in the respective programmes.

AOK was the first health insurance fund in Germany to commit itself to the field of health care and prevention with additional services. For example, depending on the statutes of the individual AOK, coverage of the costs of professional dental cleaning, the possibility of a free skin check, vaccinations

that go beyond the legal requirements and many other additional products are offered.

Those insured by AOK can also take advantage of special offers in the prevention and early detection sector. In the field of primary prevention, the promotion of self-help groups is a particular concern of AOK. Many individual courses and sports offerings promote a healthy lifestyle for those insured with AOK. The AOK community spends significantly more money per insured person on prevention and healthcare services than the average SHI system.

Everything simply à la carte

In contrast to private health insurance, AOK does not require any health examinations before the insurance cover commences. There are no exclusions of benefits or additional contributions when expensive benefits happen to become due. We accept our customers as they are. Those insured by AOK also do not have to pay in advance when they have to consult a doctor or need other services. The benefits-in-kind principle applies consistently. The key to all services and benefits is just one small card.

Those who join the AOK community of insured people receive the electronic AOK health card (eGK) immediately after the start of membership when taking out family insurance. All permitted services can be called upon with this card. However, a little bit of effort is still required. The legally defined electronic health card (eGK) must carry a photograph of the insured person in order to be valid.

The chip on the eGK contains personal data and information regarding the status of the insured, for example the health insurance number and, only on request, emergency contact data. The law provides for the storage of a variety of medical data. The implementation of such storage options is still a long way off in practice, although many planned specifications could accelerate information processes and thereby prevent duplicate examinations. In addition, an electronic patient file is currently being developed.

A special imprint on the back enables the eGK to be used for obtaining services in other EU countries. Some foreign benefit providers are, however, not always willing to accept the card for cash-free settlement. AOK is always pleased to advise its insured people about questions regarding benefit entitlement when a trip abroad is planned.


**Get information around the clock –
we are always there for you at: [aok.de](https://www.aok.de)**

Protection for the whole family

Family and security are terms which are very closely related. This is why AOK provides a particularly large number of products which are geared to the needs of the whole family. It is possible for family members to be co-insured free of charge through an insured member of AOK. Here again, the large difference compared to private health insurance is recognisable, because this type of insurance requires premiums for every insured person. The requirements for family insurance are mostly fulfilled for children up

to certain age limits when both parents have statutory health insurance. The complete family can then be insured by AOK.

Many advantages can therefore result from this joint insurance of the family with AOK. Several services and benefits can be taken advantage of much more easily when only one fund is responsible. For example, invoicing for orthodontic treatment or the calculation of the entitlement to childcare sickness benefit is easier to handle. In addition, AOK is particularly attractive for families because of its many additional benefits. This already begins with family planning. In this case, young families receive advice and assistance when their desire to have children remains unfulfilled or maybe when a new addition to the family is not planned. Additional services from AOK can be very helpful here. During pregnancy, AOK pays for domestic help when there are other children in the household and the expectant mother has to take great care of herself. In addition, a medical counselling service for the expectant mother can be utilised during pregnancy.

For babies, children and young people, AOK provides extended services for examinations and vaccinations. AOK pays for early detection examinations and special services for dental health of the children.

For schoolchildren, AOK not only pays for a visit to the ophthalmologist in order to detect visual defects in time. It also pays a fixed amount for any visual aid which may be required.

For older children, there are care services available in the form of health education and advice regarding choosing a career and applying for an apprenticeship or trainee position through the AOK school advisers.

AOK therefore accompanies young families from the very beginning and always provides support in many situations in life.

With its many branch offices, AOK is always close at hand. Do you have questions about your membership? AOK guarantees competent and individual support whenever it is needed. The office closest to you can be found by clicking on: [aok.de](https://www.aok.de)

1.2 Long-term care insurance

Long-term nursing care insurance covers the financial and care-related risk of the need for care. It is designed to enable the person in need of nursing care to lead an autonomous life. The insurance provides basic social security in the form of supportive assistance, which does not make the personal contributions of the insured and other institutions dispensable. The nursing care insurance has been reformed several times. This was accompanied by an expansion of benefits, the inclusion of previously unconsidered groups of people, and an improvement of the staffing ratio, but also an increase in the contribution rate. The term “need for long-term nursing care” was also developed further.

Organisation

Nursing care insurance mirrors health insurance in many respects. This principle applies not only to insurance law but has also meant that the establishment of long-term nursing care insurance has not created completely new structures.

The providers of social long-term nursing care insurance are the nursing care insurance funds, which are located under the umbrella of the health insurance funds. This means that every health insurance company also has a nursing care insurance fund associated with it. The nursing care insurance funds are also legally independent public corporations with administrative autonomy. The self-governing bodies of the health insurance funds also fulfil the tasks of the nursing care insurance fund.

Funding

In terms of contribution law, nursing care insurance is also in line with health insurance. All regulations governing the calculation of contributions refer to the relevant regulations of the SHI. The contribution rate is determined by law. It amounts to 3.05%. The nursing care insurance has a special feature when it comes to the contribution rate. Childless members from the age of 23 pay a surcharge on the nursing care contribution, which amounts to 0,35% of the income derived from contributions.

The contributions are borne equally by employers and employees, apart from the mark-up for childless members. This is solely borne by the employee.

In Germany, the day of prayer and repentance was abolished as a public holiday, with the exception of Saxony. Therefore, there is an uneven distribution of the contribution burden in that federal state. This means that if the place of employment is in Saxony, then the employee pays 2.025% (2.375% if they do not have children) and the employer only 1.025%.

The contributions received by the collection points are subsequently paid into the nursing care fund, which reimburse the care institutions for the benefits they pay to those in need of nursing care.

Insured persons

In Germany, around 4.1 million people are dependent on care or support because they can no longer independently master the regular tasks of daily life due to a physical, mental or psychological illness or disability. Nursing care insurance is intended for them. In general, all citizens are obliged to insure themselves against the risk of needing care. In the SHI sector, this is quite simple: anyone who has health insurance with an AOK company, whether as a compulsory member, voluntarily insured or insured via a family member, is automatically included in the nursing care insurance with their AOK. This also applies to other statutory health insurance funds.

If you have a private health insurance, you must also insure yourself with your insurance company against the risk of needing nursing care. The insurance companies are obliged to notify the Federal Insurance Office about those people in their portfolio who are not covered by nursing care insurance. In addition to the request to take out insurance cover, a fine may also be imposed.

Benefits

Nursing care insurance covers the financial risk of the need for nursing care. It is designed to enable the person in need of nursing care to lead an autonomous life. Accordingly, nursing care insurance is not full insurance. It provides basic social security in the form of supportive assistance, which does not make the personal contributions of the insured and other institutions dispensable.

The fundamental principle applies that convalescence and rehabilitation comes before full nursing care. Nursing care benefits are therefore only provided in the long term when an improvement in the condition which led to the need for nursing care is not to be expected through medical measures. Therefore, the need for nursing care is always assessed by the medical service, which determines the degree of nursing care required. The assessment includes six modules for which points are awarded.

To comply with the different requirements, there are five levels of nursing care. This system also specifies the maximum amounts for benefits provided through nursing care insurance, which are divided into five levels:

- nursing care level 1 = 12.5 to under 27.0 points
- nursing care level 2 = 27.0 to under 47.5 points
- nursing care level 3 = 47.5 to under 70.0 points
- nursing care level 4 = 70.0 to under 90.0 points
- nursing care level 5 = 90.0 to 100.0 points

Nursing care insurance provides cash or non-cash benefits to finance basic nursing care and domestic services. A combination

1 Social Insurance in Germany

of nursing care allowance and nursing care in kind is possible. The following services are also provided:

- nursing care courses for relatives and carers not in gainful employment
- preventive care when the carer is ill or on holiday
- nursing allowance for self-procured nursing aids
- day care and night care
- care-related aid and technical assistance
- subsidies for the care-related design of the living environment of the person in need of nursing care.

If relatives or friends take over the care, then a monthly nursing care allowance is paid. “Voluntary” carers are automatically insured for pensions, accidents and, if necessary, unemployment during their nursing care work when they reach a minimum number of hours of nursing care.

Every insured person is entitled to benefits from nursing care insurance when he or she was insured in a nursing care insurance fund for at least two years before making the application.

Care benefits from AOK

AOK provides all legally prescribed benefits for insured people in need of care. AOK service, however, provides even more, ranging from the help for relatives when they seek advice in case of need for nursing care and support from the application for benefits to the selection of care services and the search for a suitable inpatient facility. For this purpose, AOK has specially trained care advisers who take care of all the problems relating to the occurrence of a nursing case individually on site. A very special

AOK service is the Care Navigator (**pflge-navigator.de**), an up-to-date database which enables the selection of a suitable and locally, easily accessible care service or an inpatient care facility according to various criteria. AOK not only takes care of those in need of nursing care themselves: relatives providing care also receive extensive support in the form of courses relating to proper care, but also relating to the social security for the caregivers. For that purpose AOK transfers contributions to pension insurance and unemployment insurance when the carer’s normal work has been adapted to the care and a minimum weekly care period is provided. This therefore ensures compensation for the time spent on care when claiming for pension entitlement and acquiring benefit claims from the Federal Employment Agency.

As a special service, AOK provides a forum in which nursing care professionals answer questions from carers. In this case, a lively exchange of opinions and experiences from relatives of people in need of nursing care takes place.

AOK offers its insured people nursing care advice from specially trained staff. Information on this, as well as numerous helpful tips about nursing care can be found at: aok.de/pflege

1.3 Pension insurance

It is important for everyone to have adequate financial provision after the end of their working life. For most citizens in Germany, this will be the statutory pension, which is usually supplemented by their own savings. Pension insurance is therefore a very important pillar of social security. It is based on the intergenerational contract which, as an expression of social solidarity, is based on younger people paying contributions into the pension insurance scheme. This appropriation is intended to finance the pensions of the elderly. This is a major political challenge, especially in Germany, because demographically fewer and fewer contributors have to finance the current pension payments for a growing proportion of older people in the total population.

The pension insurance also covers the risk of reduced earning capacity, provides for surviving dependants and bears the necessary costs for the rehabilitation of people who are of working age.

Organisation

The pension insurance institutions are public corporations with administrative autonomy. The German Pension Insurance Federation (GPI) is responsible for fundamental issues of pension insurance, the performance of cross-sectional tasks and the representation of interests vis-à-vis the political establishment. Its top-level bodies are the Federal Delegates Assembly and the Federal Executive Committee.

The regional pension insurance institutions are responsible for looking after the insured people locally. They are managed by an

assembly of representatives and a board of directors. The responsibility of the regional divisions of the GPI can extend over one federal state, a region in one state or a number of federal states. The second nationwide pension insurance institution is the Knappschaft-Bahn-See, which was created by merging the institutions which were previously responsible for special occupational groups and also fulfils the tasks of health insurance and the mini-job head office.

All those insured under the statutory pension scheme are allocated to the individual institutions according to quotas and are advised locally by the regional offices. The payment of pensions is executed uniformly by the postal pension service.

Funding

The financial resources of the pension insurance scheme are made up of the contributions from the insured and their employers and from federal subsidies. The latter are an important position in the federal budget and amount to approximately EUR 100 billion annually. The pension insurance contribution rate is 18.6% of the gross income of the insured persons. The contributions are shared equally by employees and employers. There is an upper limit up to which contributions must be calculated. This is adjusted annually to the level of the general trend in wages and salaries from previous years. Employees in mining and related occupations are subject to a special assessment limit for miners' pension insurance. There are also special regulations for mini-jobbers, for example.

1 Social Insurance in Germany

The contributions are received by the health insurance funds, in their role as the collection point, and forwarded on to the individual pension insurance institutions according to a key which is determined by the GPI.

Insured persons

As a rule, anyone who is employed is compulsorily insured.

In addition, other groups of people are also included in the insurance obligation.

Compulsorily insured are:

- employees
- trainees and apprentices
- certain groups of self-employed people, such as master craftsmen, teachers and educators, midwives, artists, publicists
- carers who are not gainfully employed
- recipients of certain compensation benefits such as sickness benefit, unemployment benefit, medical care allowance, transitional allowance and maintenance allowance
- disabled people working in sheltered workshops
- mothers or fathers while raising children.

Benefits

The benefits provided by the statutory pension insurance scheme are divided into two central areas: financial security through the payment of pensions and rehabilitation to maintain earning capacity.

As a function of substitution for income, the pension is intended to provide insured people with an adequate livelihood. In general, pensions are paid as

- pension for old age (for example standard retirement pension);
- pensions due to reduced earning capacity; and
- pensions due to death (for example as widow's/orphan's pensions).

In contrast to the other pillars of the social security system, their scope of benefits depends on the amount of contributions paid in (principle of equivalence). However, a basic pension has now been introduced for specific situations.

As conditions for the payment of pensions, personal and time requirements must be fulfilled, and the pension must be applied for by the future pension recipient.

As part of the rehabilitation process, early pension payments are to be prevented and the capacity for work is to be maintained. The fundamental principle which applies is "rehabilitation before retirement".

The aim of rehabilitation is to counteract, prevent or overcome impairments to working capacity caused by illness or physical, mental or psychological disabilities and, whenever possible, to achieve lasting reintegration into working life. If the earning capacity of insured people is severely impaired as a result of illness or disability and rehabilitation measures do not promise success, the pension insurance pays pensions due to reduced earning capacity.

1.4 Unemployment insurance

The core tasks of unemployment insurance are job placement and career guidance. There is also financial support for the unemployed, among others. The Federal Employment Agency (FEA) is responsible for this.

Organisation

In the FEA, administrative autonomy is also based on equal representation, but here there are three groups, namely representatives of employers, employees, and public-law bodies, such as the Federal Government. The groups form the honorary members of the active administration board.

The full-time Board of Management has three members and manages the operational business.

The FEA has a head office in Nuremberg, ten regional directorates and an extensive network of agencies and job centres. This regional breakdown is supplemented by the optional municipalities, which are responsible in the job centres for the provision of basic security for job seekers (unemployment benefit II).

The FEA also has special departments for labour market research, education and training, IT services or the allocation of company numbers.

Insured persons

In principle, all people who are engaged in more than marginal self-employment are covered by compulsory insurance, including those in the process of vocational training. Anyone who receives a compensation benefit, such as sickness benefit, is also subjected to compulsory insurance.

Self-employed people, especially those starting up their own business after being out of unemployment, and people taking up employment outside the EU can apply for insurance cover.

Funding

The funds of the FEA are raised from contributions by employers and employees and from federal subsidies. Employer and employee each pay half of the contributions. Up to the contribution assessment ceiling (this applies to pension and unemployment insurance at the same level), the employees' salaries or wages are to be utilised for the calculation of the contribution. The applicable contribution rate is 2.6% of gross pay.

Benefits

The spectrum for the benefits is aligned to three groups of recipients.

Benefits for employees are, for example:

- compensation benefits such as unemployment benefit, transitional allowance, insolvency benefit
- advice and placement for job seekers
- measures for improving the prospects for reintegration
- encouraging people to take up employment
- mobility assistance
- promotion of starting self-employment
- promotion of vocational training and continuing education
- promoting the participation of disabled people in working life
- short-time work payment.

The following are provided for employers, among other things:

- support for the recruitment of workers, for example integration subsidies
- promoting occupational further education
- promoting the participation of disabled people in working life
- benefits according to the Partial Retirement Act.

The aid granted to social service providers includes:

- promotion of vocational training as well as assistance during training
- support for institutions for vocational education and training or for vocational rehabilitation
- subsidies for social planning measures
- promotion of job creation measures.

1.5 Accident insurance

Statutory accident insurance is also part of the German social insurance scheme.

Main features:

- protection of the insured person and their family against the consequences of accidents at work and occupational diseases
- contribution financing through a pay-as-you-go system, solely by the companies and the associated dissolution of entrepreneur liability
- prevention, rehabilitation and compensation from a single source.

Organisation

The accident insurance institutions are the commercial and agricultural employers' liability insurance associations and the public-sector accident insurance institutions, i.e. the municipal accident insurance associations and accident insurance funds. While the so-called Berufsgenossenschaften are organised by sector, the public-sector accident insurance institutions are largely regional.

The interests of self-government are represented by the meetings of representatives and executive boards of the individual accident insurance institutions. They are composed equally of representatives of employers and employees.

The basic tasks and representation vis-à-vis the political establishment are executed by the umbrella organisation of the statutory accident insurance (DGUV).

Insured persons

The group of people insured under the statutory accident insurance scheme is broadly diversified and covers wide areas of social life. All employees are compulsorily insured through their companies in the respective sectoral professional association. The insurance also covers groups of people who are not in employment (e.g. children in day-care centres, pupils, students, job seekers, certain voluntary workers, accident workers, blood donors).

For the employee, the entry into the accident insurance obligation is hardly noticeable. This is because their employer is primarily obliged to insure their company as a whole against the risk of accidents. There is no right to choose. This commitment is absolutely

binding. The company can also voluntarily insure itself against the risks of an accident at work just like other freelancers.

The insurance cover in each case only relates to the insured activity, i.e. in the case of employees, only for the activity in the company and on the way to work. Another example: job seekers are also included in the insurance cover, but only to the extent that the accident occurs in direct connection with the job search.

Funding

In contrast to health, nursing care, pension and unemployment insurance, the statutory accident insurance is non-contributory for the insured. The cost of comprehensive insurance cover for prevention, rehabilitation and compensation is borne by employers. In the public sector, the Federal Government, the states and the municipalities bear the costs. The contribution amount is determined in the apportionment procedure for the subsequent fulfilment of demand. This means that the accident insurance institutions allocate their expenses after the end of the financial year. The calculation is based on the financial requirements, i.e. the pay-as-you-go principle, the insured persons' salaries that are subject to accident insurance and the hazard classes of the various sectors. In the case of municipal accident insurance associations and accident insurance funds, contributions are based on the number of inhabitants, the number of insured people or the wages. How the levies are to be calculated is defined in the statutes of the particular professional association and other institutions in accordance with legal and statutory requirements.

Benefits

The statutory accident insurance has the task of preventing work-related health hazards, restoring health and performance in the event of accidents at work or occupational illnesses, and compensating the insured or their surviving dependants by providing cash benefits.

In the case of accidents and occupational illnesses, the accident insurance system provides:

- comprehensive healing treatment
- benefits for participation in working life (for example retraining)
- benefits for participation in community life and complementary services
- financial benefits to insured people and surviving dependants.

Prevention of accidents at work and occupational diseases

The statutory accident insurance has a prevention mandate from the legislator. This mandate provides for the prevention of occupational accidents, occupational diseases and work-related health hazards by all appropriate means. The focus is on advising companies on all aspects of safety and health. This includes providing comprehensive assistance and other information media for employers and insured people. The accident insurance institutions also provide free information and motivation events regarding the subject of occupational health and safety.

AOK works very closely with the accident insurance institution in this area. For example, the content of many of AOK's company prevention programmes is coordinated with the employers' liability insurance associations and brought together in a range of services and benefits which are customised to the needs of the respective company. Within the framework of company health promotion, AOK has many interesting offers available to reduce the health risks at the workplace and, if certain diagnoses occur more frequently in the company, to find the causes and support the company with targeted preventive measures.

Summary

- Employees and trainees are in almost every case obliged to have pension and unemployment insurance cover. All employees are covered by accident insurance. These forms of social insurance provide for financial security in old age, in case of reduced earning capacity, at times of unemployment and in case of an accident at work.
- Employers and employees each pay half of the contributions to pension and unemployment insurance funds. The costs of accident insurance in the company are met by the employer alone.
- AOK protects its members and their family members against the risk of illness with comprehensive coverage and many additional benefits. The electronic health card is sufficient for the use of all the services and benefits which are available. AOK provides the card immediately, when the choice to be a member of a solid community has been made.
- Those insured with AOK can, at the same time, rely on their coverage for nursing care with the AOK nursing insurance fund.
- Contributions to financing health and nursing care insurance are made jointly by employers and employees.



2 Training and Employment

The terms training and employment refer to groups of people covered by social security schemes. Questions arise regarding the determination of the obligation to insure, after registration with a health insurance fund or whether, and in what amount, contributions are to be calculated and much more.

These questions are closely linked to employer obligations. The law has entrusted companies with many tasks relating to the social security of employees and other people who have to be insured. In most cases, the health insurance funds are the first contact partners for the fulfilment of these tasks. AOK therefore provides intensive support to employers in these matters and advises in cases of doubt. When it is determined that an insurance is compulsory, the first question which arises is which health insurance fund could be responsible for providing health and nursing care insurance.

2.1 Health insurance options

The right to choose health insurance is liberal in form. Once an insurance obligation has been established, the person concerned can make their choice from among the health insurance funds.

Selectable health insurance funds

The following health insurance funds are available for persons subject to compulsory insurance and voluntary members of the SHI:

1. AOK of the employment location or residence location
2. for every substitute fund
3. the company health insurance fund when the said persons are employed in the company for which the company health insurance fund exists
4. any company or guild health insurance fund in the place of employment or residence, if the statutes so provide
5. the miners' social insurance

2 Training and Employment

6. the health insurance fund with which the said persons last had membership or family insurance
7. the health insurance fund with which the spouse or life partner is insured.

In addition to the alternatives already mentioned, students can choose the AOK company which is responsible for the place where the university is located.

Once a health insurance fund is chosen, there is a commitment period of twelve months, before the expiry of which no other fund can be chosen, provided there are no changes to the conditions of insurance. However, there are exceptions to this rule, for example when the chosen fund subsequently levies or increases an additional premium or when the reason for the compulsory insurance alters. If members of other health insurance funds wish to switch over to AOK, they will receive competent help from AOK's customer advisers about the necessary steps.

Exercising the right to select

There is fierce competition among health insurance funds to attract new members. Hence, the procedure for switching from one fund to another is laid down in law. The exercise of the right to select a health insurance fund must be declared to the chosen health insurance company. The right to select can be exercised after reaching the age of 15. A selection declaration, for

example to the employer, is ineffective. Utilising an electronic reporting procedure between the health insurance funds enables the selected health insurance fund to inform the previous health insurance fund. The latter confirms the end of membership to the selected health insurance fund within 14 days of receipt of the notification at the latest, depending on whether the commitment period has been completed or not.

There is an immediate right to select a health insurance fund when membership is terminated by law, for example due to termination of employment. The commitment period does not apply then. Since a new insurance obligation exists, there is therefore an immediate opportunity to select AOK.

If the insurance relationship remains unaltered, the commitment period for an alteration of the health insurance company must be observed.

Here too, the previous health insurance company is to be informed by AOK. The alteration is possible at the end of the next month but one, calculated from the month of the declaration. **(See example)**

Once the employee has informed his or her employer about the new health insurance fund, the employer registers the employee electronically with AOK, which electronically

Example

Selection of AOK and notification (by AOK) to the previous health insurance company	15th March
End of the month after next	31st Mai
Commencement of AOK membership	1st June

confirms the existence of the membership to the employer.

Please be aware: If a family insurance ends, the right to select AOK can be exercised immediately (for example, when the training or apprenticeship relationship begins), regardless of which insurance company the trainee or apprentice previously had family insurance with. The selection by the trainee or apprentice with AOK is completely sufficient for this.

AOK offers a free online training course on the subject of “health insurance choice”:
aok.de/fk/online-trainings

Special features of the right to select

AOK provides various selection tariffs. This therefore means that the member enters into a special contract. In such cases, the commitment period to AOK can be more than twelve months. The exact conditions for such additional rates can be viewed online at the individual AOKs.

In addition to the legally prescribed contribution rate, the health insurance funds charge an additional contribution of varying amounts depending on their financial requirements. If a health insurance fund introduces or increases this additional contribution, its members can switch to another health insurance fund without observing the twelve-month commitment period. This special right of termination means that the new health insurance company can be selected in the same month in which the additional contribution alters.

2.2 Starting your career

Every year, thousands of young people start a vocational training course. They have chosen a profession, applied for a job, and are now entering their training company full of expectations. Many new things are rushing in on those starting out on their careers: they often have to follow instructions for the first time in their professional career and are firmly integrated into a somewhat still new environment. As if that were not enough, in most cases they are subject to social insurance contributions for the first time. As a rule, they were covered by the statutory health insurance scheme through their parents as pupils prior to their training. However, compulsory insurance also applies when the parents have previously paid premiums into a private health insurance scheme.

Career starters can immediately select AOK.

Registration

At the start of the training relationship, employers register their trainees for social insurance. The first thing to bear in mind is that temporary jobs were not always pursued during holidays or on other occasions. If this is the case, a pension insurance number must be requested. The pension insurance number is also the prerequisite for the allocation of a nationwide standard ten-digit health insurance number. The data assigned in this process are preserved for a lifetime.

2 Training and Employment

For his or her insurance cover, the job starter selects a health insurance fund with which the training company must register him or her. This selection right option can be exercised from the age of 15. AOK provides comprehensive support for career starters during their first steps into working life. This begins with providing information about everything worth knowing about health and career choice in the context of school counselling. AOK provides training for job applicants and assists with many formalities. For example, anyone who attends school beyond the age of 17 needs a school time certificate for later recognition. AOK provides the forms and transmits the certificate, after confirmation by the school, to the German Pension Insurance.

In order to ensure that registration with AOK runs smoothly, the advisers take on the selection of AOK and inform the training company.

Incidentally: if the trainee is taken on after training, only a notification of the status alteration is required.

Contributions during training

Trainees are required to be included in all branches of social insurance, irrespective of the amount of their training allowance. The contributions are calculated on the basis of this remuneration. The trainee and the training company each pay half of the contributions, including the additional contribution, with the exception of the supplement for childless people for nursing care insurance (only after completion of the 23rd year of age). If the remuneration does not exceed EUR 325, the trainee is considered a low earner. In this case, the employer

must bear all the contributions alone. If, for example, a Christmas bonus is paid and the EUR 325 limit is exceeded as a result, the trainee and the training company share the contribution for remuneration above the EUR 325 limit. The minimum wage obligation, which is also in force for trainees, has meant that the low-income limit is only applied in rare cases.

As trainees, participants in dual courses of study are also included in the insurance obligation. In this case, the training company registers for social insurance and pays a training allowance, from which contributions are deducted accordingly.

2.3 Insurance of employees

The majority of the workforce are employed as workers in a company. This activity is determined by the fact that work is executed according to instructions, the employee is firmly integrated into an organisational process, a salary or wages paid for this and there is no personal risk to the success of the work. One often speaks of dependent work in contrast to freelancers or entrepreneurs, whose activity is not aimed at receiving pay but rather at making a profit.

In health, pension, unemployment and long-term care insurance, employees are generally subject to compulsory insurance. Employees are not always covered by compulsory insurance; a distinction is therefore made between those who are subject to compulsory insurance and those who are not.

2.3.1 Employees subject to compulsory insurance

Anyone who works in a company as a dependent employee according to instructions and receives remuneration for this work is generally included in the insurance obligation as an employee. This insurance obligation exists by law and cannot be circumvented by deviating agreements. Contractual provisions which seek to prevent the occurrence of the insurance obligation are invalid and must be corrected retroactively if necessary.

The distinction between dependent work and self-employment is not always simple. Companies sometimes try to subcontract work and avoid hiring the contractor as an employed person, thereby saving on labour costs and contributions. If such a contractor is uncertain whether their activity is still an employment relationship, a status determination procedure may be initiated. An application is submitted to the Deutsche Rentenversicherung Bund (German Pension Insurance Association). As a result, it is thereby determined whether an employment relationship subject to compulsory insurance exists. It is always recommended that companies and contractors apply for this procedure together. If an insurance obligation exists, this will generally apply from the time the decision is issued.

As a rule, the employer will, at the start of the engagement to work, check on whether insurance is compulsory and then take any necessary additional steps, such as registering with the health insurance fund.

Remuneration

The payment of salaries and wages is an important criterion for the presence of the insurance obligation. All income earned by an employee or worker in connection with employment is to be included in the remuneration. This includes not only wages or salary, but also other benefits provided by the employer such as benefits in kind. A basic distinction is made between regular and one-off payments. Holiday and Christmas bonuses are also included in the remuneration. Remuneration components which are used for an occupational pension scheme in the form of deferred compensation are also included in the remuneration when they exceed the limit for tax and contribution exemption.

Exceptions can be implemented when certain services provided by the employer are taxed at a flat rate by the employer, such as an allowance for employees' travel expenses. In the case of flat-rate taxation, this income is not included in the remuneration, with the result that no contributions have to be calculated for it.

 You can find a salary calculator at: aok.de/fk/gehaltsrechner

There is also a very significant difference between tax law and social security law. In the case of taxpayers' revenue, the accrual principle applies, i.e. tax only becomes due when the revenue is actually received. In social security law, however, the principle of origin applies. Under this system, the entitlement to contributions arises when the

activity is executed, irrespective of whether or not remuneration has been paid. However, this is more important for employers, as they have to pay contributions even when the salary has not been paid.

Contributions

Much of the social security revenue comes from contributions which are paid by employees and their employers. The level of an employee's contributions essentially depends on the level of remuneration they receive. Several factors are important for the calculation: contribution period (for which period are contributions to be paid, e.g. for a full month or part of a month?), income subject to contributions (on which assessment basis are contributions to be calculated?) and contribution rate (which contribution rate is to be applied?).

Together with the payroll accounting, employers also calculate the contributions. They include all insurance categories because, with the exception of contributions to accident insurance, all contributions are paid as a total social security contribution to the health insurance fund which is responsible for the respective employee.

Current due dates and further details can be found at: aok.de/fk/faelligkeit

For the assessment of the contributions, the remuneration with all its components is utilised. The general contribution rate usually applies. Employers calculate the employer's and employee's contributions and combine all the contributions of their employees who are insured with the same health insurance fund in one contribution statement. The employer is also liable to pay the health insurance fund. Overall, there is nothing to be done by employees here. All calculation and payment data must be stored so that the entire payroll accounting transaction is traceable. Employees are also informed in their pay slip of the amount of contributions paid.

You can find the current contributions and calculation parameters at: aok.de/fk/beitragssaetze

Notifications

Social security institutions require a lot of information. For example, the health insurance funds must know whether an employee is insured at all and for what period. Only then will an electronic health card be issued, with which benefits can be claimed. The pension insurance company requires the data on wages and salaries in order to calculate the pension later on. This information relating to the employment relationship is provided by the employer through the notification procedure. The employee is obliged to provide all information about the contents of the notification, for example personal data, information about the profession, qualifications and other matters.

The notifications are submitted for certain cases. Registration or deregistration takes place at the beginning and end of the employment relationship. If employment is interrupted for longer than one calendar month, for example due to illness, then this must be reported with the interruption notification. If an employee switches over to the AOK for the first time, the switch of health insurance fund must be reported to the previous health insurance company and the AOK, including deregistration and registration. The annual declaration is of great importance. If there is employment in the company beyond the end of the year, the employer reports the pay earned in the previous year. Among other things, this is a prerequisite for information on current pension entitlement.

In addition to these time-related aspects and remuneration, the notifications indicate the branches of social insurance for which insurance is compulsory and (via the contribution groups) which contribution rates are applied. The competent health insurance fund receives the notifications and forwards them to all insurance institutions which require the reported information. The classification terms for the clear allocation of the notifications are the pension insurance number of the employee and the company number of the employer.

For more information on the electronic notification procedure, see:
aok.de/arbeitgeber › **Sozialversicherung** › **Meldung zur Sozialversicherung**

2.3.2 Employees exempt from health insurance

In the employment of workers, as almost always in real life, there is no rule without exceptions. The basic obligation to insure dependent employees does not apply when employees achieve a particularly high wage in their employment. Then they should not necessarily be included in the health insurance.

The decisive factor for exemption from health insurance is the level of remuneration. However, in the event of a short-term increase in pay, e.g. because a large amount of overtime is worked in a limited period of time due to a good order situation in the company, there should be no alteration in insurance status. Freedom of insurance should exist in the long term. For this reason, an annual compulsory health insurance ceiling (annual earnings ceiling) has been set, which in principle will amount to EUR 66,000 in 2023.

How non-coverage is determined

If there is a change in the conditions of employment because the employee takes on a new task or his or her pay is increased for other reasons, employers check whether or not the obligation to take out insurance still applies. They therefore look one year in advance, from the time of the alteration, at what the annual salary will be and compare this result with the annual earnings ceiling (AEC limit). Irregular remuneration, such as an anniversary bonus and family-related bonuses, are not included. If the AEC limit is nevertheless exceeded, the insurance obligation ends at the end of the year in which the remuneration has altered, but only if the AEC limit of the following year is also exceeded.

If the compulsory insurance ends at the end of the year, the previous insurance with AOK automatically continues as voluntary insurance provided that the employee does not object. If, at the start of employment, a wage is already earned which exceeds the AEC limit, there is immediate freedom of insurance. In this case, it is recommended that the (future) employee contacts AOK beforehand in order to apply for voluntary insurance in good time, as in this case a seamlessly existing insurance obligation does not necessarily exist.

Contributions

If the salary exceeds the AEC limit, the limit for the assessment of contributions to health and long-term care insurance is also exceeded. This means that the ceiling must be utilised to calculate the contributions. This only does not apply if, for example, a non-contributory period must be considered when receiving sickness benefit. Then the maximum daily contribution is only taken into account for the remaining social security days.

Uninsured employees are responsible for paying their own contributions as voluntary members. They will receive a corresponding notification of contributions from AOK. Half of the contributions themselves are also not paid by the employer. However, to prevent disadvantages for the employee who is subject to compulsory insurance, the employer pays a contribution allowance to the employee, which is paid together

with the wage or salary. It must then be utilised to pay the contribution to AOK. The contribution allowance is limited to half of the contribution that would be payable if insurance were compulsory.

Large and medium-sized companies often provide a service for their non-insurance employees by transferring the contributions for voluntary insurance, together with the compulsory contributions, to the relevant health insurance funds (company payment procedure). The employee must declare their agreement to this. Payment of the contribution allowance is then not required.

Notifications

If employees change to the status of a non-insured employee, the employer deregisters them as a compulsory employee and then re-registers them as health insurance-free employees. This is shown by the contribution group 0 in the health insurance. Nothing will change for the other classes of insurance. If the employer implements the company payment procedure, they report the employees with contribution group 9 for health insurance to AOK. The latter then knows that the contributions are paid by the employer and does not keep a separate contribution account for the voluntarily insured employee.

2.3.3 Marginal employment

Employees can also be exempt from insurance when their employment does not exceed certain time or pay limits, i.e. when they are only marginally employed. Colloquially, the term mini-job has therefore prevailed.

One differentiates between low-paid and short-term employment.

Low-paid employment

In order to improve the household budget, or not to lose contact with the job, part-time jobs are often taken on a 520-euro basis. This is in effect a statement of the essential characteristic of low-paid employment — remuneration must not exceed EUR 520 per month. In principle, the weekly working time is not relevant. If this remuneration limit is met, the mini-job is exempt from insurance with the exception of pension insurance. Higher remuneration earned occasionally (for a maximum of three months per year) is not relevant.

If an additional payment is contractually agreed, for example an annual Christmas bonus, then the average monthly earnings must be calculated. So if EUR 520 is already being earned each month, such a special payment means that the employment is no longer a mini-job. A social security obligation comes into effect. If the current remuneration is below the mini-job limit, then the monthly remuneration and the special payment together must not exceed EUR 6,240.

Like other employees, mini-jobbers are entitled to payment of the statutory minimum wage of EUR 12.

It is not unusual to have several mini-jobs with different employers. The 520-euro limit may not be exceeded when the individual monthly salaries are added up, otherwise all individual mini-jobs become subject to insurance. Applicable to workers in a main job is: a mini-job on the side is permitted, but the main and mini-jobs are not added together. But as soon as another mini-job is added, then the second mini-job — with the exception of unemployment insurance — becomes subject to compulsory insurance.

Mini-jobbers are included in the compulsory pension insurance scheme. In doing so, they acquire all rights to pension insurance benefits, for example in the event of a reduction in earning capacity. When taking up a mini-job, the employee can be exempted from the pension insurance obligation. The exemption applies for the entire duration of the employment and cannot be revoked.

Contributions

In contrast to employment, which is subject to compulsory insurance, the contribution burden for mini-jobs is mainly borne by the employer. The employer pays flat-rate contributions from the monthly salary:

- 13% of the remuneration for health insurance
- 15% of the remuneration for pension insurance
- plus a flat-rate wage tax of 2%

Mini-jobbers pay the difference up to the current contribution rate to the pension insurance institution themselves when they cannot be exempted from the pension insurance obligation.

There are generally no contributions to unemployment and long-term care insurance.

Flat-rate contributions to health insurance are only payable by people with statutory health insurance. If the mini-jobber is not covered by statutory health insurance, no contributions are due.

For low-paid jobs in a private household, there are lower flat-rate contributions. They amount in each case to 5% of the salary for health insurance and pension insurance; the mini-jobber liable for pension insurance therefore must pay a higher personal contribution to pension insurance.

Details on the household cheque procedure can be found at:
aok.de/arbeitgeber › Sozialversicherung › Minijobs › Haushaltsscheckverfahren bei Minijobs in Privathaushalten

The employer will transfer the contributions to the mini-job centre. In addition, there are contributions to accident insurance and contributions to the sickness and maternity compensation scheme.

Short-term employment

Companies and shops are often looking for temporary staff to replace permanent staff during holidays or illness. In the context of such temporary workers, there is insurance exemption if the activity is agreed from the outset for a limited period. This applies if, within one calendar year, no more than 3 months or 70 working days are worked as a temporary worker. When determining the annual period, it must always be checked backwards from the beginning of the employment in question within the calendar year for whether temporary work has already been executed during this period. If this is the case, then only the “rest” of the remaining time up to the 3 months (90 calendar days) or 70 working days can be worked as short-term employment. If the timeframe is adhered to, it does not matter what the remuneration from the temporary employment is.

However, it should be noted that the temporary activity is not carried out “professionally”. This is understood to mean that it is not of economic importance, but that the character of the aid is paramount. Employment during the job search period (receipt of unemployment benefit, registered with the job centre as seeking employment) is considered to be professional work. This is also the case for school leavers, unless they are employed between their final examination and the start of their studies.

If a temporary worker also fulfils the conditions for low-paid employment, there is no need to check on professional status.

If an extension is agreed in the course of the temporary employment and the time limits are no longer observed as a result, social security contributions become compulsory from the date of the agreement.

There are no contributions in the case of short-term employment, nor are there any flat-rate contributions by the employer.

More information on mini-jobs can be found at: aok.de/arbeitgeber › Sozialversicherung › Minijobs

Notifications

For marginally employed people, the usual social security notifications must basically be submitted, i.e. registration at the start of employment, deregistration at the end of employment and corresponding remuneration notifications. The mini-jobber must provide the necessary information. However, no annual declarations are required for short-term marginal part-time employees.

There is also a special feature for employment in private households. Here, the employer uses the household cheque procedure, which is used to send notifications and contributions simultaneously.

The notifications are sent to the mini-job head office. The mini-jobber receives certificates regarding the reported data for their records.

2.3.4 Pensioners in employment

Withdrawal from employment and the onset of “(non-)retirement” are associated with major personal alterations and usually mean that the household budget is less well filled. But companies also have an interest in the continued employment of experienced and well-trained specialists. So it is no wonder that the number of the employed pensioners has already exceeded the one million mark. Most senior citizens work as mini-jobbers, but around a fifth of them are still in regular employment.

What do pensioners need to consider when they continue to work?

Additional earnings for pensioners

Retirees who continue to work may earn additional income without restrictions if they receive a retirement pension.

The supplementary income limit for pensions due to full reduction in earning capacity is EUR 17,823.75 (2023 West) or EUR 17,272.50 (2023 East) per year. The excess amount is deducted from the pension at a rate of 40%.

A pension for partial reduction in earning capacity can only be paid in full if the calendar-year supplementary income limit of EUR 35,647.50 (2023 West) or EUR 34,545 (2023 East) is not exceeded. The pension is reduced if the calendar-year supplementary income exceeds the supplementary income limit. Again, 40% of the amount exceeding the supplementary income limit leads to a pension reduction.

Contributions and insurance

Some special features apply to pensioners who continue to be employed. Employed full retirement pensioners are liable for pension insurance until they reach the standard retirement age. Once the standard age limit has been reached, freedom of pension insurance takes effect, although the employer must still pay their employer's contribution. The full pensioner can waive the exemption from pension insurance. They must declare this to their employer.

In the case of unemployment insurance, the employer also has to pay the employer's contribution from the time the standard age limit is reached.

Because pensioners are not entitled to sickness benefit when they become incapacitated while still employed, contributions from employment to health insurance are calculated at the reduced rate. Nursing care insurance continues to be compulsory, without any particularities in terms of contributions.

2.4 Insurance for students and trainees

2.4.1 Students

As long as an academic education is being completed, students and trainees are to be included in the social security system under favourable conditions. In most cases, the financial budget is meagre, which is why the expenditure on social security is to be kept to a minimum.

AOK provides inexpensive and comprehensive insurance cover and helps with the unavoidable formalities directly on campus at all major university locations.

Compulsory insurance during studies

Enrolment at a state-recognised university or university of applied sciences generally entails the obligation to take out insurance. A choice can be made between the AOK company of the place of residence or the AOK company of the university town. AOK issues an insurance certificate. This must be submitted to the university. Without this confirmation of existing health insurance coverage, registration is not possible. The certificate is also important when an application for BAföG (a federal student grant) is submitted.

Once enrolled, the student is registered by the university with AOK, and insurance cover is guaranteed. If the student has previously had private health insurance, the existing contract can be cancelled immediately when the insurance obligation applies. The insurance ends with the university's notification of deregistration. It is important to bear this in mind when there is a change of degree programme. Then, the same procedure of proof and registration must be followed again for new enrolment.

As a rule, the obligation to take out insurance as a student ends upon reaching the age of 30. An extension of the insurance is possible for personal or other reasons.

If studies are continued beyond the age of 30, voluntary health insurance can still be taken out with AOK on favourable conditions.

AOK offers free online training on “Employment of students”: aok.de/fk/online-trainings

Student health insurance

The contributions are designed to take the special economic situation of students into account. Therefore, the currently valid Bafög standard rate is applied as the basis for assessment. In addition, there is a particularly reduced contribution rate, so that a contribution of EUR 82.99 plus the individual additional contribution of the respective health insurance fund has to be paid since 1 October 2022. For long-term care insurance, EUR 24.77 are due until the age of 23 and EUR 27.61 thereafter, provided there are no children. For recipients of Bafög, an allowance is paid for health insurance and nursing care insurance.

The student is responsible for paying the contributions. Direct debiting is therefore perfectly sensible because the financial burden is distributed more evenly. Direct debiting therefore makes sense because the financial burden is spread more evenly.

Non-contributory alternative

Students should be able to concentrate primarily on their education. For this reason, the principle of the priority of compulsory insurance, which is otherwise characteristic of social security law, is broken in favour of this group of people. If family insurance through the parents or through the spouse or life partner is possible, students can take out health and nursing care insurance via this non-contributory alternative. In the case of insurance via the parents, this applies until the age of 25 at the latest. Here, too, there may be cases of extension for educational or personal reasons, which AOK's student advisers will inform you about in good time.

However, family insurance is tied to certain income limits. If these limits are exceeded, family insurance ends and compulsory student insurance resumes.

Working during the study period

Particularly in the large university locations, parental or state support is often insufficient to cover all the costs incurred during the study courses. That is why people like to work while they are studying. It is easier to find a job when the employer can also benefit from hiring a student in terms of contributions and taxes. Therefore, employment of “ordinary students” is exempt from insurance, with the exception of pension insurance.

2 Training and Employment

So what does the term “ordinary student” mean? When assessing whether employment as a working student remains free of insurance obligations, it is particularly important that the studies are the main focus of the activities. This criteria is generally fulfilled when

- the working time of the employment is not more than 20 hours per week; or
- the period of employment is limited from the outset to three months; or
- the employment is exercised exclusively during the semester break.

Study is also the priority when students work more than 20 hours a week, but mainly during the weekends or evenings when there are no lectures. However, the student cannot be said to appear to be a full student when the weekly working time is more than 20 hours, and this employment is performed without a time limit or is limited to a period of more than 26 weeks.

If the requirements of a working student are met, only pension insurance contributions are due. The employer registers their employed students with AOK using a special group key. But be careful: remuneration counts as income and can therefore lead to the exclusion of non-contributory family insurance. It must therefore be examined whether the remuneration obtained outweighs the advantage of non-contributory insurance. Low-paid jobs are unproblematic, because the limit of EUR 520 does not threaten the existence of family insurance. During a semester break, the focus is not however on studying. Any more than marginally paid jobs carried out during this time are always subject to compulsory insurance.

For employers to be able to employ a student trainee, they need a current certificate of study for their payroll records.

2.4.2 Interns

Internships have a variety of functions: they can serve to acquire practical professional knowledge within the framework of a course of study or other forms of training, they can provide initial insights into a profession or career and therefore support the choice of career, they can enable the deepening of practical skills after training or simply bridge a waiting period before starting work. Due to this diversity, internships must be viewed very differently in terms of their assessment under social security law.

For example, there are different regulations as to whether such a placement is completed before, after or during training.

It is also important whether or not the work placement is a prescribed component of training in the study or training regulations. However, the health insurance of the participants is limited to the time until they turn 30. A compulsory placement is also considered to be a prescribed placement when it exceeds the prescribed minimum duration, but there is still a connection between the work experience and studies. It can also play a role whether a salary is paid during the work experience and how much it is.

Pre-internship and post-study internship (in the sense of work placement)

If the pre- or post-practical training or internship is considered compulsory, it is therefore considered as employment for vocational training and leads to compulsory insurance in all branches of social security when remuneration is paid. Low-paid employment is then excluded. If the remuneration does not exceed EUR 325, the regulation for low earners applies and the employer alone bears the contributions.

If, on the other hand, no remuneration is paid, then the following applies:

- healthcare and nursing care insurance: special compulsory insurance for trainees; family insurance has priority
- pension insurance and unemployment insurance: compulsory insurance as an employee in vocational training, the employer pays contributions from a notional salary.

In a non-prescribed work placement, the rules for employment subject to compulsory insurance apply in principle. The rules for marginal employment apply. If the internship is only of limited duration, it may be a short-term employment. If the remuneration in a longer work placement does not exceed the mini-job limit, it is considered low-paid employment. If none of this applies, it is considered a normal employment as an employee.

If, on the other hand, no remuneration is paid, there is no worker status, and the work placement is generally exempt from insurance. Because the work placement is not an integral part of the training, insurance is not an option for participants.

Intermediate work experience

If a work experience is completed during training, it is a so-called intermediate work experience. When it is compulsory, i.e. thereby an integral part of the training, it always remains exempt from pension and unemployment insurance. Healthcare and nursing care insurance either are compulsory for students, or a possible family insurance has priority. If wages are paid, the employer must pay contributions. However, this has no significance for the trainee.

In the case of a non-prescribed intermediate work experience, the regulations for working students and for marginal employment apply. When the focus is not on studying during the work placement, because this takes up much more time than studying, this is considered to be an employment which does not involve compulsory insurance only when it fulfils the conditions of marginal employment.

Students in companies

Practical weeks initiated by the schools take place in companies and institutions for vocational orientation. During this time, only the lessons are transferred to the company practice. There is no employment relationship existing here. The case is different when students want to boost their pocket money during the holidays.

The employment of students or pupils is subject to the strict rules of the Youth Employment Protection Act. Working hours are limited and night work is not permitted. The employer requires a school certificate as proof of student or pupil status. For the purposes of social security,

pupil activities are in principle treated in the same way as the normal employment of workers. However, pupils at general education schools are not covered by unemployment insurance until the end of their school education time. Apart from the limitations required by youth employment protection, the regulations for low-paid jobs also apply to student jobs. Short-term employment is only possible for school leavers when the job is executed between leaving school and studying. Otherwise, the activities are considered to have been executed on a professional basis and short-term employment is therefore excluded.

Application of the minimum wage

A statutory minimum wage applies in Germany. Since 1 October 2022, it has been EUR 12 per hour worked. There are exceptions for a number of the aforementioned groups of people.

The minimum wage is not applicable in these cases:

- within the framework of work placements which are prescribed in the training regulations or by other regulations
- in work placements for orientation towards vocational or higher education, when their duration does not exceed three months
- in work placements of up to three months combined with vocational training or higher education
- in the context of introductory training for employment promotion
- for juveniles under 18 years of age without completed vocational training.

This therefore affects many internships and above all pupils' holiday jobs. There is no legal claim to the payment of the minimum wage in these cases.

2.5 Immigration to Germany

Germany has been recognised, as well as popular, as a country of immigration for many years. This is due not only to the stable economy and the acknowledged efficiency of the social system, but also to the fact that the country itself is doing something to encourage immigration. This, in turn, is deeply rooted in the demographic development over the past decades.

The Federal Government assumes that industry's demand for skilled labour cannot be fulfilled without immigration. According to one study, although the decline in the working population cannot be prevented, it can be slowed down by stable immigration rates. The prerequisite for such a forecast to come true, however, is that by 2030 at least 300,000 immigrants per year will come to Germany. Other studies, such as of the OECD, come to similar results, but with different numerical values. In the economy, the consequences of this development can be seen in the fact that vacancies with medium but distinctly practical requirements and an increasing number of apprenticeship or trainee positions cannot be filled. The bottom line remains: Germany needs immigration.

Statutory rules are designed to encourage immigration — not only from the EU.

The Employment Ordinance facilitates the immigration of skilled workers in training occupations. The prerequisites for the admission of these skilled workers are that the vocational qualification obtained abroad is equivalent to German training in accordance with the Recognition Act and that the occupation is included in the German Employment Agency's "positive list" of bottleneck occupations. This facilitates

access to the German labour market, especially for skilled workers from outside the EU countries. Through the Foreigners Employment Promotion Act regarding toleration in training and employment and, most recently, the skilled worker immigration act, additional opportunities for integration have been created.

AOK supports companies in recruiting foreign workers and provides important information, for example regarding the recognition of foreign vocational and training qualifications in Germany as well as regarding interstate law in the field of social insurance.

For immigrants, AOK provides important information about the conditions under which access to the labour market in Germany is possible, what is required for a residence and work permit and how social security for immigrants is made possible, including the necessary forms and applications. Information brochures are available in various languages.

Refugees should also make a medium to long-term contribution to securing skilled labour.

You can find more AOK information on the internet at aok.de/arbeitgeber › Sozialversicherung › Beschäftigung ausländischer Arbeitnehmer and in the brochure “Fachkräfte aus dem Ausland” from the series “gesundes unternehmen”

Summary

- Employees are registered by the employer for social security with the health insurance fund. The declarations include all data relevant to the implementation of social security.
- Employees with a salary above the compulsory insurance threshold are exempt from health insurance. They can continue their health insurance with AOK as voluntary members.
- Health insurance for students is subjected to special regulations, which guarantee cost-effective insurance cover.

3 Sickness and Continued Payment of Remuneration

Occupation and training are subject to one essential principle: employees or trainees perform their work and receive remuneration in return. But what if the work cannot be performed due to illness? Protecting sick workers is an essential component of social security systems and prevents people from experiencing hardship through no fault of their own when they fall ill.

As a rule, anyone who is employed on a paid basis is entitled to sickness benefit, which is intended to compensate for loss of earnings in the event of incapacity for work. AOK pays this sickness benefit and also provides comprehensive advice regarding measures which can promote rapid recovery.

However, before sickness benefit is paid, employers are obliged to continue to pay wages or salaries for a certain period of time as if the employee were still performing their work. This is prescribed by the Continued Remuneration Act. The law lays down the minimum requirements, but collective bargaining partners may create more favourable conditions for employees through collective agreements or company-internal agreements. If the salary continues to be paid, entitlement to sickness benefit is suspended. Employers' expenses for continuing to pay wages or salaries in case of illness are high. Every year, this generates costs of around EUR 40 billion nationwide.

3.1 Continued payment of wages

In principle, all employees in the Federal Republic of Germany are entitled to continued remuneration by the employer for a period of up to six weeks, irrespective of the extent of the weekly or monthly working hours to be worked. However, this entitlement exists only when the inability to work due to illness occurred through no fault of the employee. The entitlement to continued payment of remuneration does not arise until the employment relationship has existed for four weeks without interruption.

The illness must be so serious that it results in incapacity for work. On the other hand, employees are incapable of work when they can no longer perform the work as agreed in the employment contract as a result of illness or when they cannot reasonably be expected to perform it. This is already the case when there is a risk of the illness worsening or a relapse. A medically prescribed operation or the post-operative treatment of an operation (e.g. surgical removal of stitches and pins) is also the reason for being unable to work. An illness does not exist when, for example, a cosmetic operation is performed for cosmetic reasons alone and not to eliminate a state of mental or emotional suffering.

Continued payment of salary in case of illness can only be claimed when the incapacity to work due to illness is the sole

cause of the prevention of work. If employees are already prevented from performing their work for other reasons, for example during parental leave, there is also no entitlement to continued remuneration.

In the event of multiple illnesses, the entitlement arises for each individual illness for a maximum of six weeks. If the same illness recurs, the employer only continues to pay the salary for a total of six weeks. AOK notifies the employer of any pre-existing conditions that may possibly be taken into account.

The amount of the entitlement to continued remuneration is based on the remuneration which the employee would normally have received (without incapacity for work). All employees receive 100% of their remuneration in the event of illness and necessary convalescence. The remuneration paid for overtime is excluded from the continued payment of remuneration.

Special feature: if a person subject to compulsory insurance agrees to employment, for example only for eight weeks, there is no entitlement to continued remuneration for six weeks in this employment (because this only applies after four weeks of employment). The consequence: there is no entitlement to sickness benefit in this employment; only the reduced health insurance contribution rate is applicable.

3.2 Notification of illness

Every employee must immediately notify their employer of their incapacity for work and its probable duration. This can be done without observing any particular form. It is

generally performed by telephone or orally. The employee is not obliged to inform the employer about the nature of the illness and its symptoms.

Since 1 January 2023,, periods of incapacity for work have been documented paperless. In this case, the employer retrieves the incapacity for work data from the health insurance fund using the electronic procedure.

Anyone who fails to notify their employer of an incapacity for work is in breach of a fundamental contractual obligation. This can have far-reaching consequences.

- If the notification is not made, the employer can refuse to continue to pay remuneration, but if the information is submitted at a later date, the claim arises retroactively.
- If employers suffer damage or loss as a result of the unexcused absence, they can assert claims for compensation.
- In case of recurrence, failure to inform the employer can be a reason for termination of employment. However, the employee must be issued with a warning notice.

When the employer does not pay

In case of omitted information about the illness or if the employer has serious doubts about the inability for work, the continued payment of remuneration may not be made. In such cases, the employee is still covered, because AOK will then pay sickness benefit. This means that the employee receives 90% of their net remuneration. However, the right to continued payment of sickness benefit is transferred to the health insurance fund in the amount of the sickness benefit paid. This means: if the employer continues to pay the salary at a later date, they initially

reimburse the health insurance fund for the sickness benefit paid, and then the employee receives the difference up to the full net salary.

If the incapacity for work is the fault of a third party, the employee must assign his/her claim for compensation to the employer, since the employer has primary responsibility for compensating the loss of earnings.

Continued payment of remuneration in other cases

If a medically necessary rehabilitation measure, for example convalescence in a health resort, is taken, the same principles apply to continued payment as for an illness. If employees donate organs, tissue, or blood, they are also entitled to continued payment of remuneration for as long as they are prevented from working because of the removal operation itself and its consequences. The employer can have these expenses reimbursed by the health insurance fund with which the recipient is insured.

By the way: the Continued Remuneration Act not only applies to sickness-related absences, but also regulates the continued payment of remuneration on public holidays.

3.3 Compensation of employer's expenses

If an employer continues to pay remuneration because an employee falls ill, costs are incurred without any corresponding work being performed. In other words, the employer is without the revenues or earnings which arise from the work performance. This can lead to serious bottlenecks, especially in smaller companies. The expenditure

compensation act compensates for this overload.

AOK therefore has a pay-as-you-go fund for all employees insured with it, which largely compensates employers' expenses in the event of the employee's illness (U1 levy).

Note: Expenses due to pregnancy and maternity leave are in principle reimbursed to all employers regardless of the number of employees (U2 levy).

3.3.1 Participation in the compensation procedure

All companies which regularly employ no more than 30 employees must participate in the U1 levy. In determining how many employees are regularly employed, part-time workers are only included proportionally, while those who are undergoing training are not included at all. As a rule, the companies themselves determine their obligation to participate. If there is any uncertainty, AOK will help you determine this via its corporate client advisors or with the apportionment obligation calculator at aok.de/fk/tools. Employers in the public sector do not take part in this procedure because they cannot incur any financial risk by continuing to pay remuneration.

3.3.2 Financing

The appropriation is a purely employer insurance cover. The employees are not involved in raising the funds. According to a contribution rate which is laid down in the statutes of AOK's pay-as-you-go fund, each participating employer pays an amount which is calculated according to the pension insurance-liable earnings of all employees. This appropriation is recorded in the statement of contributions and transferred to the social security fund together with the

other contributions. AOK administers these funds as a special-purpose fund and utilises them to make the requested reimbursements to the employers.

3.3.3 Refunds from the U1 levy

AOK provides staggered levy rates. Depending on the degree of individual risk, the employer pays into the U1 fund at a different rate and receives a corresponding percentage of its expenses for continued remuneration as reimbursement. The refund must be applied for. This is performed by means of a computerised procedure by which employers submit their application. In doing so, they verify the number of sick days and the continued payment. AOK determines the reimbursement amount and transfers it to the employer.

The employer does not necessarily have to wait until the end of continued remuneration before submitting an application; they can also call up a partial amount in between. The only prerequisite is that the refund to be reimbursed has already been paid to the employee.

Summary

- Employees have financial security in the event of illness.
- If you are unable to work due to an illness, AOK pays sickness benefit as compensation for the loss of salary. Before that, the employer continues to pay the salary as if the employee were still working.
- The employee must notify the employer as soon as possible of the incapacity for work due to illness.
- AOK not only pays sickness benefit, but also supports rapid recovery through appropriate measures.

4 Maternity Protection and Parental Leave

The protection of unborn life is of great social importance, especially in the world of work. In this area, expectant mothers are the subject of a whole range of regulations which serve to protect the health of the mother and the protection of the unborn child. But job retention and financial security are also standardised by law. This is followed on with additional state funding, which offers young parents time and financial support for childcare.

4.1 Employment and maternity protection

The Maternity Protection Act applies to pregnant women and nursing mothers who are in an employment relationship. It includes extensive protection against dismissal during pregnancy and maternity. However, if the employment relationship ends due to a fixed term, this special protection against dismissal does not apply.

It is therefore important that the employer is informed in good time about the pregnancy and the expected date of delivery. This is not only about protection against dismissal, but also about the design of working conditions. For example, the lifting of heavy loads, the handling of hazardous substances and materials, piecework and much more must be excluded. The employer must in that case offer the pregnant woman another job which does not pose a risk to mother and child. For its part, the employer must report the pregnancy of female workers

to a supervisory authority which monitors maternity leave.

4.1.1 Maternity benefits

For expectant mothers in employment, there is a period of protection for the period of six weeks before delivery, the day of delivery and eight weeks after delivery. In the event of medically verified complications as well as premature and multiple births, the maternity leave is extended to twelve weeks after delivery. Maternity benefit is paid by AOK for this period. The expectant mother should therefore contact the AOK customer advisers in good time to apply for payment. This requires a medical certificate of the expected date of delivery. AOK then calculates the protection period and instructs payment of maternity benefit. This amounts to EUR 13 per calendar day. At the same time, it informs the employer about the course of the maternity leave. This is important because the employer pays the difference up to the net wage in addition, so there is no financial loss.

 You can find our deadline calculator at: aok.de/fk/fristenrechner

4.1.2 Employment prohibitions

The Maternity Protection Act defines the general prohibitions of employment within the continuing employment relationship and the requirements for the design of the workplace. However, the course of pregnancy is often accompanied by adverse health

effects for the mother or additional risks for the unborn child which cannot be remedied by the design of the working environment alone, especially when a high-risk pregnancy is involved. The law then provides for individual employment prohibitions which are solely based on the medically assessed reduction in performance or the risk to the child.

A medical certificate is required for such an individual employment ban. It may provide that employment can only be pursued to a limited extent or that further employment may no longer be pursued. In addition, the doctor's assessment must distinguish whether the incapacity for work is caused solely by the pregnancy or whether the expectant mother's illness is not directly due to the pregnancy. In the latter case, there is a normal entitlement to continued payment of remuneration due to illness. However, if the pregnancy alone is the cause of the loss of work performance, the employer must release the pregnant woman from work in whole or in part and pay a maternity protection wage.

The maternity protection wage represents taxable and contributory remuneration. As a rule, it corresponds at least to the average earnings of the last three months before the pregnancy. Losses due to the ban on piece work and assembly line work or overtime, Sunday and night work do not affect the calculation.

The same applies when the mother is working again but is still breastfeeding her child. In this case, restrictions in work performance as well as rest and breastfeeding breaks should have no influence on the amount of payment.

4.1.3 Refunds from the U2 levy

As with the employer's expenses for continued remuneration in the event of illness, there is also employer insurance for expenses arising from pregnancy and maternity. It is also regulated in the AAG (Employer Expenses Act) and is called U2 levy. All employers, except for the public sector, participate in this fund, irrespective of the number of workers they employ. Employers are liable to pay contributions even when they only employ men.

The levy is also financed solely by the employers. AOK is responsible for all employees who are insured with it. The fund and levy are calculated at a rate laid down in the statutes of the levy fund. The assessment basis for the levy amounts is the employees' pensionable pay. In contrast to U1, all wages and salaries which continued to be paid as occasioned by the protection periods and the employment prohibitions, as well as the employer's share of social security contributions, are reimbursed at 100%.

The refund is applied for via a computerised procedure and can include refunds for partial periods. This means that the employer does not have to wait until the protection period ends.

4.2 Parental leave

If notification is made in good time, parental leave under the Federal Parental Allowance and Parental Leave Act immediately follows the maternity protection period. After the end of the maternity leave, however, mothers can also return to work and take parental leave later. Parental leave is the right of employees to be released from their work performance requirement by their employer. Parents can also take parental leave together for the full

period or part thereof. Parental leave, which is to be taken until the child reaches the age of three, must be notified to the employer in writing at least seven weeks before it begins. At the same time, the period or periods for which parental leave is to be taken must be made binding for two years. Special protection against dismissal also applies to parental leave.

Part of the parental leave can be postponed until the child reaches the age of eight, for example, in order to be available for the phase when the child starts school. The entitlement also remains intact when the employer is changed in the meantime.

In addition to biological children, parental leave can also be utilised for adopted children, foster children and stepchildren, when they live in the same household and are effectively maintained. Parental leave can also be taken for grandchildren when one parent is a minor or is in education or training which began before the age of 18.

Protection during parental leave

During parental leave, there is an entitlement to parental allowance when the child is looked after in the child's own household. The parental allowance can be claimed during the first 14 months of the child's life. One parent can receive parental allowance for at least two and, at most, twelve months. If both parents apply for at least two months of parental allowance, then there are two bonus months, but only when the income of the other parent has also been reduced. The 14 monthly amounts of the parental allowance can be divided at will between the partners when both parents fulfil the eligibility criteria. Parental

allowance can also be claimed consecutively or simultaneously (then for seven months). The periods of receipt of maternity allowance (and employer's allowance) are counted as the mother's reference months.

The parental allowance amounts to a minimum of EUR 300 and a maximum of EUR 1,800. In principle, it amounts to 67% of the income earned in the twelve months preceding the birth of the child. For the mother, the periods of maternity leave are not included.

During parental leave, employment of up to 32 hours per week on average is permitted (applies to births on or after 1 September 2021; 30 hours per week applies to births on or before 31 August 2021). The remuneration thereby obtained reduces the basis for calculating the parental allowance. Only 67% of the difference between the part-time income and the income earned before the birth of the child is then paid.

The parental allowance can be utilised relatively flexibly in the first months of life. In order to extend the child-raising periods and to allow them to be organised more freely, parental allowance plus and even more flexible parental leave were introduced (applies to births from 1 July 2015). The principle is that both parents have reduced working hours for at least four months during parental leave and both bring up their child together. In this case, the period for which parental allowance is paid is doubled, but the amount paid is halved. This provides parents with a longer childcare period.

The insurance with AOK continues during this time. If no other income is earned apart from the parental allowance, no contributions are due. In the case of voluntary members, this applies when a family insurance policy could in principle be taken out during this period instead of the voluntary insurance. If this is not possible or if further income is available, contributions must be paid.

4.3 What AOK can provide during pregnancy and thereafter

Young families are in particularly good hands with AOK, because many offers, which exceed the statutory benefits catalogue, cover questions and services relating to pregnancy, birth and childcare. Initially, AOK takes over all necessary medical services for the new generation, the care by a midwife, the inpatient stay during delivery and much more. In addition, the following can be utilised:

- preventive medical check-ups for pregnant women
- prenatal courses
- pregnancy gymnastics
- AOK baby telephone
- subsidies for additional examinations during pregnancy
- medicine counselling for pregnant women
- advisor forum for parents & child
- AOK pregnancy newsletter
- personal local consultation
- medical information on the phone.

After the birth, our customer advisers assist with many things which need to be taken care of, such as applying for family insurance for the child or providing forms for applications for parental allowance or child benefit. A guide for expectant parents helps to coordinate the necessary visits to offices and institutions.

AOK also offers extended child examinations in the first years of life.

Summary

- AOK takes special care of young families. It therefore provides many additional benefits for expectant mothers, provides everything necessary in connection with the birth and ensures financial security within the protection periods.
- Parents receive help and support from AOK in taking advantage of the wide range of regulations regarding parental leave and their flexible design to improve the compatibility of family and career.



5 AOK Corporate Client Service

The employer media of AOK

Use our media mix optimally tailored to you. AOK's "gesundes unternehmen" media series supports you in your everyday working life with customised information and services. From the quarterly employer magazine and the monthly newsletter to online seminars or specialist brochures — the employer media from AOK provide you with up-to-date and in-depth information about changes and interesting facts from the areas of social insurance and health.

aok.de/fk/medien

5.1 AOK magazine

Four times a year, the employer magazine of AOK offers exciting reports and tips for your everyday business, news from the practice in the personnel office and information about company health management and healthy leadership.

aok.de/fk/magazin

5.2 AOK specialist brochures

AOK's specialist brochures are your reliable reference source for daily practice. Well-founded information on the current legal status is explained in a compact and practical way. Here you will find all important topics from the employment of older workers to continued remuneration, notifications, mini-jobs or maternity leave in a handy format. The AOK specialist brochures are updated annually and are up to date with the latest legislation. You can easily download the brochures online.

aok.de/fk/broschueren

5.3 AOK newsletter

Every month, your AOK keeps you up to date by e-mail and informs you about important topics, trends and changes in the areas of social insurance, business and workplace health promotion. As our newsletter is

optimised for mobile viewing, you can also read it on your smartphone while on the move.

aok.de/fk/newsletter

5.4 Further education with AOK

Online seminars

With the online seminars, we can provide you with an innovative and practical platform for your further education. The experts at AOK provide you with competent online information on the most important topics related to social insurance law and everything you need to know about health in your company. This year, we are offering attractive online seminars throughout Germany on data exchange in the remuneration compensation procedure; benefiting from diversity within the company; short-term employment; positive emotions at the workplace; compensation proceedings under the Continued Remuneration Act (U1 and U2); salary extras — remuneration and benefits in kind; skilled workers from abroad; engagement: requiring and supporting employees' strengths.

You can also take part in the Trends & Tips seminars for the turn of the year conveniently online.

aok.de/fk/online-seminare

Online seminars as video

The online seminars of AOK offer you a compact overview of important topics in the fields of social insurance and occupational health. We record the current online seminars for you. This way you can also watch the most important contents afterwards.

aok.de/fk/online-seminare-als-video

Online training courses

Whether you are at home or in the office, the free learning programmes AOK will help you to advance professionally. Improve your specialist knowledge through varied, time-sensitive and interactive learning units. Learn at your own pace with our free online training courses regarding company pension schemes, transition areas, immigration of skilled workers, student employment, basic social security knowledge and health insurance choice.

aok.de/fk/online-trainings

Are you familiar with AOK's online seminars?

Find
out more.

[aok.de/fk/
online-seminare](https://aok.de/fk/online-seminare)

2023 dates

March

Data exchange in the
EEL process

Benefiting from diversity
within the company

April

Short-term employments

May

Positive emotions at the
workplace

Compensation procedure
under the Continued
Remuneration Act
(U1 and U2)

June

Salary extras —
remuneration and benefits
in kind

September

Skilled workers from abroad

Engagement:
requiring and supporting
employees' strengths

November

Trends & Tips 2024

Strengthen collaboration
within the company



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