

COUNCIL
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FORM OF THE ANNUAL REPORT
ON THE EUROPEAN CODE OF SOCIAL SECURITY

DENMARK
Ministry of Employment
September 2016

Report submitted by the Government of Denmark covering the period 1 July 2015 – 30 June 2016.

REPORT

for the period from 1 July 2015.....to 30 June 2016
made by the Government of DENMARK in accordance
with Article 74 of the European Code of Social Security on the measures taken to give effect to the
accepted provisions of the Code whose instruments of ratification or of accession were deposited on
12 December 1972.....

This Report also covers the application of such provisions in the following non-metropolitan territories to which, in
conformity with Article 80, they have been declared applicable:

PART I
GENERAL PROVISIONS

Article 1

1. In this Code:

(a) the term "the Committee of Ministers" means the Committee Ministers of the Council of Europe;

(b) the term "the Committee" means the Committee of Experts on Social Security of the Council of Europe or such other Committee as the Committee of Ministers may designate to carry out the duties laid down in Article 2, paragraph 3; Article 74, paragraph 4, and Article 78, paragraph 3;

(c) the term "Secretary General" means the Secretary General of the Council of Europe;

(d) the term "prescribed" means determined by or in virtue of national laws or regulations

(e) the term "residence" means ordinary residence in the territory of the Contracting Party concerned and the term "resident" means a person ordinarily resident in the territory of the Contracting Party concerned;

(f) the term "wife" means a wife who is maintained by her husband;

(g) the term "widow" means a woman who was maintained by her husband at the time of his death;

(h) the term "child" means a child under school-leaving age or under 15 years of age, as may be prescribed;

(i) the term "qualifying period" means a period of contribution, or a period of employment, or a period of residence, or any combination thereof, as may be prescribed.

2.

General remark concerning calculation:

The annual wage of a skilled manual male employee in the iron and metal industry in 2014 is estimated at DKK 393,555 (based on full-time working week – 37 hours)

The annual wage of an ordinary (un-skilled) adult male labourer in the iron and metal industry was in 2014 is estimated at DKK 358,006 (based on full-time working week – 37 hours).

Source: Confederation of Danish Employers, 2014.

The average child allowance for two children per year is DKK 25.859.

THE LEGISLATION TO WHICH THE CODE RELATES IS AS FOLLOWS:

Re Part III - Benefits during sickness

Consolidated Act No 48 of 13 January 2016 on benefits during sickness etc. as amended by:

[Act No 624 of 8 June 2016](#)

[Act No 625 of June 2016](#)

[Act No 628 of 8 June 2016](#)

Administrative Orders:

[Order No 596 of 2 June 2016](#)
[Order No 1898 of 29 December 2015](#)
[Order No 1430 of 4 December 2015](#)
[Order No 1348 of 30 November 2015](#)
[Order No 1297 of 25 November 2015](#)
[Order No 1270 of 19 November 2015](#)
[Order No 1002 of 30 August 2015](#)
[Order No 880 of 10 July 2015](#)
[Order No 700 of 27 May 2015](#)
[Order No 6 of 8 January 2015](#)
[Order No 1562 of 23 December 2014](#)
[Order No 1561 of 23 December 2014](#)
[Order No 1421 of 16 December 2014](#)
[Order No 1416 of 16 December 2014](#)
[Order No 807 of 27 June 2014](#)
[Order No 1014 of 15. August 2013](#)
[Order No 1268 of 17 December 2012](#)
[Order No 728 of 29 June 2012](#)
[Order No 172 of 27 february 2012](#)
[Order No 1415 of 11 December 2007](#)

Re Part IV - Unemployment Benefit

Consolidated Act No 832 of 7 July 2015 on the Unemployment Insurance etc. as amended by:

[Act No 994 of 8 August 2015](#)
[Act No 1569 of 15 December 2015](#)
[Act No 395 of 2 May 2016](#)
[Act No 623 of 8 June 2016](#)
[Act No 624 of 8 June 2016](#)
[Act No 628 of 8 June 2016](#)

Administrative Orders:

[Order No 678 of 9 October 1991](#)
[Order No 1154 of 20 December 1995](#)
[Order No 294 of 12 May 1999](#)
[Order No 898 of 6 December 1999](#)
[Order No 902 of 9 December 1999](#)
[Order No 407 of 21 May 2001](#)
[Order No 561 of 4 July 2002](#)
[Order No 1211 of 18 December 2002](#)
[Order No 1270 of 22 December 2003](#)
[Order No 340 of 3 May 2005](#)
[Order No 1303 of 14 December 2005](#)
[Order No 1475 of 22 December 2005](#)
[Order No 1344 of 11 December 2009](#)
[Order No 358 of 27 April 2011](#)

[Order No 349 of 27 April 2011](#)
[Order No 370 of 28 April 2011](#)
[Order No 678 of 22 June 2011](#)
[Order No 692 of 23 June 2011](#)
[Order No 693 of 23 June 2011](#)
[Order No 201 of 1 March 2012](#)
[Order No 633 of 20 June 2012](#)
[Order No 1417 of 23 December 2012](#)
[Order No 723 of 20 June 2013](#)
[Order No 761 of 25 June 2013](#)
[Order No 1004 of 14 August 2013](#)
[Order No 1644 of 27 December 2013](#)
[Order No 1414 of 15 December 2014](#)
[Order No 1412 of 15 December 2014](#)
[Order No 1411 of 15 December 2014](#)
[Order No 1413 of 15 December 2014](#)
[Order No 1419 of 16 December 2014](#)
[Order No 1513 of 23 December 2014](#)
[Order No 163 of 19 February 2015](#)
[Order No 354 of 8 April 2015](#)
[Order No 700 of 27 May 2015](#)
[Order No 702 of 27 May 2015](#)
[Order No 701 of 27 May 2015](#)
[Order No 698 of 27 May 2015](#)
[Order No 949 of 19 August 2015](#)
[Order No 986 of 24 August 2015](#)
[Order No 1049 of 4 September 2015](#)
[Order No 1313 of 26 November 2015](#)
[Order No 1346 of 30 November 2015](#)
[Order No 1516 of 9 December 2015](#)
[Order No 1613 of 10 December 2015](#)
[Order No 468 of 20 May 2016](#)
[Order No 471 of 25 May 2016](#)
[Order No 596 of 2 June 2016](#)

Re Part VI Employment Injury Benefit

Consolidated Act No. 278 of March 14, 2013.

Subsequent amendments:

Act No. 472 of May 13, 2013
Act No. 615 of June 12, 2013
Act No. 639 of June 12, 2013
Act No. 268 of March 25, 2014
Act No. 403 of April 28, 2014
Act No. 1490 of December 23, 2014
Act No. 1810 of December 23, 2015

No. 1911 of December 21, 2015, on payment of expenses for transportation etc. in connection with medical treatment or examinations requested by the National Board of Industrial Injuries (Arbejdsskadestyrelsen) or the National Social Appeals Board (Ankestyrelsen).

No. 18 of January 13, 2015, on the list of occupational diseases reported before January 1, 2005.

No. 12 of January 13, 2015, on the list of occupational diseases reported on or later than January 1, 2005.

No. 1700 of December 15, 2015, on conversion of monthly payments into lump sums for industrial injuries before January 1, 2011.

No. 1664 of December 15, 2015, on conversion of monthly payments into lump sums in 2016 under the Workers' Compensation Act.

No. 1220 of October 30, 2015, on rates as per January 1, 2016, under the Workers' Compensation Act and the Act on Protection against the Consequences of Industrial Injuries.

No. 733 of June 25, 2010, on notification of accidents at work.

No. 605 of May 27, 2010, on the obligation of doctors and dentists to report occupational diseases to the Working Environment Authority (Arbejdstilsynet) and the National Board of Industrial Injuries (Arbejdsskadestyrelsen).

No. 1271 of October 26, 2007, on optional insurance with the Labour Market Occupational Diseases Fund (AES).

No. 659 of June 25, 2012, on reporting of certain types of cancer that may be work-related.

No. 999 of October 20, 2005, on payment of expenses for medical treatment and aids under the Workers' Compensation Act.

No. 998 of October 20, 2005, on the access of insurance companies and the Labour Market Occupational Diseases Fund to manage claims concerning payment of expenses for medical treatment and aids etc. under the Workers' Compensation Act.

No. 939 of November 26, 2003, on insurance against industrial injuries in connection with transportation to and from work.

No. 812 of September 29, 2003, on assessment of the annual wages of self-employed persons and assisting spouses.

Re Part VII - Family Benefit

Consolidated Act No. 609 of 3 June 2016 on a Child and Youth Allowance.
<https://www.retsinformation.dk/Forms/R0710.aspx?id=180134>

Consolidated Act No. 1095 of 7 October 2014 on Child Benefits and Advance Payment of Maintenance Support.
<https://www.retsinformation.dk/Forms/R0710.aspx?id=163340>

Subsequent amendments:

Act No. 574 of 10 June 2014

<https://www.retsinformation.dk/Forms/R0710.aspx?id=163644>

Act No. 999 of 30 August 2015

<https://www.retsinformation.dk/Forms/R0710.aspx?id=174084>

Order No. 1563 of 13 December 2013 on the child and youth allowance
<https://www.retsinformation.dk/Forms/R0710.aspx?id=160787>

Order No. 790 of 25 June 2014 on payment of child benefits and advance payment of maintenance support allowance.
<https://www.retsinformation.dk/Forms/R0710.aspx?id=163957>

Re Part VIII - Maternity Benefit

Consolidated Act No 571 of 29 April 2015 on benefits and leave during Maternity etc. as amended by:

[Act No 624 of 8 June 2016](#)

Administrative Orders:

[Order No 596 of 2 June 2016](#)

[Order No 6 of 8 January 2015](#)

[Order No 1416 of 16 December 2014](#)

[Order No 1268 of 17 December 2012](#)

[Order No 1110 of 26 November 2012](#)

[Order No 1109 of 26 November 2012](#)

[Order No 1415 of 11 December 2007](#)

Re Parts V and IX - Old Age Pension and Invalidity Benefit

Consolidated Act. No. 10 of 12 January 2015 on social pensions.
<https://www.retsinformation.dk/forms/R0710.aspx?id=165512>

This Act consolidates the law on social pensions. cf. Consolidated Act. No. 982 of 2 October 2009

Incorporating the following amendments as previously adopted:

Act No. 174 of 24 February 2015,
<https://www.retsinformation.dk/Forms/R0710.aspx?id=168372>
Act No. 742 of 1 June 2015, <https://www.retsinformation.dk/Forms/R0710.aspx?id=170574>
Act No. 995 of 30 August 2015,
<https://www.retsinformation.dk/Forms/R0710.aspx?id=174050>
Act No. 994 of 30 August 2015,
<https://www.retsinformation.dk/Forms/R0710.aspx?id=174051>
Act No. 1000 of 30 August 2015,
<https://www.retsinformation.dk/Forms/R0710.aspx?id=174123>
Act No. 1810 of 23 December 2015,
<https://www.retsinformation.dk/Forms/R0710.aspx?id=176727>
Act No. 456 of 25 May 2016, <https://www.retsinformation.dk/Forms/R0710.aspx?id=180300>
Act No. 625 of 08 June 2016, <https://www.retsinformation.dk/Forms/R0710.aspx?id=180300>

Order No. 491 of 27 May 2016

PART II

MEDICAL CARE

Universal access to health care is the underlying principle inscribed in Denmark's Health Law which sets out the government's obligation to promote public health and to prevent and treat illness, suffering, and functional limitations. Other core principles include high quality; easy and equal access to care; seamless care; choice; transparency; access to information; and short waiting times for care. The law also assigns responsibility to regions and municipalities for delivering health services.

The national government sets the regulatory framework for health services and is in charge of general planning and supervision. Five administrative regions governed by democratically elected councils are responsible for the planning and delivery of specialized services, but also have tasks related to specialized social care and coordination.

The regions own, manage, and finance hospitals and the majority of services delivered by general practitioners (GPs), office-based specialists, physiotherapists, dentists, and pharmacists.

Municipalities are responsible for financing and delivering nursing home care, home nurses, some dental services, school health services, home help, and treatment for drug and alcohol abuse. Municipalities are also responsible for general prevention and rehabilitation tasks; the regions are responsible for specialized rehabilitation.

Article 8

Publicly financed healthcare covers all primary, specialist, hospital, and preventive care, as well as mental health and long-term care services.

A pregnant woman may obtain prenatal care from her family doctor and from a midwife at a public hospital. A midwife and her doctor offer her several examinations before and immediately after delivery.

Home care and hospice care are organized and financed by the regions as described below.

Article 9

Sub-paragraph c

All registered Danish residents are automatically entitled to publicly financed healthcare, which is largely free of charge at the point of use.

A.

A. Number of residents protected

5.6 million

B. Total number of residents

5.6 million

C. Number of residents protected (A) per cent of total number of residents (B)

100%

Article 10

1. The benefit shall include at least:

i. General practitioners care, including domiciliary visiting;

The general practitioners (GP) occupy a central position in the healthcare system. The GP's are the patients' primary contact with the health service and must ensure that the patient is given the right treatment and is referred to the right professionals in the health service. The GP is thus a coordinator with professional responsibility for referring patients to hospitals, specialists and other professionals.

When prescribed by a GP, municipalities are to provide home nursing free of charge. Moreover, the municipalities are obliged to provide all necessary appliances free of charge. Home nursing provides treatment and nursing at home to residents, who are temporarily or chronically ill or dying.

ii. specialist care at hospitals for in-patients and out-patients and such specialist care as may be available outside hospitals;

Outpatient specialist care is delivered through hospital-based ambulatory clinics (fully integrated and funded, as are other public hospital services) or by self-employed specialists in privately owned facilities. Residents are entitled to free medical assistance from specialists provided that they are referred by their general practitioner.

iii. the essential pharmaceutical supplies as prescribed by medical or other qualified practitioners; and

Pharmaceuticals used in public hospital sector are provided and paid for by the regions, who are responsible for the hospitals and pharmacies at hospitals. The hospital sector decides and makes guidelines for the pharmaceutical products used and makes tenders to control pharmaceutical expenditures.

Outpatient pharmaceutical products are handled by private pharmacies, who are administered through a licensing system. Private pharmacies have the monopoly on the sale to consumers of prescription-only medicines and some over-the-counter (OTC) medicines. A number of OTC-medicines can be sold by pharmacies as well as other shops. The pharmacy mark-up is regulated by law. Pharmacies receive a dispensary fee whenever they sell a prescribed product, i.e. prescription-only medicines and OTC-medicines sold on prescription. The value-added tax (VAT) rate for medicines is the same as the standard rate (25%). Because both the mark-up and

dispensary fee is a fixed amount of money for medicines sold on prescription, the pharmacies do not have any influence on the pharmaceutical products sold.

The pharmacies are obliged to choose the cheapest alternative with the same active ingredient. Patients may choose more expensive medicines, but they have to pay the difference.

iv. hospitalisation where necessary; and

Residents are automatically entitled to publicly financed hospitalization when necessary. Most hospital beds are publicly owned and patients can choose among public hospitals upon referral, and payment follows the patient to the receiving hospital if it is located in another region.

(b) in the case of pregnancy, confinement and their consequences,

i. pre-natal, confinement and post-natal care either by medical practitioners or by qualified midwives; and

A pregnant woman may obtain prenatal care from her family doctor and from a midwife at a public hospital. Patients are offered several examinations before and immediately after delivery. During pregnancy further prenatal diagnostic screening is offered to women where it is deemed relevant.

The municipal health authorities are notified of all births and offer the mother and child healthcare from a visiting public health nurse. Each child is visited several times during its first year depending on the need of the individual child and/or family.

ii. hospitalisation where necessary.

A woman may choose to give birth in a hospital or at home.

2. The beneficiary or his breadwinner may be required to share in the costs of the medical care the beneficiary receives in respect of a morbid condition; the rules concerning such cost-sharing shall be so designed as to avoid hardship.

There is no cost-sharing for hospital and primary care services. Cost-sharing is applied to dental care for those aged 18 and older (coinsurance of 35% to 60% of total cost), outpatient prescriptions, and corrective lenses. Out-of-pocket payments represented 12.4 percent of total health expenditures in 2013 (OECD 2014), covering mostly outpatient drugs, corrective lenses, hearing aids, and doctor and dental care. Patients with outpatient medicine expenses of more than 3.880 DKK (521 EUR) per year receive 100 pct. reimbursement when purchasing reimbursable pharmaceuticals after their expenses have reached the threshold of 3.880 DKK. Private specialists, hospitals, and dentists are free to set their own fees for patients not covered by public funding.

3. The benefit provided in accordance with this Article shall be afforded with a view to maintaining, restoring or improving the health of the person protected and his ability to work and to attend to his personal needs.

Pharmaceuticals: Denmark has extensive reimbursement schemes for pharmaceuticals. The predominant scheme is a needs-based reimbursement scheme allocating public reimbursement to those patients that have the largest (and well-documented) consumption of prescribed and over-the-counter medicines and who consequently have the largest expenses.

All hospital treatment in public hospitals, including medicines, is provided free of charge to the patient. All hospital expenditures including medicine treatment are funded by the five Danish regions (tax financed).

Much prescribed medicine in Denmark comes with general reimbursement. General reimbursement means that patients receive reimbursement automatically when they buy medicine. Patients do not need a special authorization to obtain general reimbursement, but for some medicines other conditions must be met (for example it may be required that the patient belongs to a certain patient group or suffers from a certain disease).

General reimbursement is funded by the Danish regions. Patients can receive reimbursement if they are covered by the national health insurance in Denmark and have a health insurance card. To be covered by the national health insurance the patient's official residence will have to be in Denmark.

In some cases, patients can get individual reimbursement for medicine; i.e. reimbursement which is awarded to the patients personally. It is the patient's doctor who assesses the need and applies to the Danish Medicines Agency for individual reimbursement. Like general reimbursement, the Danish regions pay for individual reimbursement.

In some cases, patients can also receive a subsidy from their municipality of residence. These are called social subsidies and are granted pursuant to the Danish Social Pension Act, the Danish Active Social Policy Act or the Danish Social Service Act.

As mentioned, the reimbursement system in Denmark is based on individual need, and the reimbursement rates for pharmaceuticals depends on a given patient's prior consumption of medicine within an individual reimbursement period of one year. E.g. the reimbursed amount depends on the total expenses - calculated on the basis of reimbursement prices of pharmaceuticals which the given patient has purchased within a period of one year. The reimbursement rates— i.e. the limits to how much patients must pay themselves for medicine and how much the Danish regions subsidise – are adjusted annually.

- If a patient's expenditure exceeds DKK 935 but is below DKK 1,535 within a year, 50 percent of the expenditure between DKK 935 and 1,535 is to be reimbursed.
- If a patient's expenditure is between DKK 1,535 and 3,325, 75 percent of the expenditure between DKK 1,535 and 3,325 is to be reimbursed.
- If expenditure for reimbursable pharmaceuticals is between DKK 3,325 and 3.880, 85 percent of the expenditure is to be reimbursed.

- And if expenditure for reimbursable pharmaceuticals exceeds DKK 3.880, the amount exceeding DKK 3.880 is to be reimbursed at the rate of 100 percent.

The size of reimbursement is calculated on the basis of the cheapest generic medicine. If patients choose to buy a more expensive medicine, they will have to pay the difference between the price of the medicine and the reimbursement price themselves.

Dental care: Residents are entitled to public subsidies covering expenses for dental care. These subsidies comprise prevention as well as certain treatments.

Special subsidies are provided to groups of patients with extraordinary needs for dental care as a result of certain diseases or disabilities.

The municipalities are required to provide dental care for residents who, as a consequence of reduced mobility or considerable physical or mental disabilities are having difficulties using the regular dental care services.

Nutrition: Residents are entitled to public subsidies covering expenses for special nutritive preparations prescribed by a physician in connection with illness.

Physiotherapeutic treatment: Residents are, on the recommendation of a physician, entitled to public subsidies covering expenses for physiotherapeutic treatment.

Physiotherapy as part of hospital treatment is free of charge. Furthermore physiotherapy is offered free of charge for seriously disabled persons.

Psychological treatment: On prescription of a physician certain groups of risk are entitled to public subsidies covering expenses for treatment by a psychologist.

Chiropodic treatment: On prescription of a physician diabetics and certain other groups of patients are entitled to public subsidies covering expenses for treatment by a chiropodist.

Chiropractic treatment: Residents are entitled to public subsidies covering expenses for certain treatments by a chiropractor.

Glasses: On the first acquisition of glasses and when a change of lenses or frame is necessary, children under the age of 16 are entitled to public subsidies covering expenses of lenses and frame.

Treatment in other EU-/ EEA-states: Citizens in Denmark entitled to The European Health Insurance Card by EU-legislation ([http://eur-lex.europa.eu/legal-content/DA/TXT/?uri=celex:32004R0883R\(01\)](http://eur-lex.europa.eu/legal-content/DA/TXT/?uri=celex:32004R0883R(01))) can have expenses to medical treatment covered from the Danish health care system during travels in the EU, Norway, Iceland, Liechtenstein (EEA), or Switzerland. The scheme entitles to the same public treatment and coverage as the local citizens. The scheme will not cover medical treatment outside the EU/EEA and Switzerland. Here, private travel insurance is needed to avoid self-payment for medical treatment.

Transportation: Residents, especially those in receipt of an old age or anticipatory pension, or if the distance to the location of treatment exceeds 50 km (only in the case

of specialist treatment) or in the case of acute emergency treatment may normally in the event of illness get reimbursed for expenses of necessary transportation between their homes and the physician.

Funeral benefit: Municipalities are required to provide funeral benefit depending on the financial circumstances of the deceased and his or her surviving relatives.

A.

As outlined in Article 7 the state holds the overall regulatory and supervisory functions in Denmark, while the regions and municipalities are responsible for providing the healthcare services. This means that the regions and municipalities can adjust their services according to regional needs and available facilities within the financial and national legal framework. Thus the nature of the benefits provided (including the pharmaceutical supplies provided and the services provided in case of hospitalisation) are determined by the relevant region or municipality and can vary across different regions and municipalities.

General practitioners care, including home visits:

General practitioners care services are provided free of charge. Moreover, when prescribed by a GP, municipalities are to provide home nursing free of charge.

Specialist care at hospitals for in-patients and out-patients and such specialist care as may be available outside hospitals:

All specialist care at hospitals for in-patients and out-patients are provided free of charge. Specialist care available outside hospitals is free of charge upon referral from a GP for residents covered by group 1. Note, that 98.5% of the Danish population chooses to be covered by group 1. Patients covered by group 2 may visit any specialist without referral, but are subject to co-payments for any expenses exceeding the fees for similar assistance to residents covered by Group 1.

The essential pharmaceutical supplies as prescribed by medical or other qualified practitioners:

Please see the section regarding pharmaceuticals in paragraph 1 b for in detail information on the Danish reimbursement schemes for pharmaceuticals.

Hospitalization where necessary:

In Denmark, hospitalization is provided free of charge.

Cost sharing is not required in the case of pregnancy and confinement and their consequences, reference to Article 8

A. Please state in detail what measures are taken to give effect to the provisions of paragraphs 3 and 4 of this Article.

Reference is made to paragraph 3 and 4.

Article 11

Residents are automatically entitled to publicly financed health care, which is largely free of charge at the point of use. You are considered a resident, when you have lived in Denmark for three months and are registered in the Civil Registration System.

Article 12

If you are not considered a Danish resident, you are not entitled to publicly financed healthcare in Denmark except if you are admitted to hospital in case of an emergency.

PART III

SICKNESS BENEFIT
(Articles 13-18)

Article 13 and 14

The general principle of the Sickness Benefit Act is that sickness benefit is paid by way of compensation in the event of loss of earning capacity owing to sickness, including injury.

The overriding purpose of the law is to ensure that a person, who cannot work due to sickness, shall receive both benefit and an initiative, to secure that the sick person will be able to work as soon as possible.

The rules on sickness benefit apply to:

- (a) All employees
- (b) Self-employed persons
- (c) Persons receiving unemployment benefit
- (d) Persons with an injury covered by the industrial injury legislation

Sickness benefit is normally granted on the condition that the person concerned is liable to taxation and resident in Denmark. The Act makes a distinction between benefit payable to employed persons and self-employed persons.

The sickness benefit scheme is administered and paid by the local authorities. The local authorities' costs for the first 4 weeks of sickness are partially refunded by the state. The state refunds 80 pct. of the costs in this period. After 4 weeks and until the 26th week, the state refunds 40 pct. of the costs. From the 27th week and until the 52th week the state refunds 30 pct. of the costs. From the 53th week the state refunds 20 pct.

1) Employed persons

If the employed person is absent from work due to sickness and does not receive pay during sickness he is entitled to sickness benefit payable by the employer for a maximum period of 30 days as from the first day of sickness. The employer's duty to pay sickness benefit is subject to the condition that the employed person has been employed for a period of 8 weeks prior to his illness and during that period has been employed for a minimum of 74 hours. Where a sickness period lasts longer than 30 days, the duty to pay benefit is normally transferred to the local authorities on the conditions described below under Article 17.

Sickness benefit is calculated on the basis of the hourly pay for which the employed person would have qualified during the period of absence owing the sickness. The hourly benefit is 100% of the hourly pay, subject to a maximum of DKK 112.97 (DKK 4,180 per week).

A private employer, whose total annual wage cost does not exceed a certain limit, can join an insurance scheme under the auspices of the Ministry of Employment. By joining the insurance scheme the employer can from the second day of the employed persons sickness and the rest of the period of 30 days get an amount refunded corresponding with the sickness benefit that the employed person is entitled to receive from the employer. The insurance scheme is partly financed by the State.

An employer may also be relieved from his duty to pay benefit by entering into agreement with an employed person accepted by the local authorities if it is certified that the employed person has a risk of periods of absence owing to a long-term chronic disease.

2) Self-employed persons

Self-employed persons are entitled to sickness benefit after a period of sickness of 2 weeks. Sickness benefit is paid on the basis of the calculated profit of the business, however, subject to the maximum amount of sickness benefit.

Sickness benefit payable to an assisting spouse is calculated on the basis of the share of the profit of the business, which for taxation purposes is transferred to the assisting spouse.

A self-employed person and an assisting spouse may secure sickness benefit in respect of the first 2 weeks of sickness by taking out a voluntary insurance under the auspices of the Ministry of Employment.

Article 15

A. Recourse to sub-paragraph (b).

B. Employed persons, persons receiving unemployment benefit, self-employed persons and self-employed persons' assisting spouses, and persons with an injury covered by the industrial injury legislation are protected in accordance with the provisions of the article.

C.

TITLE II

A. Number of economically active persons protected:

2.861.000 in 2015

B. Total number of residents:

5.707.251 in 2016

C. Total number of economically active persons per cent of total number of residents:

50 per cent

The statistical data are from Statistikbanken in Danmarks Statistik.

Article 16

Title I under Article 67:

In the case of *employees*, sickness benefit is calculated on the basis of the hourly wage that the sick person would otherwise have been entitled to during the period of sickness after payment of labour market contribution.

Sickness benefit may, as a maximum, amount to DKK 4,180 per week. The hourly benefit may as a maximum constitute the maximum sickness benefit amount, i.e. DKK 4,180 divided by the ordinary weekly working time (37 hours), i.e. an amount of DKK 112.97.

In the case of *part-time workers*, sickness benefit is calculated on the basis of number of hours worked per working day and the current hourly pay, subject to the maximum hours.

Special rules apply in the case of employees with unknown working hours, with shift work schemes or with varying earnings.

In the case of *self-employed persons*, sickness benefit is calculated on the basis of income from the self-employed activity and they can be entitled to full sickness benefit, $\frac{3}{4}$ of full benefit or half of full benefit dependent of how many hours they are able to work.

Title II -IV under Article 67:

(Annual amount as at 1 January 2016)

The average wage of an adult skilled male worker	Reference to the general remarks concerning calculation
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The average wage of an adult un-skilled male worker	Reference to the general remarks concerning calculation
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C. Annual amount of sickness benefit	DKK 217.360
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D.-F. As to amounts of family allowances reference to part VII	Reference to part the informations under VII Family Benefit
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Title V:

Reference to title II under Article 15, C, above.

Article 17

The conditions for entitlement to sickness benefit *from the local authority* are:

For *employees*:

- They must have been in employed for at least 240 hours during the last 6 months before the commencement of the sickness period. The hours of working must be apportioned so that 5 of the 6 months have at least 40 hours of work, or
- They must be a member of a recognised unemployment insurance fund and satisfy the conditions for entitlement to unemployment benefit in the event of unemployment, or

- They must be entitled the labour market benefit (a temporary benefit payable to persons who have lost the right to unemployment benefit), or
- They must have completed vocational training of at least 18 months' duration within the last month, or
- They work under the "flexijob- scheme" (special jobs for persons with reduced work capacity where the employer receives subsidies from the municipality), or
- Be a student who is a working trainee receiving pay, in an education that is statutory by law.

For self-employed persons:

They must within the last 12 months have carried out their activity as self-employed persons to a considerable extent for at least six months including the last month prior to the absence due to sickness. Employment to a significant extent means that the average weekly working time must correspond to half of the full normal weekly working hours of 37 hours (i.e. 18½ hours).

Self-employed persons may choose to join a special insurance scheme for self-employed persons so that they will also be entitled to sickness benefit during the first two weeks of the sickness period. The insurance scheme is partly financed by the State.

Article 18

1 In principle sickness benefit is a short-term benefit. The local social and health department must currently (every 4 weeks) consider, if payment of sickness benefit should continue, or if other measures should be initiated e.g. rehabilitation or payment of a social pension. Incapacity for work must be controlled by way of a medical certificate. There is a general limit to the duration of payment of sickness benefit, which is 22 weeks within a period of 9 months.

In special cases the period of payment of sickness benefit may be prolonged, for instance in the following situations:

- if there is a strong probability that vocational rehabilitation measures will be initiated,
- if it is considered necessary to carry out a test of the sick person's working capacity or to take other measures, the sickness benefit can be prolonged with a maximum of 69 weeks,
- if the sick persons is undergoing or awaiting medical treatment that is expected to restore the working capacity within 134 weeks,
- if the local authorities has estimated that the sick person must be dealt with in the activation team, with a view to decide if the person can obtain a resource assessment process, a flexijob or anticipatory social pension,
- the person has a serious, lethal illness, determined by a doctor,
- if a case has been brought for compensation under the industrial injury legislation, or
- if an application has been filed for anticipatory social pension.

If the person reaches the limit of 22 weeks within a period of 9 months, and is not able to be prolonged, but is still unable to work due to incapacity for work, the person can be offered a job assessment process with benefits payable during a process focusing on resources.

Furthermore, a person who has the right to a job assessment process with benefits payable during a process focusing on resources, who is diagnosed with a life-threatening, and severe disease, can for a limited period (until 31 of December 2017) choose to resume the sickness benefits. The right to sickness benefit will stop, when the sick persons condition cease being life-threatening and severe.

The right to sickness benefit may earlier lapse if the sick person refuses to participate in appropriate retraining measures for the purpose of regaining his/her working capacity if such measures have been recommended by a doctor or the municipal authorities and in cases where the sick person delays recovery by his/her own conduct. Sickness benefit will also lapse if the sick person has not duly reported the sickness or submitted any documentation required as well as in the case of failure to participate in other municipal follow-up measures without due cause.

The right to sickness benefit will lapse as long as the person who is reported sick refuses to be hospitalised or to undergo necessary medical treatment at the request of the doctor. In a limited period (until 30 June 2019), the sick person can in some cases have the right to refuse a treatment, requested by a doctor, without consequences for the right to receive sickness benefit.

The right to sickness benefit from *the employer* will lapse if the sickness of the employee has been brought on wilfully or by gross negligence or has occurred during periods of strike or lockout. Sickness benefit will also lapse if the employee has failed to disclose any health matters of importance to the employment relationship, including the employer's possibility of concluding an agreement concerning reimbursement of sickness benefit.

As far as the rules of the follow up on sickness benefit is concerned we inform you that the daily cash benefit reform introduced new rules on follow up measures, where such measures start earlier. The purpose of early intervention is to give the sick citizens the best possible chance to return to work.

It is, however, important to underline that the follow up measures take place in cooperation with the sick person and that the measures should always be adjusted to the situation and requirements of the sick person as well as the person's health conditions and resources.

With the new rules three new categories have been introduced, placing the sick person according to the measures which the local authorities dispose of. The new model is to ensure that the resources are used in a targeted way in respect of the sick persons who are most in need of support (persons registered absent for more than 8 weeks), and that sick persons with shorter period of absence (under 8 weeks) will be given minimum attention.

Sick persons who are in employment must be offered work based intervention which may support them in maintaining their job. The measures of the local authorities should take relevant tools supporting the individual sick person into consideration in order for him/her to maintain contact to the place of work and retain his/her job. Gradual return to the labour

market – to the job – is the tool which is considered most important for person in employment, fx by way of practice in a business/enterprise.

As far unemployed sick persons are concerned the goal is to retain the focus on the job and labour market and the best tool is to start work working reduced hours or by way of wage subsidy schemes. Moreover guidance and upgrading of qualifications may be another tool.

Standby scheme:

The local authorities may also follow up without having any contact to the sick person.

Citizens having a serious diagnosis, as e.g.cancer, may use the standby scheme, which is an offer to citizens with serious and fatal illness in which case it is not possible for the citizen to meet for an appointment at the job centre. Person on the standby scheme should not receive any offers for activation.

PART IV

PART IV

UNEMPLOYMENT BENEFIT

(Article 19-24)

Article 19

The unemployment insurance system which is a voluntary scheme - is administered by private unemployment insurance funds. The funds are private associations of employees or self-employed persons who have joined in an association for the purpose of ensuring economic support for the members in the event of unemployment.

There are 25 state-recognised unemployment insurance funds with approx. 2,200,000 members. Some of the unemployment insurance funds are closely connected with the trade unions and other occupational organisations, but there is no requirement as to membership of such an organisation in order to become a member of an unemployment insurance fund.

The unemployment insurance system is financed through membership contributions and reimbursement from the state and the municipalities. The membership contribution corresponds to an annual amount which is 4.8 times the maximum rate of daily cash benefits - for 2016 DKK 4,008 per year.

Membership of an unemployment insurance fund is a condition for the entitlement to unemployment benefits in the event of unemployment. Persons who are between 18 and 2 years before their old-age pension¹ and are residing in Denmark are entitled to be admitted as a member of an unemployment insurance fund provided that they satisfy certain conditions.

In connection with dismissal, temporary lay-offs, termination of piece-rate work for a specified period of time, etc. the employer shall pay unemployment benefit compensation to members of an unemployment insurance fund for the first three days of unemployment. If the duration of the employment is less than 3 months, the employer is required to pay unemployment benefit compensation for the first two days of unemployment.

Article 20

Entitlement to unemployment benefits

Entitlement to unemployment benefits is based upon a number of conditions that must be met by the member of the unemployment insurance fund.

To be entitled to daily cash benefit the full-time insured member must

¹ Currently between 65-67 years.

- 1) Meet the membership-requirement, i.e. have been a member of an unemployment insurance fund for at least 12 months,
- 2) Meet the work-requirement i.e. have been employed as a wage or salary earner or been working as a self-employed person for at least 52 weeks (1,924 hours - corresponding to one year of full-time work) within the last 3 years¹,
- 3) Be registered as a jobseeker at the local public employment service (PES) and
- 4) Be available for work.

Apprentices and persons who have completed vocational training of at least 18 months duration can - irrespective of the above mentioned (in 1 and 2) - qualify for daily cash benefits after 1 month of membership.

If the member meets all the requirements he will be entitled to unemployment benefits for 2 years within a 3-year-period (the benefit-period). The member will be entitled to another 2 years of benefits, every time he – in his benefit-period - has been employed as a wage or salary earner or as a self-employed person for at least 52 weeks (1,924 hours) within the last 3 years. Only work in membership periods is taken into account.

The amount of daily cash benefit constitutes 90 per cent of previous earnings of the unemployed person subject to a maximum (DKK 4,180 per week). For part time insured members the benefits constitute a maximum of 2/3 of the maximum paid to a full-time insured member (DKK 2.785 per week). The amount of daily cash benefit is not influenced by means or by the earnings or means of a spouse or other family members.

Thus with regard to the above mentioned the member can - by performing a minimum of work be ensured economic support at a high level all his working life. The right to unemployment benefits lapses when the member attains the age of 65 (the current Danish retirement-age).

The unemployment insurance system is based on rights and obligations. A member, that meets the above mentioned requirements, obtains a right to unemployment benefits whenever unemployed - throughout the benefit-period. In return the member has the obligation to actively minimize each period of unemployment. The obligation to minimize the “loss” is a general and main obligation in connection with all sorts of insurances. Therefore an unemployed person has the obligation to register as a jobseeker with the PES and to be available for work throughout the period of unemployment at a days’ notice. This also includes accepting measures that will upgrade his or her skills and qualifications and make him or her better equipped to find a job and to re-enter the labour market.

Labour market reforms and the upcoming changes

The Danish labour market has over the past years experienced extensive changes regarding the entitlement period for unemployment benefit. The benefit period was in 2010 reduced from 4 years within 6 years to a benefit period of 2 years within 3 years. In the following years temporary arrangements were launched in order to extend the benefit period.

¹ For part time insured members the work-requirement is 34 weeks (1,258 hours) within the last 3 years.

In May 2016 a bill regarding a reform of the unemployment insurance scheme was introduced in the Danish Parliament. One of the main changes is that the qualifying criteria/access to unemployment benefits is based on "income" rather than "hours worked". The requirement is an income of at least 218,616 DKK (2016) earned within a reference period of the latest 36 months. However, a ceiling of 18,218 DKK per month (2016) applies, which means that at least 12 months of employment is needed.

Re-entitlement to unemployment benefits requires employment as a wage or salary earner or as a self-employed person for at least 52 weeks (1,924 hours – corresponding to one year of full-time work) within the last 3 years which is equivalent to the current requirements. For part time insured members the work-requirement is 34 weeks (1,258 hours) within the last 3 years

The benefit period of 2 years within 3 years still applies. However, the unemployed person is given the opportunity to prolong the benefit period up to 50 per cent by taking all types of work on ordinary terms during the benefit period. This means more flexibility in the accumulation of the right to unemployment benefit.

A further incentive to take a job while receiving unemployment benefits is the introduction of a waiting period (karensdag) of one day every four months. The unemployed can avoid the waiting period if he/she takes a job of at least one week's duration every month in the months ahead.

Also, the calculation of the unemployment benefit rate will be based on the 12 months with the highest income within the past 24 months. In general, the unemployment benefit rate will be 90 per cent of the previous income from employment. However, the daily rate is limited to the maximum rate of 18,113 DKK per month (2016).

The rules on availability regarding the issue of suitable/reasonable work

The rules on availability have always been central in the Danish unemployment insurance system. They have undergone many changes over the years on the one hand to make sure that the insurance-scheme continues to function as such. i.e. a scheme that offers economic support in the event of short term unemployment, and on the other hand to ensure - and not set up barriers for - a well-functioning and developing labour market.

Denmark faces - as all the European countries - increasing challenges these years due to globalisation, outsourcing of jobs and the demographical development. Therefore there is focus on keeping up with changes on the labour market by making reform programmes and legislation that will help secure work and growth for everyone. The changes in the rules on availability are to be seen in this context.

The rules on availability for reasonable work from the first day of unemployment states that focus must be on bringing unemployed persons back into work. The incentive to bring an unemployed person back into work is always that person's own motivation and labour market orientation.

This is why the unemployed person shall draw up a curriculum vitae (CV) with a description of qualifications and previous job experience. This CV is fed into the digitalised CV bank:

www.jobnet.dk. The CV – that is drawn up and ongoing updated by the unemployed person himself – will form the basis for the placement activities of the PES¹.

In practice the rules on availability are administered in the following way:

When an employer or an enterprise asks the PES to find a placement for a job vacancy the PES will search in the “Jobnet.dk”-database for persons who according to the information given in their CV have the right skills and qualifications to fill the job vacancy in question. Before the placement an interview will take place with the unemployed person(s). This interview will form the basis of the subsequent possible referral to the job in question.

In case there are several possible qualified persons for a job, the person referred will always be the best suited for the job. This means that the PES will not refer short-term unemployed persons with higher education or with formal skills to an unskilled job as long as there are unskilled (or low skilled) unemployed persons who can take the job.

However there may be cases where it is not possible to fill job vacancies or where the supply of (“suitable”) jobs for the unemployed person is limited or practically non-existing - for instance due to the qualifications of the person concerned (qualifications which there is just no “market” for) and/or for geographical reasons. In these cases it is by law possible to refer the person to reasonable work - also at an early stage of the unemployment period. The placement will still have to take place “with due consideration” to the unemployed person, his/her skills and orientation towards the labour market etc.

Please note that the unemployed person will only be referred to a job that will - as a minimum - pay the standard wages as set down in a collective agreement between the relevant trade unions and employers organisations. This is why employers have no interest in taking on a person who is not motivated for the job. It is also not possible to impose on the unemployed person to become self-employed.

If a person refuses a job offer the unemployment insurance fund will have to assess whether or not the refusal is to be sanctioned. The refusal will not be sanctioned if the person has had a valid reason for refusing the job offer for instance due to health problems or transportation time. By administrative order 25 valid reasons are recognised². If the refusal is to be sanctioned the person will be “self-inflicted unemployed” and his benefits will in most cases be suspended for 3 weeks - after the suspension the person will be eligible for unemployment benefits again. However if a person is continuously non-compliant his benefits will be suspended until documented that the persons has been employed over 300 hours in a consecutive period of time.

The decision by the unemployment insurance fund can be appealed to The Centre for Complaints on Unemployment Insurance (Center for klager om arbejdsløshedsforsikring) which is under The Danish Agency for Labour Market and Recruitment. Decisions by The Centre for Complaints on Unemployment Insurance can be appealed to The National Social Appeal Board (Ankestyrelsen) whose decisions are final. Decisions made by any of these “institutions” can furthermore be appealed to the National Courts. The courts will however

¹ “Jobnet.dk” is used by employers, the unemployed, the unemployment insurance funds and the PES and is their common tool for an effective and precise match between job and jobseeker.

² All the valid reasons are listed in the statutory order of 27 May 2015 on self-inflicted unemployment.

often choose to await the final decision by The National Social Appeal Board before trying a case.

In the Act on Public Administration¹ minimum standards are set for the casework made by the public authorities in order to secure the protection of a person subject to a decision made by the public authorities. Decisions made by the PES leading to a placement or referral to a job fall within the concept of a decision as stated in the Act on Public Administration. Subsequently the person referred to the job will have the right to appeal the decision of the PES to The National Social Appeal Board (Ankestyrelsen). The PES will have to re-assess its decision before sending the appeal to the The National Social Appeal Board (Ankestyrelsen). The decision made by The National Social Appeal Board (Ankestyrelsen) is final.

“Flexicurity” and the Danish labour market

Denmark is working to promote what has become known as the “flexicurity”-model. The term is compound of the English words “flexibility” and “security”. The Danish “flexicurity”-model works as a sort of informal “contract” between the government and the social partners i.e. the Danish trade unions and employer organisations and can only work with the acceptance of all parties involved.

An element of this “contract” is flexibility in relation to “hiring and firing”. In Denmark there is a low job protection - it is easy for employers to hire and fire and thereby to adapt the number of staff to the needs of their business. It is also easy for the employee to leave a job for another (better) job. Another element of the “contract” is “security” - the statutory right for the unemployed to unemployment benefit in a voluntary scheme that is rather easy to enter and to obtain benefits from - with a compensation degree which for many low-paid groups is as high as 90 per cent of previous earnings. A final element of the “contract” is the assistance of the PES to 1) the unemployed to find work and to get an upgrade on their skills and qualifications so that they are at any time better fit to match the needs of a labour market in constant change and 2) the employers to ensure and provide qualified labour. The availability rules play an important role in all elements of this “contract”.

All parties have an interest in making the “contract” work. If the PES refers unemployed persons to jobs they are over-qualified for and therefore not motivated for, these persons will not lay down productive labour and as a consequence the employers will not ask the PES to fill job openings again.

The “flexicurity”-model has given Denmark a very flexible labour market with a high degree of adaptability. This results in a high job turnover rate and a high degree of dynamism on the Danish labour market which is illustrated by the fact that in a population of just over 5.7 million persons and a total work force of 2.9 million. There are appr. 780,000 job shifts in 2015.

Today it is no longer given that a person has a lifelong occupation in the same field. Instead - at least in Denmark - it has become a common thing to “shop around” on the labour market, to work in different branches to see what suits you and what pays well. To the unemployed persons the important thing is to get back into work and then take it from there. All statistics show that it is far easier to go from a job to a better job than from unemployment to a job at

¹ Consolidated act No 433 of 22 April 2014.

all. Statistics also show that it is easier for short-term than long-term unemployed to get back into work. Therefore the availability rules assist in helping unemployed persons to get a job also early on in the unemployment period.

Article 21

A. Recourse to sub-paragraph (a).

B. The class includes all insured members of the recognised unemployment benefit funds who fulfil the conditions mentioned in article 20.

Ci. Title I under Article 74:

A. Number of insured persons: 2.2 mill.

B. The size of the labour force: 2.9 mill.

C. A as a percentage of B: 76 %

D. Article 6 (voluntary insurance):

1.i. The unemployment insurance funds are subsidised by The Agency for Labour Market and Recruitment and supervised by The Center for Complaints on Unemployment Insurance.

2. Recourse to the general remark above

Article 22

A. Recourse to article 65.

A.i

Title I under Article 65:

Recourse to the general remark above

Title II under Article 65:

The standard beneficiary is a man with a dependant wife and two children.

C. Amount of benefit: DKK 217,360

Title V under Article 65:

C. Amount of benefit: DKK 217,360

F. $\frac{C * 100}{B} = \frac{217,360 * 100}{393,555} = 55 \%$

Article 23

Reference to Article 20.

Article 24

1. Unemployment benefit is payable for a maximum period of 2 years.

2. No recourse to paragraph 2.

3. No waiting period for employees.

4. No.

5. The right to unemployment benefit may lapse in pursuance of the provisions laid down in sub-paragraphs (d), (h) and (i) of Article 68:

(d) The rights to benefit may lapse for a certain period of time, if the member has acted grossly negligent or fraudulent in relation to the unemployment insurance fund.

(h) Benefit is not payable to an unemployed member who - without good cause - refuses to take a job offered by the public employment service or the unemployment insurance fund, or if the public employment service or the unemployment insurance fund has tried in vain to fill a job by referring the member to an interview with an employer and the member has not had a valid cause for refusing or has failed to turn up. As a first-time sanction, there is a waiting period of three weeks before unemployment benefits will be paid again. In repeated cases, the member will have to re-qualify for entitlement to unemployment benefits through ordinary employment.

(i) No benefit can be paid to a member who is affected by a strike or lockout while the dispute takes place. A member who - without good cause - quits his job, will forfeit the entitlement to unemployment benefits for three weeks. In repeated cases, the member will have to re-qualify for entitlement to unemployment benefits through ordinary employment.

PART V
OLD-AGE BENEFIT

(Article 25-30)

Article 25-26

1.

The public old age pension scheme covers the whole of the Danish population. The old-age pensionable age is currently 65 years. Entitlement to public old-age pension is acquired on the basis of residence in Denmark and is thus not conditional on payment of contributions or of periods of employment completed in Denmark.

The Danish authority Udbetaling Danmark is in charge of the administration and defrayal. The expenses are reimbursed via the Central Government budget and financed through general taxation.

The following persons are entitled to pension:

- Danish nationals;
- Refugees and stateless persons who have been granted a residence permit in Denmark;
- Foreign nationals covered by international or bilateral agreements on social security;
- Other foreign nationals who have been resident in Denmark for a minimum of 10 years between the age of 15 and pensionable age, of which not less than 5 years immediately prior to the date on which the pension is first payable.

Pension entitlement is subject to permanent residence in Denmark for a period of not less than three years between the age of 15 and the pension age. For persons over pensionable age entitlements to pension at the full rate is subject to permanent residence in Denmark between the age of 15 and the pensionable age for a period of not less than 40 years.

Where the criterion of 40 years is not complied with, the amount of pension payable will be calculated according to the ratio between the period of residence and the period of 40 years.

2.

The Danish pensionable age (now 65), will be gradually increased to 67 in 2019 -22 (with ½ year each 1st of January). In 2030 the pensionable age is increased to 68 years due to the indexation mechanism. According to the indexation mechanism the expected period with old age pension will be 14 ½ years (Pension age = 60 plus life expectancy at 60 years of age minus 14,5).

Pension age is regulated every 5 years, first time in 2015 with effect from 2030. Pension age is changed by a maximum of 1 year at the time.

Number of persons (1 January 2016) aged 65 or more in percent of the number of persons between 15 and 64 years: $1.074.422 / 3.672.555 * 100 = 29.3 \%$

3.

The old-age pension consists of a basic amount and a pension supplement.

The basic amount is not payable if the pensioner's income from personal work exceeds DKK 546,400 as per 1 January 2016.

The pension supplement is not payable if the pensioner's total supplementary income exceeds DKK 316,900 (DKK 372,500 for a pensioner married or cohabiting with another social pensioner, and DKK 254,900 for other married or cohabiting pensioners).

The pensions are income-tested according to the following rules:

The basic amount is only reduced on the basis of earnings from the pensioner's personal work. If the pensioner has an income from personal work which exceeds DKK 310,000 as of 1st January 2016, the basic amount is reduced by 30 pct. of the income exceeding this limit.

The pension supplement is reduced on the basis of total income (social pensions excluded) of the pensioner and his/hers spouse or cohabiting partner. If the pensioner has a supplementary income that exceeds DKK 68,400 as per 1 January 2016 (DKK 137,300 for married or cohabiting pensioners), the pension supplement is reduced by 30.9 percent (16 percent each for couples where both receive social pensions) of the income exceeding this limit.

When calculating the pension supplement no account is taken of earnings from personal work up to DKK 60,000 in a calendar year. This special, deduction-free amount for old age pensioners was introduced in June 2008.

Public old-age pensioners may also receive a supplementary pension benefit of DKK 16,600. The supplementary pension benefit is taxable and paid once a year. The benefit is means-tested and targeted to the poorest pensioners without significant liquid assets (the liquid assets may not exceed DKK 82,600).

Article 27

A. Recourse to subparagraph (c).

C.iii. Title IV under Article 74:

A. Reference to article 25 above.

B.i. The basic amount is not payable if income from personal work exceeds DKK 546,400 as per 1 January 2016. The pension supplement is not payable if the pensioner's total supplementary income exceeds DKK 316,900 (DKK 372,500 for a pensioner married or cohabiting with another social pensioner, and DKK 254,900 for other married or cohabiting pensioners).

B.ii. Reference to article 26 above.

Article 28

B.

Title I under Article 67:

A. Reference to article 26 above.

B. No recourse to subparagraph (b) of article 67.

Title III under article 67:

The full basic amount and pension supplement (with no reductions) to a man and his wife:

C. DKK 220,776 (2016)

F. $C/B \times 100 = 220,776 \times 100 /$ DKK393,555
56.1%

Title I under article 66:

Reference to the general remarks on calculation above

C. Title VI under article 65:

1. Pensions are adjusted as at 1 January each year in accordance with increases in wages.

Period: 1 January 2015 - 1 January 2016

	Cost-of living-index ¹⁾	Pension index ²⁾
A. Beginning of period	98.8	100.0
B. End of period	99.4	101.4
C. Increase in per cent 0.6 %	1.4%	

1) Consumer price index.

2) The public old-age pension (basic amount and pension supplement amounts plus the supplementary pension amount) is adjusted annually in line with average earnings. The adjustment is based on an index of wage increases during the two preceding years. If nominal earnings growth exceeds 2%, a maximum of 0.3% of the excess increase is allocated to a social spending reserve. (Satsregulering)

3. No review.

Article 29

1. Reference to article 25 above. Recourse to paragraphs 1 and 2.

2. If a pensioner has been resident in Denmark for 15 years between the age of 15 and 65 he / she will receive 15/40 of a full pension. If such a pensioner has no other income or pension, he or she may also receive a personal allowance.

Article 30

Article 68 (a): The basic amount of social pension is only exportable if:

- the pensioner is a Danish citizen over 65 who has been permanently resident in Denmark for a period of not less than 30 years between the age of 15 and 65.

- the pensioner is a Danish citizen who takes up residence in another country after having been awarded a pension and has been permanently resident in Denmark for a period of not less than 10 years after the age of 15. The condition as to residence must have been complied with on the date on which the applicant attained the age of 65.

-the pensioner is a EU- citizen and covered by the Regulation (EC) 883/04, which lays down the rules according to which a person with residence in one EU-country may receive pension from another EU-country. These rules substitute the requirements of the Danish Pensions Act regarding Danish nationality and residence in Denmark.

In other cases pension will not be payable abroad unless otherwise is provided in a bilateral or multilateral agreement on social security.

PART VI

EMPLOYMENT INJURY BENEFIT (Articles 31-38)

Article 31

The industrial injuries insurance scheme is fully employer financed. The scheme is financed through the payment of premiums to the private insurance companies (accident at work) and contributions to the Labour Market Occupational Diseases Fund (occupational diseases). The National Board of Industrial Injuries administers the scheme and makes the decisions on entitlement to benefits in pursuance of the Act.

Any person who is employed for wages or as unpaid assistant in the service of an employer to carry out permanent, temporary or casual work in Denmark is insured in the event of an industrial injury. Also children who suffer from injury held to have been caused by their mothers' work during pregnancy are insured. Any employer who in service employs persons entitled to be covered under the insurance scheme is liable to take out insurance.

The persons covered are insured against

- Consequences of accidents or injurious effects of a duration of up to five days caused by the work or the working conditions;
- Consequences of occupational diseases. Occupational diseases are diseases caused by special types of action/influence to which certain categories of persons are more exposed through their work or working conditions, than persons not performing such work.

Diseases recognised as occupational diseases are listed in an Administrative Order issued by the National Board of Industrial Injuries. This Order is updated so that it covers the most recent research. This is done by the Occupational Diseases Committee. When there is adequate medical documentation that a disease is caused by a certain exposure, the disease is included on the list of occupational diseases.

The benefits under the Act comprise:

- 1) Compensation for the costs of medical care, rehabilitation and aids, etc., not payable by the National Health Security.
- 2) Compensation for loss of earning capacity
- 3) Compensation for permanent injury
- 4) Transitional allowance to dependants at death
- 5) Compensation for loss of breadwinner

Article 32

The minimum degree of loss of earning capacity required for benefit [as set out in Article 36] is 15 per cent. There is no requirement to a minimum degree of loss of earning capacity required for benefits under Article 34. Pending the decision of the case, the Act provides for the payment of the cost of medical treatment, rehabilitation and aids where necessary in order to achieve the fullest possible recovery. The surviving dependant's entitlement to compensation for loss of breadwinner depends on an overall assessment taking into consideration the extent of the financial support and the surviving dependant's changes of self-support, taking into consideration the person's age, health status, education, employment

and financial situation. The surviving dependant's entitlement to compensation for loss of breadwinner depends on an overall judgement taking into consideration the extent of the financial support and the surviving dependant's chances of providing for himself/herself, in view of the person's age, health, education, employment and support and financial situation.

Article 33

A. All employees are covered.

B. Title I under Article 74:100 %

Article 34

A. Any person with legal residence in Denmark is entitled to medical care according to need. This also applies in the event of an industrial injury. As a rule, the benefit will be granted in the form of free medical attention, hospital treatment, etc. To a certain extent, however, there are rules regarding own payment.

B. To the extent to which National Health Security is not required to meet the costs, the employment injury insurance shall pay all expenses incidental to medical care and rehabilitation. As a consequence of this rule, an injured person is entitled to compensation for the costs of medical care to the extent stated in Paragraph 2 of Article 34. Either direct payment will be made on the part of the insurance company, or the injured person will pay for the benefit subject to full reimbursement.

C. The municipalities are responsible for vocational rehabilitation. Post-medical rehabilitation is provided at approved rehabilitation centres, subject to medical supervision.

Article 35

In accordance with the Act on Social Services the regional authorities shall provide for vocational rehabilitation, including institutions to be available for disabled and other handicapped persons with a view to vocational rehabilitation and training, as well as to assessment of working capacity and to retraining. Furthermore, the county councils shall provide for employment facilities in sheltered workshops or other occupational measures for persons who are not able to retain or find normal employment in open industry owing to physical or mental handicaps.

Article 36

A: Recourse to Article 66

B ii: Recourse to Article 66

Compensation for loss of earning capacity.

The compensation for loss of earning capacity is calculated against the background of the injured person's ability to earn money at the date of the injury and can be paid in two ways:

- 1) A lump sum
- 2) Monthly compensation payments

If the loss of earning capacity is determined at less than 50 per cent, the compensation will be paid as a lump sum. If the loss of earning capacity is determined at 50 per cent or more, the compensation will be paid in monthly instalments. Even if the earning capacity is reduced by more than 50 per cent, it is still possible for the injured person to get up to 50 per cent as a lump sum.

Compensation for the surviving spouse, cohabiting partner or registered partner of the deceased is payable in the form of a transitional allowance (a lump sum) and compensation for loss of breadwinner (monthly instalments).

With regard to compensation for loss of breadwinner, recourse is had to the last sentence of subparagraph d) of article 32. The compensation for loss of breadwinner is determined with due regard to the surviving person's possibilities of self-support in view of age, health, education, employment, means of subsistence and financial situation. The compensation is granted as a monthly benefit and amounts annually to 30 per cent of the annual earned income of the deceased.

The compensation is payable as per the date of death. If a full salary is paid to the surviving person for a period of time in connection with the death, the monthly benefit is only payable as per the date when the period expires. The monthly compensation payments cease by the end of the month when the injured person reaches the national pension age.

Surviving children of the deceased are entitled to compensation for loss of breadwinner until their 18th birthday.

Special compensation to surviving dependant:

If another person was responsible for the death, either through wilful action or gross negligence, the surviving dependants may receive a special compensation for the emotional pain, in the form of a lump sum.

As regards incapacity for work and total loss of earning capacity:

Title I under Article 66:

Reference to the general remark on page 2.

Title II under Article 66:

The answer depends on the assessment of the degree of loss of earning capacity ("invalidity") of the insured person. The degree may range from 15 to 100 per cent. Thus, the calculation below is based on a person with total loss of earning capacity ("invalidity") of 100 per cent.

With effect as per 1st January 2011, compensation for loss of earning capacity is calculated subject to a deduction of the labour market contribution (8 % of the earned income). At the same time the limit of the amount of compensation has been increased from 80 % to 83 % in case of full loss of earning capacity. The calculation of maximum compensation in case of 100 % of loss of earning capacity is with effect from 1st January 2016: DKK 505,000 (maximum amount of annual wages) less 8 % equals DKK 464,600 x 83 %: DKK 385,618.

Rates of payment during the reference period

Maximum Annual Payment DKK

	January 2015	January 2016
Loss of earning capacity	380.273 (83 percent of 498.000 minus 8 percent)	385.618 (83 percent of 505.000 minus 8 percent)
Compensation for permanent injury (once-for-all payment)	830.000	841.500
Carry-over in case of death (once-for-all payment)	156.500	158.500
Compensation for loss of family provider		
- surviving spouse	137.448	139.380
- children of surviving mother/father	45.816	46.460
- orphans	91.632	92.920

(Annual amount as per 1st January 2016 (DKK)).

$$\begin{array}{rcl}
 \text{C. } 83 \times (325.965 - 8\%) : 100 & & 248.907 \\
 \text{D. Family allowance (during empl.)} & & 25.859 \\
 \text{E. Family allowance} & & 25.859 \\
 \text{F. } \frac{\text{C}+\text{E} \times 100}{\text{B}+\text{D}} = \frac{(248.907+25.859) \times 100}{(325.965+25.859)} & = & 78\%
 \end{array}$$

In addition to the periodical benefit, a lump sum is paid as compensation for permanent injury (compensation for non-pecuniary injury).

Title V under Article 66:

Reference to Title II under Article 66.

Title VI under Article 65:

1. Compensation payments are adjusted 1st January every year in accordance with increases in wages.

2.

Period:	Cost-of-living index	Adjustment index
1st January 2015	100	
C. Increase in per cent		1.9

3. No review.

As regards death of breadwinner:

Title I under Article 66:

Reference to the general remark on page 2.

Title IV under Article 66:

(Annual amount as per 1st January 2016)

Article 36 continued

C. Amount of benefit:

30%+10%+10% of 325.965 – 8 per cent = 149.944

D. Family allowance (during empl.) 25,859

E. Family allowance 25,859

F. $\frac{(C+E) \times 100}{B+D} = \frac{(149.944 + 25.859) \times 100}{(325.965 + 25.859)} = 50 \%$

In addition to the periodical benefit a transitional amount (lump sum) of maximum DKK 149.944 is payable to the surviving spouse.

Title VI under Article 65:

Reference to what is mentioned above concerning incapacity for work.

C. In proportion to the degree of loss of earning capacity.

D. Recourse to Paragraph 3 of Article 36.

(a) Up to a degree of earning capacity loss of 50 % the periodical payments must be inverted into a lump sum. For degrees of 50% and above, a lump sum payment corresponding to 50 % may be granted on the request of the beneficiary.

(b) None, unless the beneficiary by the Court is declared incapable of managing his own affairs.

Article 37

(a) Yes.

(b) Yes.

Article 38

1. Yes.

2. No.

3. Reference is made to:

Article 68 (a): Employment injury benefits are payable worldwide.

Article 68 (e) and (f): Where the injured person intentionally or by unlawful conduct or negligence has provoked or to a considerable extent contributed to the occurrence of the industrial injury, the claim for compensation for loss of earning capacity and compensation for permanent injury may be reduced.

Article 68 (g): Where the injured person does not comply with the demand to be examined as soon as possible by a medical doctor and go through the medical treatment or retraining as found necessary, or if the injured person opposes the treatment, the claim for compensation may be reduced or lapse. If the survivor opposes a post-mortem, the claim for compensation may lapse.

Part VI (Employment injury benefit) in conjunction with Article 68(e)(f)

Where death is caused wilfully or through gross negligence, a special compensation may be granted to surviving dependants who were particularly close to the deceased. The special

compensation amounts to DKK 100,000 and is given to surviving dependants as a benefit granted for the mental pain which is the result of the death of a close relative under particularly gruesome circumstances and causes exceptional emotional stresses on the part of the survivors. This applies in particular to the wilful killing of a person.

Close relatives are in principle defined as a spouse, a cohabiting partner, parents, and underage children.

The benefit is given in the form of a supplement to the normal compensation for loss of the family provider to which the surviving dependants are entitled. The maximum benefit is DKK 100,000.

On the occasion of the same death, it is possible to grant compensation to several surviving relatives where each of these meets the requirements to that effect, for instance to the spouse of the deceased as well as the underage children of the deceased. In such cases each of the survivors would qualify for a compensation which, in principle, would be up to approximately DKK 100.000.

**PART VII
FAMILY BENEFIT**

(Article 39-45)

Article 39

Child and Youth Allowance is paid to all children below the age of 18. For children aged 0 to 14 the allowance is given in accordance with the child allowance scheme, which contains three subgroups (children aged 0-2, 3-6, and 7-14). For children aged 15 to 17 the allowance is given in accordance with the youth allowance scheme.

The allowance is paid in advance, normally to the mother or to the person who has custody of the child. For children aged 0 to 14 the allowance is paid out in quarterly amounts, while for children aged 15-17 the amount is paid out in monthly rates.

The Act of Child and Youth Allowance is under the jurisdiction of the Ministry of Tax. It is administered by the Danish authority Udbetaling Danmark. The expenditures are borne by the central government.

Child Benefits is given to certain groups of children below the age of 18. There are three types of child benefits:

Ordinary child Benefit is given

- I. If the person having full or partially custody of the child is a single parent.
2. When both or only one of the parents who has the custody is single and the child spends the same time with both, unless the child is reported at the national register of the parent not being single.
3. When both parents receive social pension.
4. When social pension to one or both of the pension-entitled parents is not paid during a stay at an institution.

- Extra Child Benefit is given when the parent who has custody of one or more children has the child/children living with him/her and gets ordinary child allowance as a single parent. Only one extra child allowance is granted even if there is more than one child.

Special Child Benefit is granted

- I. When both parents are dead.
2. Where paternity has not been established.
3. Where only one of the parents is alive.
4. Where the child, after the death of the parent who had the custody, is adopted by the spouse or a single person.
5. Where one or both parents receive social pension according to the Social Pensions Act.
6. When social pension to one or both of the pension-entitled parents are not paid during a stay in an institution.

7. Where it is not possible to issue an allowance resolution according to agreements with other states, which can form the basis for advance payment of child maintenance allowance.

Special Child Benefit after no. 5 and 6 will be reduced, when the person who receive pension or is entitled to pension is married to a person with a higher income.

In addition there are benefits for special groups of children:

- Multiple Birth Benefit is given to each child except the first at multiple births until the child reaches the age of seven.
- Adoption Benefit is granted to parents adopting a foreign child for the expenses in this connection.
- Child Benefit for parents under education is given depending on the parents' income.
- Supplementary Child Benefit for parents in trainee or school practice is given to lift their total income to a level equivalent to the comparable state education grant with a breadwinner allowance.

Child Benefit is granted to the child and is paid quarterly in advance. Normally it is paid to the mother or to the person who has the custody. The Act on Child Benefits belongs to the jurisdiction of the Ministry of Employment. It is administered by the the Danish authority Udbetaling Danmark. The expenses are borne by the central government.

Article 40

Entitlement to Child and Youth Allowance is subject to following conditions:

1. The person who has custody of the child or has taken the child into care with a view to adoption must be subject to full tax liability in Denmark.
2. The child must be resident in Denmark.
3. The child must not be maintained by public funds.
4. The child must not have entered into matrimony.

The conditions regarding tax liability and residence of the child do not apply to persons covered by the EEC Regulation no. 883/2004.

Entitlement to Child Benefits is subject to the following conditions:

1. The child or one of the parents who has the custody of the child must be a Danish national.
2. The child must be resident in Denmark.
3. The child must not have entered into matrimony.
4. The child must not be maintained by public funds.
5. The person to whom the allowance is to be paid must be resident in Denmark.

Foreigners can however get Child Benefit, if the child or at least one of the parents who has custody of the child has been resident in Denmark in the recent year; concerning the special child allowance yet during the latest 3 years.

The conditions of nationality and residence have been deviated by the EEC Regulation no 883/2004 and by agreements with other countries.

Article 41

The Child and Youth Allowance and the Child Benefits are general schemes covering all groups of the population.

The Child and Youth Allowance is reduced if one or both spouses earns more than 732,900 DDK. per year.

Article 42

Recourse to subparagraph (a).

As at 1. January 2016, the annual amounts were as follows:

Child and Youth Allowance

Age 0 to 2 years:	17,880 DDK
Age 3 to 6 years:	14,148 DKK
Age 7 to 14 years:	11,136 DKK
Age 15 to 17 years	11,136 DDK

Child Benefits

Ordinary child allowance:	5,432DKK
Extra child allowance:	5,536 DKK
Special child allowance:	
- if both parents are dead	31,368 DKK
- in other cases	15,684 DKK
Special groups:	
- multiple birth allowance	8,956 DKK
- adoption allowance (once-for-all payment)	51,583 DKK
- for parents under education (maximum)	7,132 DKK

Article 43

Entitlement to child and youth allowance and child benefits is gradually acquired through periods of employment or residence in Denmark of 6 months' duration.

According to this, foreigners from outside the EU/EEA can e.g. - while keeping up his permanent residence in his home country - acquire entitlement to 25 % of the full child and youth allowance and child benefits after 6 months of employment or residence in Denmark. After 6 months of employment entitlement to 50 % of the full child and youth allowance and child benefits is acquired.

A national of the EU/EEA acquire entitlement to the full child and youth allowance and child benefits on the basis of residence in EU/EEA.

Article 44

A. Title I under Article 66:

Reference to the general remark on page 2: 325,965 DKK

B1* Total amount of cash benefits (2016): 16.978mill, DKK

B2 Total value of benefits in kind 0 mill. DKK

B3 B1 + B2 16.978mill. DKR

Ci Total number of children (January 2016): 1,167,460

Cii $B3/(A*Ci)*100 = 17,000,000,000/(325,965*1,211,032)*100 = 4,3\%$

*B1 includes both child and youth allowance and child benefits.

Article 45

Reference to article 40 above.

PART VIII

MATERNITY BENEFIT

(Articles 46-52)

Article 46 and 47

Benefit in the event of maternity is payable to employed as well as self-employed persons as from four weeks before the expected date of birth and for a period of 46 weeks after confinement. The 32 weeks after the first 14 weeks are parent leave and may be divided between the parents. Within the first 14 weeks of confinement or the reception in the home of the child the father qualifies for a benefit for 2 weeks simultaneously with the mother - also if the mother does not meet the conditions to qualify for maternity benefit.

Employed parents have the possibility to postpone part of the 32 weeks period to later use until the child is 9 years. The father has the right to advance part of the period, so it can be taken together with the mother in her 13 weeks mothers' leave. Employed parents also have the possibility to start work part-time and extend the leave. Most of these flexibility possibilities depend on an agreement with the employer.

Prior to the four weeks before the expected date of birth maternity benefit may be payable if the woman is not able to work, because the pregnancy takes a sickly course, which would cause a risk to her health or her foetus if she had continued working. The same thing applies if the special nature of the work involves a risk to the foetus, or if the public authorities to the effect lay down provisions, that pregnant women must not carry out that type of work. It is a prerequisite that the employer cannot offer any other suitable work.

If the child is hospitalised because of sickness, premature birth, or too low birth weight, the parents have a special right to daily cash benefit for up to 3 months besides the 46-week after the birth, while the child is hospitalised.

In the event of adoption maternity benefit is payable for up to 4 weeks before the adoption to bring the child home and 46 weeks after the reception in the home of the child if both parents meet the condition of employment. The adoptants may divide the period between them. For two weeks both adoptants are entitled to benefits at the same time.

Maternity benefit in the event of pregnancy, childbirth and adoption is payable by the local authorities (Udbetaling Danmark) in accordance with the rules. The requirement for employees is satisfied if the person has been in active employment continuously the past 13 weeks before the beginning of the period of absence and during that period has been employed for a minimum of 120 hours. Udbetaling Danmark's costs are fully refunded by the state.

Maternity medical care is a part of the health and hospital schemes mentioned in Part II.

Article 48

A. Recourse to sub-paragraph (a).

B. All women who are wage-earners, self-employed or assisting spouses are covered by the maternity benefit scheme. All women are covered by the medical care schemes.

C.i. Title I under Article 74:

As all gainfully employed women are protected, the percentage of persons protected is 100.

D. All women are covered by the medical care schemes.

Article 49

A pregnant woman can have her pre-natal care with her family doctor and a midwife at the local midwives' centre. She is offered several examinations by a midwife and her doctor before and immediately after delivery. A woman may choose to give birth at home or at hospital. 98% of all deliveries take place at hospital. During pregnancy pre-natal diagnostic screening is offered to certain groups of women.

Article 50

A. Recourse to Article 66.

B.ii.

Title I under Article 65:

Reference to the general above.

Title V under Article 65:

(Annual amount as at 1 January 2016)

Amount of benefit	DKK 217,360
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F. (C) per cent of the standard wage	
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The benefit is calculated on the basis of the hourly pay, which the employed person would have received during the period of absence. The hourly benefit is 100% of the hourly pay subject to a maximum of DKK 112.97.

Article 51

Reference to Article 15.

Article 52

1. Reference to Articles 46 and 47 above.
2. Suspension only in relation to sub-paragraph (a) of

PART IX

PART IX

INVALIDITY BENEFIT

(Article 53-58)

Article 53

Invalidity benefit is in Denmark called disability pension, and is a part of the Social Pension Act (see general remarks under Article 25).

Article 54

Disability pension provides basic financial support to citizens with permanently reduced working capacity. Recipients may to some extent work while receiving disability pension.

Disability pension may be granted to a person whose work capacity is substantial and permanently reduced in such a degree, that the person will not be able to provide for him-/herself from any kind of work - including flexijob.

Denmark introduced a reform of disability pension and flexijob in 2013. Since the disability pension reform that was set in force 1st January 2013, persons under the age of 40 will in general not be granted disability pension, unless it is proven, or because of the special circumstances is quite obvious that the work capacity cannot be improved. Persons under the age of 40 will instead be offered a resource program with an individual and holistic approach to try to develop the person's workcapacity.

Persons aged 40 and up will also be offered a resource program before a disability pension is granted. The municipality will not grant a disability pension if the workability can be improved through activation, treatment, rehabilitation, resource programs or in other ways.

In order to be granted disability pension, a person must have a permanent low work capacity that can't be improved, see above. The person's ability to work must have been tried developed through a resource program – unless it obviously would be meaningless to try to develop the work capacity.

The main elements of the reform are:

- According to the new scheme disability pension is in principle abolished for persons under the age of 40, unless it is evident that they will never be able to work again.
- The primary tool is a new rehabilitation model. Instead of disability pension people with strongly reduced work capacity will be offered individually tailored rehabilitation and support measures of up to 5 years duration.

- The rehabilitation model will involve, for the first time, the health sector - municipal and regional - and the relevant labour market institutions working closely together, as well as social services and the education sector. The overall responsibility lies with the municipal job centre.
- An interdisciplinary rehabilitation team will be established in every municipality to ensure this integrated approach will work in practice.
- The rehabilitation team will discuss needs, make recommendations and coordinate actions.

As part of the Retirement Reform in 2011 a Senior Disability pension has been introduced. The Senior Disability pension was set into force at 1st January 2014. Senior Disability pension is not a new type of pension, but a new option to apply for disability pension, where the granting proceeding is faster. The municipality has to decide on the case within 6 months and there will not be made efforts to develop the person's workability. A person can apply for Senior Disability pension, if the person has a longterm and current connection to the labor market and has no more than 5 years to the retirement age. Granting of the Senior Disability pension still presupposes the work capacity to be reduced permanently and to such an extent that the person concerned will not be able to provide for him-/herselv from any kind of work - including flexijob.

Benefit structure: There is only one disability pension benefit, which is to cover all ordinary maintenance expenses. All special allowances granted in accordance with the social pensions act lapse, as e.g. outside assistance and constant attendance allowances, health allowance, personal allowance and heating allowance, etc.

The amount of disability pension payable to single persons is the same as the amount of daily cash benefit whereas the amount payable to a pensioner who is married is 85% of that amount. The amount of disability pension is regulated in accordance with the income of the pensioner and of his/her spouse.

The disability pension scheme allows for one universal amount and is only awarded if it has been established that the applicant cannot undertake a job on normal terms and conditions, or a flexjob.

Disability pension is awarded on the basis of work capacity criteria and all relevant activation, rehabilitation and treatment measures must have been exhausted to provide documentation to the effect that the person concerned is not able to provide for his/her own living. Preventive measures are essential elements of the new system where the main focus is on furthering the capability to assume work on ordinary conditions.

The amount of disability pension under the new scheme:

- 1) Single pensioner: DKK 217,464
- 2) Married or cohabiting pensioner: DKK 184,848

The Old Disability Pension Scheme

Disability pension under the old scheme is no longer granted to new contingencies, but is still in operation with respect to disability pensions granted before 1 January 2003.

There are 4 amounts of disability pension (old scheme):

- The highest amount of disability pension may be awarded to any person between the ages of 18 and 60 whose working capacity is considered negligible in any employment.

The highest amount consists of: basic amount + pension supplement + invalidity amount + unemployment amount.

- The intermediate amount of disability pension may be awarded to:

- (i) any person between the ages of 18 and 60 whose working capacity is reduced by approximately 2/3 and

- (ii) any person between the ages of 60 and 65 whose working capacity is reduced to the same extent as under subsection (I) hereof.

The intermediate amount consists of: basic amount + pension supplement + invalidity amount.

- Increased ordinary disability pension or ordinary disability pension may be awarded to:

- (i) any person between the ages of 18 and 65 whose working capacity is reduced by at least one half for health reasons;

- (ii) any person between the ages of 18 and 65 whose working capacity is reduced by at least one half for reasons other than ill health alone; and

- iii) any person between the ages of 50 and 65 where social and health factors so warrant.

Increased ordinary disability pension consists of: basic amount + pension supplement + anticipatory amount.

Ordinary anticipatory pension consists of: basic amount + pension supplement.

The old disability pension scheme will remain in force for those who have been granted the pension before 1 January 2003.

Article 55

A. Recourse to sub-paragraph (c).

C.iii. Title IV of Article 74:

A. Entitlement to disability pension at the full rate is subject to a period of residence equivalent to not less than 4/5 of the years between the 15th birthday and the date on which the pension is first payable. Where the condition for pension at the full rate is not complied with, the amount of pension payable will be assessed according to the ratio between the period of residence and 4/5 of the years between the 15th birthday to the date on which the pension is first payable. The fraction of the pension at the full rate thus calculated shall be reduced to the nearest number of fortieths of the pension at the full rate.

B.i. Reference to article 27, B.i., above concerning basic amount and pension supplement. Concerning the basic amount only the pensioners own income is taken into consideration and the whole personal income is considered (not only the working income as in the case of the

old-age pensioners). The anticipatory amount, the invalidity amount and the unemployability amount are not reduced because of the financial situation of the beneficiary.

B.ii. Reference to article 26 above.

Article 56

B.

Title I under Article 67:

A. Reference to article 26 above.

B. No recourse to sub-paragraph (b) of article 67.

Title II under Article 67:

(Annual maximum amount as at 1 January 2011),

Title I under Article 66:

Reference to the general remark on page 2.

Article 57

Entitlement to a disability pension is subject to a minimum period of residence in Denmark of 3 years between the age of 15 and 65.

Article 58

When the pensioner reaches the pensionable age, the pension will automatically be converted into an old-age pension.

Reference to article 30 above concerning suspension of the pension.

Period under review	Cost-of-living index	Index of earnings*
A. Beginning of period**
B. End of period**
C. Percentage $\frac{A}{B}$

* The index of earnings should correspond to the classes of employees or economically active persons shown under the Article dealing with persons protected (Articles 27, 33, 55 or 61). If no index of earnings is available, the index of money wages may be substituted.

** The indices at the beginning and end of each period should refer to the same base.

3. Please state whether the amount of the periodical payments has been reviewed during the period of reference. If so, please indicate the changes made in the level of benefits and furnish the following information:

Part III	Parts V, IX and X
D. Estimated annual number of days of sickness per insured person. E. Estimated annual number of days of sickness in respect of which benefit would have been paid ($C \times D$).	D. Presumed ratio “beneficiaries/insured persons”. E. Presumed number of beneficiaries ($C \times D$).

F. Total amount of benefit that would be payable according to Article 66 = percentage shown in the Schedule to Part XI multiplied by standard wage calculated as shown under Title I under Article 66 multiplied by E^1 .

1. The data requested in this Title relate exclusively to the last stage of the calculation which has to be made if recourse is had to Article 67 (d). In fact, it is necessary to make an estimate of the cost which would have been incurred during the period of reference under a fictitious system that provided benefits complying with the requirements of Article 66. Such a calculation may require extensive actuarial studies and its results will depend on the bases and the hypotheses used by the Contracting Party. A Contracting Party wishing to have recourse to Article 67 (d) will therefore have to furnish proof, involving the calculations referred to, that its actual system of social assistance costs at least 130 per cent of the cost that would be incurred under the fictitious system above-mentioned. Please explain the methods applied, the bases used and the hypotheses assumed in making the estimates given in Title V.

SCHEDULE TO PART XI

PERIODICAL PAYMENTS TO STANDARD BENEFICIARIES

Article 69

Old Age Benefit

Decisions on benefits under the legislation are made by the local authorities and may be brought before the competent Social Complaint Board.

Invalidity Benefit

Decisions on benefits under the legislation are made by local authorities and may be brought before the competent Social Complaint Board.

Family Benefit

Decisions on entitlement, hereunder the amount of child and youth allowance, made by the Danish authority Udbetaling Danmark in accordance with the Act of Child Allowances can be referred to the Social Appeals Board. It is normally not possible to refer the decision of the Social Appeals Board before another administrative authority.

Udbetaling Danmark receives information on tax liability from the Danish Tax Authorities to decide on the condition of full tax liability. Decisions from Udbetaling Danmark including the question of tax liability should still be referred to the Social Appeals Board, however, it is possible to take informal contact to the Tax Authorities regarding tax liability.

Article 70

1. The cost of the benefits provided in compliance with this Code and the cost of the administration of such benefits shall be borne collectively by way of insurance contributions or taxation or both in a manner which avoids hardship to persons of small means and takes into account the economic situation of the Contracting Party concerned and of the classes of persons protected.

2. The total of the insurance contributions borne by the employees protected shall not exceed 50 per cent of the total of the financial resources allocated to the protection of employees and their wives and children. For the purpose of ascertaining whether this condition is fulfilled, all the benefits provided by the Contracting Party concerned in compliance with this Code, except family benefit and, if provided by a special branch, employment injury benefit, may be taken together.

3. The Contracting Party concerned shall accept general responsibility for the due provision of the benefits provided in compliance with this Code, and shall take all measures required for this purpose; it shall ensure, where appropriate, that the necessary actuarial studies and calculations concerning financial equilibrium are made periodically and, in any event, prior to any change in benefits, the rate of insurance contributions, or the taxes allocated in covering the contingencies in question.

1. Please state, for each Part accepted, the resources of each scheme concerned, and, more particularly, the rate or the amount of the contributions raised on earnings for the purpose of financing the scheme, either by way of insurance contributions or of taxes.

2. If the obligations of Part VI relating to employment injury benefit have been accepted, please state whether such benefit is granted under a special branch.

3. Please furnish, in accordance with the provisions of Article 74 paragraph 1 (b) the following statistical information for each of the Parts in respect of which the obligations of the Code have been accepted.

Parts to which ratification applies	Resources allocated to the protection of employees, their wives and their children (A)	Insurance contributions borne by the employees protected (B)
Part II
Part III
Part IV
Part V
Part VI ¹
Part VIII
Part IX
Part X

Total

4. Total in column B per cent of total in column A, above.

5. Please state to what extent responsibility has been assumed by the member for the provision of benefits.

6. Please indicate the principal changes that have been made during the period, covered by the report as regards:

- i. benefit;
- ii. rates of contribution;
- iii. other resources.

7. Please state whether the necessary actuarial studies and calculations concerning the financial equilibrium are made periodically. Where this has not already been done, please forward the results of any such studies and calculations.

Article 71

1. Where the administration is not entrusted to a Government department responsible to a legislature, representatives of the persons protected shall participate in the management, or be associated therewith in a consultative capacity, under prescribed conditions; national laws or regulations may likewise decide as to the participation of representatives of employers and of the public authorities.

2. The Contracting Party concerned shall accept general responsibility for the proper administration of the institutions and services concerned in the application of this Code.

Please state whether the persons protected participate in the management of the scheme or schemes concerned, or whether their representatives are associated therewith. If so, please state how participation or association is secured.

1. The resources allocated to benefits in case of employment injury should not be included in this table if such benefits are provided under a special branch.

