

IMPORTANT INFORMATION

Information on Compulsory Health Insurance purs. to Sect. 5 para. 1 No. 13 Volume V of Social Code (SGB V)

The act to promote competition among statutory health insurance institutions that entered into force on **1 April 2007** requires either compulsory or private health insurance coverage of all persons domiciled in Germany who have no other entitlement to health protection in the event of illness.

Pursuant to Sect. 5 para. 1 No. 13 SGB V, persons are subject to the requirement for compulsory health insurance coverage who

- have no other entitlement to protection in the event of illness², and
- were most recently under the coverage of statutory health insurance policies.

Accordingly, the compulsory insurance covers persons whose statutory health insurance ended prior to 1 April 2007 without a follow-up insurance policy or who lack any other protection in the event of illness upon expiration of the statutory health insurance requirement after 31 March 2007.

For persons who most recently had private health insurance or those who neither had statutory nor private health insurance in Germany but are not allocated to the statutory health insurance, the private health insurers are obligated from 1 July 2007 to offer an insurance policy. As from 1 January 2009 such persons are even obligated to take out an insurance policy.

It is the most recent health insurer's responsibility to verify and make sure that this statutory health insurance policy is taken out. However, the insured person has to make a statement or notify their most recent insurer that there is no existing health insurance policy.

The requirement for compulsory health insurance purs to. Sect. 5 para. 1 No. 13 SGB V shall be excluded if upon the expiration of the compulsory insurance

- the requirements of coverage under a family insurance policy have been met, or
- a subsequent entitlement to benefits exists.

Information on compulsory follow-up insurance purs. to Sect. 188 para. 4 SGB V

On **1 August 2013**, law makers introduced the compulsory follow-up insurance requirement (Sect. 188 para. 4 Volume V of Social Code – SGB V).

Compulsory shall mean: If the obligation to obtain insurance/family insurance coverage ends, the insurance fundamentally continues on the following day as a compulsory follow-up insurance (e. g. upon termination of employment, receipt of unemployment benefits, sick pay). Such membership needs no separate statement or notice. You are thus ensured continuous coverage.

A termination of the follow-up insurance requires a notice to be given according to the statutory notice periods. Should any other complete protection in case of illness² exist you may declare your withdrawal from the compulsory follow-up insurance within a period of two weeks from the date of receipt of this letter. It will only become effective if proof of such other protection for yourself and your insured family members is furnished.

The compulsory follow-up insurance shall be excluded if upon expiration of the compulsory insurance:

- the requirements of family insurance coverage have been met, or
- a subsequent entitlement to benefits¹ exists.

Please note

¹ The subsequent entitlement to benefits can be granted for one month at a maximum upon termination of the membership if:

- thereafter the person becomes subject to compulsory insurance coverage again,
- thereafter proof of any other protection in the event of an illness is furnished,
- there is neither participation in financially gainful activity nor if there are any other facts of exclusion.

If the subsequent entitlement to benefits for a maximum of one month is not directly followed by a compulsory insurance policy, a family insurance policy or any other protection in the event of illness, a compulsory insurance policy pursuant to Sect. 5 para.1 No. 13 SGB V or the compulsory follow-up insurance policy pursuant to Sect. 188 para. 4 SGB V shall be taken out - and the transition shall be seamless from the previous compulsory insurance policy.

² If you have any other protection in the event of illness which seamlessly follows the compulsory insurance policy, relevant proof should be furnished, e.g.:

- Insurance policy of a private comprehensive health insurance,
- Proof of receipt of social welfare/youth welfare benefits pursuant to Volume VIII of Social Code (SGB VIII),
- Proof of free curative care,
- Entitlement to health care pursuant to the Prison Act (proof of imprisonment).

Information for seasonal workers

A special regulation concerning the compulsory follow-up insurance for seasonal workers will become effective on **1 January 2018**.

A seasonal worker as defined by law is an employee who came to Germany for temporary employment subject to compulsory insurance of up to eight months to cover the employer's recurrent increased need for labour.

In such case the follow-up insurance for these persons is taken out only under the follow conditions:

- The seasonal worker makes his/her residence or domicile in the Federal Republic of Germany and furnishes proof of it to the health insurer.
- The person concerned expressly declares in writing within three months upon expiration of the temporary employment he/she has taken out a health insurance policy.

In case the declaration of accession is submitted to the health insurer after the relevant deadline, compulsory insurance pursuant to Sect. 5 para. 1 No. 13 in connection with para. 11 SGB V can take effect if the person is subject to German law.

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