

Pamphlet
Subsidy for the
Insurance contributions from health and long-term care
insurance
to avoid the need for assistance (§ 26 of the Second Book
of the Code of Social Law)

Who gets the subsidy?

If your income to be credited exceeds your needs according to the Second Book of the Social Code (SGB II) are not entitled to **citizen's money**. In this case, unless you have your income or a family member insurance (e.g. with your spouse), you must take out your own **statutory or private health insurance**.

and long-term care insurance. As a result of the payment of these contributions, you may be in need of assistance in the

meaning of the Second Book of the Code of Social Law. In this case, upon application for you or other persons in the community of needs,

~~the contributions were paid in~~ subsidy to the necessary extent.

The subsidy will be equal to the difference between your contributions to be paid and your needs. in excess of income. It is limited to the amount necessary to avoid need. is such.

Example:


In a community of need, an income of 1,300.00 euros (deductions and allowances except for the health insurance contributions are already taken into account). The needs of the community of needs amount to 1,050.00 euros. The contributions to voluntary statutory health insurance amount to 480.00 euros.

Income:	1.300,00 Euro
<u>Needs of the community of needs:</u>	<u>1.050,00 Euro</u>
Income in excess of need:	250,00 Euro
Contributions to voluntary statutory health insurance:	480,00 Euro
<u>Income in excess of need:</u>	<u>250,00 Euro</u>
<u>Health insurance subsidy:</u>	<u>230,00 Euro</u>

1. Special features of private health and long-term care insurance

The subsidy for private health and long-term care insurance is limited to the amount of your contribution halved in the Base rate. In 2024, the maximum subsidy for private health insurance will therefore be 421.77 euros per month. ish.

If they are in need of assistance, they can remain insured in their previous insurance rate or be transferred to the Ba-sistarif, which must be offered by every private health insurance company. In case of assistance poverty, the health insurance company must halve the contribution in the basic rate. The aim is to achieve that by paying a relatively lower contribution of currently EUR 421.77 per month, assistance is poverty. The benefits in the basic rate are comparable to those of the statutory health insurance The



If you wish to remain insured in your previous insurance tariff, your individual contribution will also be counted as comparison. Taking into account your existing income, the more favourable amount - the halved of the basic rate or your individual contribution - paid as a subsidy.

Please note:

If the calculation shows that a need for assistance according to SGB II can be avoided, you will not be granted a subsidy for the insurance premiums. The job center certifies that you would be in need of assistance in paying the premium in the basic rate. With this proof, the private health insurance companies halve your contribution in the basic rate for the duration of your need for assistance. If you remain in your previous tariff and your contribution is higher than half the contribution in the basic tariff, you must bear the excess portion of the contribution himself. Please indicate the amount of the contributions to be paid by you with according to your current contribution notice. The amount of your contribution in the basic rate can be determined by your private

health insurance companies.


Important note if you would like to switch to the basic rate for the period of need:

In order to find out in detail about the **effects of a change in tariffs** - for example with regard to the benefit starting in the basic rate as well as the premium amount and the switching options - **please contact contact your private health insurance company.**

Please note:

If you are after the 15. March 2020 due to existing need for assistance according to the Second Book of the Social Code (SGB II) have changed (or change) to the basic rate and your need for assistance ends within two years, taking into account your previously acquired rights and without a new health examination, you have a return right to return to your last tariff before the change. To do so, you must of the need for assistance submit an application to your private insurance company. If your need for help not only temporary and last longer than two years is usually a return from the basic rate in your previous benefit tariff is linked to a new health examination and thus often leads to higher contributions or exclusions from benefits. If you remain in the basic rate, the full contribution in the basic rate up to the maximum contribution of currently 843.54 euros to the statutory health insurance. Please seek advice from your private health insurance company.

The contributions for **private long-term care insurance** can also be taken into account. The grant is limited to: half of the maximum contribution to social long-term care insurance. For those insured in the basic rate, this maximum contribution halved in the event of need. Taking into account your existing income, the



subsidy the lower amount - the halved maximum contribution in social long-term care insurance or your individual contribution. You must prove the amount of the contribution.

Important note if you are insured in a tariff with a deductible:

The deductible is the share that you have to bear yourself for any medical costs incurred. Hereby you usually pay a cheaper premium. For example, do you have a deductible of 600 euros per year health insurance will only reimburse costs above this amount.

The costs of medical treatment that you have to pay as part of the deductible cannot be covered by the Jobcenter, as these are not contributions.

Please note: This may result in financial burdens in the event of illness. You have in the event of need, the option of switching to the basic rate without deductible. Please note but the possible consequences of such a change described above.

2. Special features of voluntary or statutory health and long-term care insurance

If you are **voluntarily insured or have statutory health and long-term care insurance**, your allowance will be calculated at contribution paid. You must prove the amount of your contribution.

How do I apply for the subsidy and how is it paid?

In order to be able to grant you a subsidy for your health and long-term care insurance contributions, please fill out in addition to the application for **citizen's allowance**, Annex **SV "Social insurance for recipients of Citizen's Money"**.

You can obtain this form from your job centre or on the Internet at www.arbeitsagentur.de. From the form it also shows which additional documents you need to submit.


In addition, current proof of income is required.

The grant is usually granted from the first of the month in which you submit the application. If you want to use your application with a delay or if the processing of your application takes a longer period of time, the subsidy is also granted retroactively. The entitlement exists for each calendar day for which the payment you have to pay.

would cause the need for assistance.

The **subsidy for private health and long-term care insurance** is paid directly to your private health and long-term care insurance provider in advance every month.

health insurance companies. If your contributions exceed the subsidy from the Jobcenter, you must pay the pay the difference yourself to the private health insurance company. The Jobcenter will the monthly amount, regardless of whether you have a different amount, e.g. Semi-annual payment method



. Please also remember to use your direct debit authorizations or standing orders accordingly.


The **subsidy for voluntary statutory insurance** is paid directly to you every month in advance.

If the approval is revoked retroactively, you must replace the unduly paid subsidies.

Important: Always show any change in your personal and economic circumstances immediately without being asked to avoid disadvantages. For your obligations to cooperate, please refer to the "Leaflet SGB II - Basic Security for jobseekers - **citizen's allowance**".

If you have any further questions, please contact your responsible job centre .





Address of the Jobcenters

Salutation

Forename

Surname

Date of birth

Number of the community of needs (if any)

Please submit this confirmation to the Jobcenter:

**Confirmation of receipt of the leaflet "Subsidy to the insurance contributions of the
Health and long-term care insurance for the avoidance of need for assistance (§ 26 SGB
II)"**

I have published the leaflet "Subsidy to the insurance contributions of health and long-term care insurance for the provision of


avoidance of need for assistance (§ 26 of the Second Book of the Code of Social Law)" and was aware of its content. I am informed about my right to switch to the basic rate and the consequences of a change as described in the leaflet

informed. I am informed that, as a person with private health and long-term care insurance, I will not be able to pay the contribution

which is based on the fact that I have to pay for basic rate health and long-term care insurance in a tariff with a self-paid financial burdens .

Location,
Date

Signature



Adresse des Jobcenters

Anrede

Vorname

Familiennamen

Geburtsdatum

Nummer der Bedarfsgemeinschaft (falls vorhanden)

Bitte diese Bestätigung beim Jobcenter einreichen:

Bestätigung über den Erhalt des Merkblatts „Zuschuss zu den Versicherungsbeiträgen der Kranken- und Pflegeversicherung zur Vermeidung von Hilfebedürftigkeit (§ 26 SGB II)“

Ich habe das Merkblatt „Zuschuss zu den Versicherungsbeiträgen der Kranken- und Pflegeversicherung zur Vermeidung von Hilfebedürftigkeit (§ 26 SGB II)“ erhalten und kenne dessen Inhalt.

Ich bin über mein Wechselrecht in den Basistarif und die in dem Merkblatt dargestellten Folgen eines Wechsels informiert. Ich bin darüber informiert, dass ich als privat kranken- und pflegeversicherte Person den Beitragsanteil, der über dem halbierten Beitrag im Basistarif liegt, selbst tragen muss.

Ich habe zur Kenntnis genommen, dass mir bei einer Kranken- und Pflegeversicherung in einem Tarif mit Selbstbehalt finanzielle Belastungen entstehen können.

Ort, Datum

Unterschrift

