

# Apply for benefits for caregivers in acute care situations and caregiver leave in the social long-term care insurance system

If there is an acute care situation in your family, you can be absent from work for up to 10 working days and receive care support allowance. For a care leave of up to 6 months, you are entitled to subsidies for health and care insurance in certain cases.

## Description



If you are employed and a close family member requires acute care, you can be absent from work for up to 10 working days to organize the care of the family member. Your employer's consent is not required. The entitlement also exists in small companies with few employees. If you share caregiving in the acute situation with other

## More Information

Publisher

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## Contact

The government service telephone  
number 115 – your point of contact for

family members, you are jointly entitled to a total of 10 working days off from work.

The short-term time off from your job is intended to allow you, for example,


- find out about care services,
- organize a care service or caregiver for your family member,
- take care of administrative matters and file applications.

If your employer does not pay you a salary for this period of acute care, you are entitled to a care support allowance. It amounts to 90 percent of the lost net pay, but not more than 70 percent of the income threshold for health insurance contributions. You apply for the care support allowance to the care insurance fund of your family member in need of care. In addition, the insurance company will pay subsidies for health and long-term care insurance upon request.

The care support allowance can only be received by employees who are subject to social insurance contributions. If you are self-employed or a civil servant, or if you receive unemployment benefit II or III, you are not entitled to care support allowance. If you are engaged in farming as an entrepreneur, you are entitled to a farm support allowance for up to 10 days instead of the care support allowance. For more details, contact your health insurance fund.

questions related to the federal, state and local.

Monday through Friday from 8:00 to 18:00 (and beyond these times in some regions).

 Call 115 now

Government service telephone number calls are charged at local rates.

According to the law, an acute care situation exists if it occurs unexpectedly, for example due to an accident or stroke, or if an existing need for care suddenly worsens. In addition, a doctor must confirm that your family member in need of care is likely to be awarded care grades 1 to 5.

In addition to the time off in an acute case, you can take time off from work in whole or in part for a maximum of 6 months to care for a close family member in need of care at home. This leave is called caregiver leave. If you are no longer covered by your employer or family insurance during the care leave and therefore take out voluntary insurance, you can receive subsidies for health and care insurance. You apply for these from the care insurance fund of the family member in need of care. The subsidy amounts to a maximum of the minimum contributions you have to pay for voluntary health insurance and long-term care insurance. For more information, contact your family member's long-term care insurance fund.

### Documents Required



For the care support allowance:

- Medical certificate attesting to the expected need for care of the family member.

- Pay statement from your employer for calculating the care support allowance

For the contribution subsidy during care leave:

- Proof of the amount of your monthly contributions to health and long-term care insurance

## Forms



- Forms: yes
- Online procedure possible: many long-term care insurance companies offer an online procedure.
- Written form required: no
- Personal appearance required: no

## Related Links

- [Antrag auf Pflegegeld über den Kassen-Navigator des GKV-Spitzenverbands](#)



## Contact point



# Liste der Krankenkassen auf der Seite des GKV-Spitzenverbands

## (Spitzenverband Bund der Krankenkassen)

[List of health insurance funds on the website of the National Association of Statutory Health Insurance Funds \(GKV-Spitzenverband\)](#)

### Preconditions and Hints

## Preconditions

- the person in need of care is a close family member, this includes:
  - Grandparents, parents, parents-in-law, stepparents
  - spouses, life partners, partners of a marriage-like or life partnership-like community

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### grandchildren

- the person in need of care is a member of the German long-term care insurance scheme

For the care support allowance:

- the acute care situation has occurred unexpectedly

- a doctor confirms that your family member is likely to be classified in care degrees 1 to 5
- you have notified your employer of the short-term absence from work
- you do not receive any pay from your employer during the time off

For the contribution subsidy for care leave:

- You have claimed care leave from your employer
- You are no longer covered by your work or family insurance during the time off, but have taken out voluntary insurance instead
- Your employer has at least 16 employees

## Hints

You can also apply for the care support allowance and contribution subsidies for care leave if the family member in need of care is not covered by statutory care insurance, but by private insurance. You then submit the respective application to the private insurance company with which the family member is insured.

**Fees / Costs**



Basis for legal action / Legal remedy



More Information



Procedure / Deadlines / Processing time



## Procedure

To be released from work in an acute care situation and receive care support benefits, proceed as follows:

- You notify your employer immediately of the inability to work and its expected duration. Upon request, you provide the employer with the medical certificate on the expected need for care of the family member.
- If you do not receive any pay from the employer during the time off, you can apply for care support allowance from the care insurance fund of the family member in need of care.
- You can submit the application for care support, for example, by mail as well as - for many care insurance funds - in person at the office or submit it online.
- With your application, you submit:
  - the medical certificate about the expected need for care of the family member

- certificate of remuneration from the employer
- The nursing care insurance fund will review your application and
- transfers your care support allowance to you.

To receive subsidies for health and long-term care insurance for the care period, proceed as follows:

- You claim caregiver leave from your employer.
- You apply for the contribution subsidy to the care insurance fund of the family member in need of care.
- You can apply for a contribution subsidy for caregiver leave, for example, by mail, or - for many care insurance companies - in person at the office or online.
- The long-term care insurance fund will review your application and
- transfers the contribution subsidy to you.

## **Deadlines**

In case of acute care situation of up to 10 working days:

- You must notify your employer immediately of your absence and its expected duration.
- You must apply for the care support allowance from the care insurance fund or the care company of the family member in



need of care without delay.

For the contribution allowance during caregiver leave:

- You must give your employer written notice of the time off at least 10 working days in advance.

## **Processing time**

Processing usually takes about 2 to 11 working days.

For a quick processing and decision, your long-term care insurance fund must be provided with the necessary information as well as any required documents in a complete and meaningful manner.

The care insurance fund decides on applications promptly.

Please note that the processing time indicated is an average value for all long-term care insurance funds. It may vary in individual cases.

The exact processing time also depends on the complexity of the individual case and may be longer accordingly. The same applies if documents or records are sent to you or your care insurance fund by mail.

Competent office



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