

99107055017001

Subsidies for contributions to health insurance and long-term care insurance Approval according to the definition of the assumption of contributions by the social assistance institution set out in §32 SGB XII

Heruntergeladen am 29.07.2025

<https://fimportal.de/xzufi-services/397262195/L100001>

Modul	Sachverhalt
Leistungsschlüssel	99107055017001
Leistungsbezeichnung I	Subsidies for contributions to health insurance and long-term care insurance Approval according to the definition of the assumption of contributions by the social assistance institution set out in §32 SGB XII
Leistungsbezeichnung II	
Typisierung	3 - Bundesaufsichtsverwaltung: Regelung
Quellredaktion	Hessen

Modul	Sachverhalt
Freigabestatus Katalog	unbestimmter Freigabestatus
Freigabestatus Bibliothek	fachlich freigegeben (silber)
Begriffe im Kontext	
Leistungstyp	Leistungsobjekt mit Verrichtung
Leistungsgruppierung	Sozialleistungen (107)
Verrichtungskennung	Bewilligung (017)
SDG-Informationsbereich	Rechte und Pflichten im Bereich der sozialen Sicherheit in der Union, auch im Zusammenhang mit Renten
Lagen Portalverbund	Existenzsicherung und staatliche Unterstützung (1140100), Gesundheitsvorsorge (1130100)
Einheitlicher Ansprechpartner	Nein
Fachlich freigegeben am	18.01.2024
Fachlich freigegeben durch	Ministry of Labour, Health and Social Affairs of the State of North Rhine-Westphalia
Handlungsgrundlage	https://www.gesetze-im-internet.de/sgb_12/_32.html https://www.gesetze-im-internet.de/sgb_12/_32.html
Teaser	If your income or assets are not sufficient for your necessary livelihood, you will also receive subsidies for contributions for health insurance and long-term care insurance in accordance with § 32 SGB XII under certain conditions.
Volltext	<p>If you are unable to pay your health and long-term care insurance contributions on your own, you can receive subsidies for these contributions.</p> <p>The monthly contributions to (voluntary) statutory health insurance and social long-term care insurance can be taken into account. The so-called additional contribution can also be taken into account.</p> <p>In the case of private health and long-term care insurance, only the appropriate contributions can be taken into account. In the case of private</p>

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healthinsurance, contributions up to half the individual basic rate or (in the case of older insurances) the standard rate are considered appropriate. Contributions for private long-term care insurance are considered appropriate if the scope of the benefit roughly corresponds to the benefits of the statutory long-term careinsurance. The Social Welfare Office cannot recognise personal contributions.

In the basic tariff, the benefits of private health insurance are comparable to the benefits of statutory health insurance. You can ask your insurance company for information on how much your premium would be in the basic rate. On the basis of the full contribution to the basic rate, the social welfare office will then check whether you are in need of help, i.e. whether you could receive support. If this is the case, the contribution to the basic rate is halved.

This halving alone can mean that you are no longer in need of help and can secure your own livelihood again. If you still need support, the Social Welfare Office will take into account the halved contribution in the basic rate when calculating your entitlement.

With a few exceptions, no benefits can be granted for past periods (no retroactive benefits).

Therefore, contributions are only taken into account from the time when the social welfare office became aware of the need. As a matter of principle, arrears of contributions will not be covered.

Erforderliche Unterlagen

- Valid identity card or passport, confirmation of registration if applicable
- Proof of income, e.g. sick pay
- Proof of assets, such as bank statements and/or savings
- Proof of health and long-term care insurance, i.e. information on health insurance and insurance status or contract for private health and long-term care insurance
- Proof of the monthly costs for the occupied accommodation

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Note: The scope of the required documents, especially for proof of income and assets, depends on the individual case. Your local social welfare office may require you to provide additional documents, such as current bank statements.

The beneficiary must provide proof of the amount of the contributions and the extent of the insurance cover. For this purpose, the contribution notice or insurance policy must be submitted. In the case of private insurance, the person entitled to benefits must also provide proof of the amount of the fictitious individual basic tariff. This applies even if an insurance policy is in a different tariff.

Voraussetzungen

In principle, they belong to the group of persons who are entitled to benefits under Chapter XII of the Third or Fourth Book of the Code of Social Law (assistance for subsistence or basic security in old age and in the event of reduced earning capacity). This is usually the case if you are not able to work.

You are obliged to pay contributions to a health or long-term care insurance company under an existing insurance relationship.

They are in need of help. This is the case if you:

- are unable to make a living from their own income and assets,
- are unable to support themselves with the help of other persons, such as their wife or husband (this also applies to registered civil partnerships and cohabiting couples if the partners live together) and
- have no entitlement to other social benefits (e.g. child benefit, housing benefit, pension, unemployment benefit, sickness benefit, parental allowance) or do not cover their needs.

If you do not live alone, the social welfare office may include the entire income of the members of the household to determine your need for assistance. For this purpose, the income of all household members living together in a dwelling can be taken into account, provided that they work together. The specific

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circumstances of your cohabitation are decisive.

Certain assets are not taken into account, such as small amounts of cash (protected assets, per adult: EUR 10,000, per child: EUR 500) or an adequate house plot. There are also allowances on certain incomes. So you don't necessarily have to use all of your disposable income and assets before you can receive social assistance.

Kosten

Abgabe: Es fallen keine Kosten an
free

Verfahrensablauf

Subsidies for contributions to health insurance and long-term care insurance can be applied for at the Social Welfare Office. However, they must also be granted without an application if the social assistance institution (e.g. district or independent city) or the bodies commissioned by it learn that a person is in need of assistance or in an emergency situation and the conditions for granting assistance are met.

You can declare your need for livelihood assistance online via the social platform or in writing.

- The decision depends on the income and financial circumstances, for which a corresponding form may also have to be submitted.
- Submit all the required documents along with the form.
- The social welfare office will decide on your needs.
- The Social Welfare Office must decide on your notification of need and inform you of the result. This is done by means of a notice, which is usually sent to you by letter.
- If your need has been determined, you will receive a notice of approval, if it is not determined, you will receive a rejection notice.
- In both cases, the decision must contain the reasons for the decision, as well as information on the possibility of appealing against it. For this purpose, an indication of the deadline within which you can lodge an objection must be included.
- The notification of approval must include the amount of the benefit to be paid as well as the start of the

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payment. From the date mentioned, the social welfare office will transfer the money to your account at the beginning of the month. You can also specify a third party's account for the transfer.

Please note: You are obliged to inform the Social Welfare Office immediately of any changes in your income and financial situation.

Bearbeitungsdauer

The processing time depends on the individual case. It is a maximum of six months from the date on which all documents are complete.

Frist

none.

weiterführende Informationen
Hinweise
Rechtsbehelf

If you do not agree with the approval or rejection notice, you can file an objection within one month. Further information on how to file an objection can be found in the notification.

Kurztext

- Subsidies for contributions to health insurance and long-term care insurance Approval according to the definition set out in § 32 SGB XII of the recognition of contributions as needs by the social assistance agency
- Persons entitled to benefits under SGB XII can receive subsidies for their contributions to health insurance (statutory, private or voluntarily statutory) and long-term care insurance.
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- The prerequisite for this is, among other things, that beneficiaries are actually obliged to pay contributions to a health or long-term care insurance company under an existing insurance relationship and that they are unable to make these contributions from their own resources and resources.
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- Certain assets are not included, such as small amounts of cash (protected assets, per adult: EUR 10,000, per child: EUR 500) or an appropriate house plot. There are also allowances on certain incomes.
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- The monthly contributions to (voluntary) statutory health insurance and social long-term care insurance can be taken into account. This also includes the so-called additional contribution.
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- In the case of private health and long-term care insurance, only the appropriate contributions can be taken into account.
- With a few exceptions, no benefits can be granted for past periods (no retroactive benefits).
- Therefore, contributions are only taken into account from the time when the social welfare office became aware of the need.
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- You can claim the subsidies from the social welfare office (if necessary as part of a counselling session) or online.
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- If recipients of SGB XII benefits do not have health insurance and cannot be regularly insured or otherwise insured, they can regularly receive benefits from the statutory health insurance in the event of illness in accordance with § 264 (2) SGB V. The social welfare office will then reimburse the health insurance company for the costs incurred. In this case, no contributions are payable.
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- Competent authority: Local Social Welfare Office

Ansprechpunkt

Zuständige Stelle

Formulare

Ursprungsportal

Zuschüsse zu Beiträgen für Krankenversicherung und Pflegeversicherung Bewilligung nach der in §32 SGB XII dargelegten Definition der Übernahme der Beiträge durch den Sozialhilfeträger, Subsidies for contributions to health insurance and long-term care insurance Approval according to the definition of the assumption of contributions by the social assistance institution set out in §32 SGB XII