

Information on Complaint and Resumption

Complaint

You can complain to the National Social Appeals Board (Ankestyrelsen) of our decisions. The decisions may pertain to –

- turning down or recognising an industrial injury
- reservations for pre-existing diseases
- payment of costs towards medical treatment, transport to place of treatment, as well as costs towards medication
- payment of prostheses, glasses, or similar aids
- compensation for permanent injury
- compensation for loss of earning capacity
- transitional allowance in the event of death
- compensation for loss of breadwinner
- the annual earned income on the basis of which the compensation is calculated
- advance compensation payments
- capitalisation of compensation, that is, payment of lump sum on request

Who can complain?

- The injured person or his/her surviving dependants
- The employer's insurance company and Labour Market Insurance Claims Review (Arbejdsmarkedets Erhvervssygdomskontrol)
- Insured employers can complain of our decision on whether or not it is an industrial injury
- Uninsured employers who have to pay the compensation themselves
- The state, regions, and local authorities who, as employers, are self-insured

If the insurance company, Labour Market Insurance Claims Review, or the employer complains of our decision on the claim, payment of the compensation will be postponed.

Time limits for complaints

If you reside in Denmark

If you wish to complain, we need to know within 4 weeks from the date when you received our decision.

If you receive post from us via e-Boks, we assume that you have received your decision on the weekday after the date stated in the decision letter. Weekdays are Mondays to Fridays. All other post sent electronically we assume you received on the date of the decision letter.

If you received the decision letter by post, we assume that you received the decision according to the following main rules:

- Post sent on Mondays, Tuesdays or Fridays will arrive 5 days later
- Post sent on Wednesdays will arrive 7 days later
- Post sent on Thursdays will arrive 6 days later.

Therefore the 4-week time limit is reckoned from that day. If the time limit expires on a Saturday, Sunday or holiday, it is extended to the following weekday. The time limit expires at our closing time.

This means that in practice, as a main rule, the time limit for ordinary letters expires 4 weeks from:

- The subsequent Monday when the date of the decision is a Monday or Tuesday, or
- The subsequent Wednesday when the date of the decision is a Wednesday, Thursday or Friday

If you reside outside Denmark

If you reside in another European country (apart from Denmark) or in the Faroe Islands on the date when we send our decision, the time limit for complaining is 6 weeks. If you reside outside Europe, the time limit is 3 months. The time limit for complaining is calculated individually for each person who receives a decision letter.

This means that the injured person and the person holding power of attorney on his/her behalf may have different time limits for complaints, depending on the way in which they receive post from us.

What happens if the time limit is not met?

If a complaint of a decision is submitted too late, it can in principle not be processed.

If, in our opinion, the time limit has not been met, we send the claim to the National Social Appeals Board (Ankestyrelsen), informing them that we do not believe the time limit has been met. The National Social Appeals Board will then assess whether or not the time limit has been met.

How to complain of a decision

The person making the complaint needs to send the complaint to Labour Market Insurance (Arbejdsmarkedets Erhvervssikring). Labour Market Insurance will then decide if it agrees with the complaint, in part or in full. If Labour Market Insurance finds that the complaint gives grounds for a changed decision, a new decision is made. If this is not the case, the complaint and the documents of the case will be sent to the National Social Appeals Board. The person making the complaint and the parties to the claim will be informed when the National Social Appeals Board has received the claim.

Resumption

The parties can apply to Labour Market Insurance for resumption of the claim. The person applying for resumption of the claim has to explain in what way the situation has changed substantially because of the industrial injury. At the same time the person applying for resumption needs to indicate where Labour Market Insurance may get more information. This may be information that additional treatment because of the industrial injury has been given by a doctor or in a hospital. It may also be information on changes in employment circumstances.

If the workers' compensation claim has previously been turned down, it is necessary to explain why it should now be regarded as an industrial injury.

Time limits for resumption of a claim

If the injury occurred before 1st January 1993, there are no time limits for resumption of the claim after we have turned down the claim on the grounds that it was not an industrial injury. If the

decision was on the question of compensation, however, there usually is a time limit of 5 years from the date of the first decision on compensation.

If the injury occurred on 1st January 1993 or later, there usually is a time limit of 5 years from the date of the first decision.

For surviving dependants seeking extension or resumption of a time-limited compensation for loss of breadwinner, there is a 5-year time limit from the termination of the benefit.

We are able to extend the time limit for resumption within 5 years from the date of our first decision. Under very special circumstances we are able to disregard the time limit.

Request for resumption

A request for resumption of a claim should be sent to Labour Market Insurance. Remember to state the claim number or the personal ID number of the injured person.

Reassessment of the claim

If, at the time of making the decision, we already believe there are grounds for resuming the claim at a later date, we will state when we intend to do so.

Duty to provide information

If, when making the decision, we granted a monthly compensation payment, the recipient has a duty to provide information on any changes in earned income. This applies, for instance, in case of maternity, sick-leave or increased pay.

Contact information

Our telephone number is +45 72 20 60 00. Our telefax number is +45 72 20 60 20. You can also send us an email: aes@aes.dk

Please feel free to call us any time within our opening hours and ask about your claim. If you have some detailed questions which we cannot answer right away, we offer you a call from a caseworker within 24 hours.

More information and opening hours

Read more information here on the website, including our opening hours.