

## Health insurance

Regulations said, that every worker and every foreman had to be part of the health insurance of the factory. The health insurance was founded before the production started and approved in October 1871. Although according to legal regulations the foundation of the health insurance wasn't even necessary.

August Thyssen's conception was orientated to growth. An essential precondition for this was an efficient workforce. To meet these challenges the social status of the workers, foremen and their families had to be like in big companies or better from the beginning. The principle of the health insurance wasn't the maximization of profits, but to ensure the social covering of the workers and their families. The covering contained support in case of sickness, a free treatment by the company doctor and free medicine and death grants. The health insurance accepted only persons, who had a health certificate. Thereby it was ensured not to employ sick people.

The admission fee for the health insurance was 7.5 silver pennies and two percent of the salary per month. The company paid  $\frac{1}{3}$  of the expenses and paid interests for the reserves. Furthermore, the company paid the fines of the employees to the health insurance. After the fourth day of sickness the health insurance paid sick pay, but in case of an industrial accident there was no waiting period. Sick pay was limited to 3 months for all persons, whose damage was not caused by the company. Hospital expenses were paid by the health insurance. In case of death the company refunded 6 talers. The goal was to convert the health insurance into a medical, handicapped people's and widow's assistance as soon as there were enough assets.

The health insurance consisted of the board of directors and the general meeting. 3 out of 6 persons of the board of directors were

representatives of the factory and 3 were representatives of the staff. The representatives of the staff were elected by the general meeting. At the same time the general meeting elected a number of deputies who had to supervise the sick, in addition they got the right to vote in the board of directors. The general meeting also supervised the executive officers and chose the panel doctor.

After the bill of health insurance had been enacted on the 15<sup>th</sup> of June in 1883 the statutes of the company's health insurance had to be adapted to the new legal regulations. The new statutes became effective on January 1<sup>st</sup> 1885.

The new law included, that every employee, who did not earn more than 6,75 marks a day, had to be a member of the health insurance. Members of the factory who earned more money could be voluntary member of the health insurance. Sick pay was paid from the 3<sup>rd</sup> day then and amounted to 50 percent of the earnings, in some cases to 75 percent. Death grant was increased to 20 times the average daily income, which was about 2,20 marks in 1884. The membership fee was still the same. The administrative personnel and offices of the health insurance were provided by the Thyssen company for free.

Medical care was improved, when there were two panel doctors. The responsibility of the panel doctors was subdivided in residential areas. This way the sick persons had shorter ways to the doctors.

The number of members increased between the 1<sup>st</sup> of January and the 31<sup>st</sup> of December in 1886 from 1651 to 1773. The biggest part of the income of the health insurance consisted of the membership fees, most of it was spent on sick pay.

The statutes had always been adapted to the new legal changes and often included benefits which were better than the legal requirements.