# 99006016037000, 99111050261000



| Modul | Sachverhalt |
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| **Leistungsschlüssel** | 99006016037000, 99111050261000 |
| **Leistungsbezeichnung I** | |
| **Leistungsbezeichnung II** | Occupational disease; notification in case of suspicion |
| **Typisierung** | 2/3 - Bund: Regelung (2 oder 3), Land/Kommune: Vollzug |
| **Quellredaktion** | Bayern |
| **Freigabestatus Katalog** | unbestimmter Freigabestatus |
| **Freigabestatus Bibliothek** | unbestimmter Freigabestatus |
| **Begriffe im Kontext** | |
| **Leistungstyp** | |
| **Leistungsgruppierung** | |
| **Verrichtungskennung** | |
| **SDG-Informationsbereich** | |
| **Lagen Portalverbund** | |
| **Einheitlicher Ansprechpartner** | |
| **Fachlich freigegeben am** | 22.04.2025 |

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| **Fachlich freigegen durch** | Bundesministerium für Arbeit und Soziales |
| **Handlungsgrundlage** | https://www.gesetze-im-internet.de/sgb_7/__202.html<br>https://www.gesetze-im-internet.de/sgb_7/__202.html<br>https://www.gesetze-im-internet.de/sgb_7/__9.html<br>https://www.gesetze-im-internet.de/sgb_7/__9.html<br>https://www.gesetze-im-internet.de/sgb_7/__193.html<br>https://www.gesetze-im-internet.de/sgb_7/__193.html<br>https://www.gesetze-im-internet.de/sgb_7/__215.html<br>https://www.gesetze-im-internet.de/sgb_7/__215.html |
| **Teaser** | If you have indications that an occupational disease may be present, you have the option of reporting this to your employer's liability insurance association or accident insurance fund. |
| **Volltext** | As an employer, you are obliged to immediately report any justified suspicion of an occupational disease in one of your employees to the relevant employers' liability insurance association or accident insurance fund.<br><br>As an insured person, you can also informally report the suspicion of an occupational disease yourself.<br><br>As a doctor, you also have a duty to report a reasonable suspicion of an occupational disease. This applies to both outpatient and inpatient doctors. The employers' liability insurance association or accident insurance fund will check whether there is an illness and whether it was caused by work.<br><br>If the employer's liability insurance association or accident insurance fund recognizes the occupational disease, it pays for all necessary measures to alleviate the consequences of the occupational disease and prevent it from worsening. These measures can range from medical care to occupational measures.<br><br>Insured persons can receive a pension if, despite the measures, a physical impairment with a reduction in earning capacity (MdE) of at least 20 percent remains. |
| **Erforderliche Unterlagen** | • Required Documents |

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| | Companies or doctors must submit the following documents when registering by post:<br><br>• Companies: Form "Notification by the employer in the event of indications of an occupational disease in an employee"<br>• Doctors: form "Medical notification of suspected occupational disease" |
| **Voraussetzungen** | The disease<br><br>• must generally be included in the Ordinance on Occupational Diseases and<br>• must be caused by the occupational activity. |
| **Kosten** | There are no costs. |
| **Verfahrensablauf** | You can report a suspected occupational disease online or by post.<br><br>Online service:<br><br>• Call up the online service.<br>• You will be guided through the procedure on the accident insurance service portal.<br>• You can log in.<br>• If you would like to receive the reply from your Berufsgenossenschaft or accident insurance fund in the mailbox of your BundID account or My Company Account, you must have an account and authenticate yourself.<br>• If you would like to receive the reply by post, you can continue without registering.<br>• Select your responsible employers' liability insurance association or accident insurance fund or find them using the industry search.<br>• Upload the required documents.<br>• Complete the online form and send it off.<br>• Your notification will be automatically forwarded to your employers' liability insurance association or accident insurance fund.<br>• You will receive feedback via the desired channel. |

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| | Online service of your employers' liability insurance association or accident insurance fund:<br><br>• If you have access to the portal of your employers' liability insurance association or accident insurance fund, you can also submit the notification electronically there if necessary.<br><br>Message by post (for companies and doctors):<br><br>• Download the relevant form from the DGUV website.<br>• Please add any necessary information or documents.<br>• Send the form to your employer's liability insurance association or accident insurance fund.<br><br>Message by post (for insured persons):<br><br>• Send an informal letter to your employer's liability insurance association or accident insurance fund.<br>• Make sure you provide the required information and enclose the necessary documents. |
| **Bearbeitungsdauer** | The duration depends on what data is already available. As a rule, a medical assessment is carried out and the working life must be clarified so that the connection to the professional activity can be assessed. (1 to 2 weeks) |
| **Frist** | There is no deadline. |
| **weiterführende Informationen** | https://www.gewerbeaufsicht.bayern.de/arbeitsschutz/arbeitsmedizin/berufskrankheiten/index.htm<br>https://www.gewerbeaufsicht.bayern.de/arbeitsschutz/arbeitsmedizin/berufskrankheiten/index.htm<br>https://www.dguv.de/de/versicherung/berufskrankheiten/index.jsp<br>https://www.dguv.de/de/versicherung/berufskrankheiten/index.jsp<br>https://www.dguv.de/de/mediencenter/hintergrund/berufskrankheiten/faq/index.jsp |

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| | https://www.dguv.de/de/mediencenter/hintergrund/berufskrankheiten/faq/index.jsp<br>https://www.dguv.de/medien/formtexte/unternehmer/u_6000-e/u6000-e.docx<br>https://www.dguv.de/medien/formtexte/unternehmer/u_6000-e/u6000-e.docx<br>https://www.dguv.de/medien/formtexte/aerzte/f_6000-e/f6000-e-neu.pdf<br>https://www.dguv.de/medien/formtexte/aerzte/f_6000-e/f6000-e-neu.pdf |
| **Hinweise** | |
| **Rechtsbehelf** | • Appeal<br>• Detailed information on how to lodge an appeal can be found in the notification from your employer's liability insurance association or accident insurance fund. |
| **Kurztext** | |
| **Ansprechpunkt** | |
| **Zuständige Stelle** | |
| **Formulare** | |
| **Ursprungsportal** | BayernPortal, BayernPortal |