


Personal (記入後)

ご提出いただく書類は、当組合で被扶養者資格の確認を行うために使用し、それ以外の目的では使用しません。

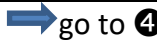
Dependent certification record (spouse or child)

Insured person	name	Kenpo Taro									
	insurance card code-number	1	5	0	-	1	2	3	4	5	

Certification applicant	name	Kenpo kenzo			relation -ship	son	age	3
	job	• none • part-time worker • Self-employed • student other ()						

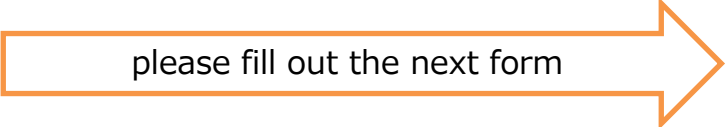
● Please attach any documentation you need to submit.  [Required documents](#)

● It's possible that we will require you to submit more documents.

① Health insurance in which you were previously enrolled		
	Health insurance provided by employer name()	
<input checked="" type="checkbox"/>	Family member name(Abc health insuarānce society)	
	National Health Insurance name()	
	other (Mutual aid association) name()	
	Not enrolled	
② Reason why application as a dependent was made		document
	Homemaker/Unemployed/no income	1
<input checked="" type="checkbox"/>	Students or preschool children	2
	Annual income is less than *1.3million yen	3
	Pension income is less than 1.8million yen	4
	Self-employed income is less than 1.3million yen	5
	Interest or dividend income is less than 1.3million yen	6
	Quitted self-employment	7
	Retired or resigned	}  go to ④
	Received in full employment insurance	
	Extended or planning to extend the employment insurance payment	
	other ()	8

③ Details of income for the certified person		
	Salary (part-time income) 円	
	Pensions (Old age/Corporate/ Disability/Survivor's pension etc.) 円	
	Real estate income 円	
	Self-employed income 円	
	Interest/dividend income 円	
	Social insurance benefits 円	
	compensated absences payment 円	
	Other ()	
④ Current status of the employment insurance payment		document
yes	→ <input type="checkbox"/> completed/received in full <input type="checkbox"/> Extended <input type="checkbox"/> will not receive	9
		10
		11
no	→ <input type="checkbox"/> not required <input type="checkbox"/> not enrolled	12
		13

*Persons over 60 or with disabilities are 1.8million yen.

 please fill out the next form

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⑤ Does the certification applicant live with the person insured?		document
<input checked="" type="checkbox"/>	yes	14
	No → Amount transferred per month _____ 円	14・15
⑥ Family of the certification applicant		document
■ When the certificated person is child of the main beneficiary,		
	do you have a spouse? → <input type="checkbox"/> yes → monthly income _____ 円	16
	<input checked="" type="checkbox"/> no	

誓 約

I hereby certify that the information listed below is true and correct.

If there are any discrepancies with the facts, I do not object to the cancellation of certification or to refunding the benefits paid by the health insurance society.

Also, if I obtain employment or if my income fluctuates, I will promptly engage in procedures for removing dependents.

2023年 12月 1 日

Name of person insured **Kenpo taro** _____

被扶養者に関する申告書 添付書類一覧

Document No	Condition	Required documents
1	Homemaker/Unemployed/no income	Original of tax exemption certificate
2	Students or preschool children (unnecessary for under high school students)	Original of certification of enrollment (student ID card is not acceptable)
3	Annual income is less than *1.3million yen	Copy of pay slip for the last 3 months Copy of withholding slip or employment agreement
4	Pension income is less than 1.8million yen	Copy of the latest pension transfer notice
5	Self-employed income is less than 1.3million yen	Copy of the latest tax return
6	Interest or dividend income is less than 1.3million yen	Copy of the latest tax return
7	No income due to closing of personal business	Copy of the closing notification for the business
8	Health insurance injury and illness allowance	Copy of the notice of Health insurance injury and illness allowance
	Work leave compensation	Copy of the notice of work leave compensation payment
	Under medical treatment	Copy of the medical treatment proof
	Moving to a nursing home	Proof of the stay in nursing home
9	Completed receipt of employment insurance	Both sides of the employment insurance certificate copy
10	Extending of employment insurance payment	Copy of the notice extending employment insurance and <i>risyokuhyo</i> No.1&2
11	No receipt of employment insurance due to full retirement	The confirmation notice of disqualification from employment insurance or certification of disqualification from previous health insurance
12	Not eligible for employment insurance benefits	Copy of <i>risyokuhyo</i> No.1&2 and certification of disqualification from previous health insurance
13	Not enrolled to receive employment insurance payment	Copy of pay slip for the last 3 months and certification of disqualification from previous health insurance
14	Confirmation of the relationship between the insured and the certified	Living together Original certificate of residence, including the entire household Living separately Copy of certificate of the family register * issued within 3 months and including My Number, Japanese ID number, is necessary.
15	The amount of money sent when living separately from the person insured	Copy of a bank transfer receipt or bank book for proof of remittance for the last 3 months *payee and recipient name must be visible
16	Other family members' income	Copy of pay slip for the last 3 months or the latest tax return

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