

Dependent certification record

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 the refund of 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.

To the Executive Head of the Mercari Health Insurance Association

Date:

Name of insured person _____

■ Please enter the required information or circle the applicable items for the certified person.

Insured person	Code	Number	Name of certified person	Relationship	Age
(1)	Reason why application as a dependent was made		1. Obtained employment at company 2. Got married 3. Quit work and lost all income 4. Income decreased 5. Completed receipt of employment insurance benefits 6. Other [_____]		
(2)	Please list the health insurance in which you are currently enrolled		1. National Health Insurance 2. Health insurance provided by employer 3. Other health insurance/mutual aid association 4. Not enrolled *If you circled 1., 2., or 3. above, please enter the name of your health insurance society [_____]		
(3)	Are you currently working?		Yes (Go to (7)) No (Go to (4))		
(4)	Did you work during the past year?		Yes (Go to (5)) No (Go to (7))		
(5)	Were you enrolled in employment insurance?		Yes (Go to (6)) [Date of retirement: (Y) (M) (D)] [Reason for retirement: _____] No (Go to (7))		
(6)	Please list the current status of employment insurance receipt. *If the basic daily amount exceeds 3,612 yen, certification is not possible (5,000 yen for those over 60 years old)		1. Currently receiving pension 2. Currently applying or planning to apply [Date of procedures: (Y) (M) (D)] 3. Currently extending or planning to extend [Reason for extension _____] 4. Completed receipt [Date of completion: (Y) (M) (D)] 5. Will not receive [Reason: _____] 6. Other [_____] (Go to (7))		
(7)	Do you currently have income?		Yes (Go to (8)) No (Go to (10))		
(8)	Please list your current amount of income.		[Annual income: approx. _____ yen] (Go to (9))		
(9)	Please list the details of your income.		1. Salary (part-time income) 2. Real estate income 3. Interest/dividend income 4. Self-employed income 5. Pensions (please circle the type) A. Old age pension B. Survivor's pension C. Personal pension D. Disability pension E. Corporate pension F. Onkyu pension G. Other [_____] 6. Social insurance benefits (please circle the type) A. Injury and illness allowance B. Maternity allowance C. Work leave compensation, etc., from industrial accident compensation insurance D. Other [_____] 7. Other [_____] (Go to (10))		
(10)	Do you live with the insured person?		Yes No Reason for living separately [_____] Amount transferred in one month [_____ yen]		

*For details of attached documents, please check the documents list for other documents required for dependent certification.

■ If you want to certify a family member such as parents, parents-in-law, siblings (other than spouse/children living together), please complete the following section.

(10)	Does the certified person have a spouse?	No 1. Separation due to death 2. Divorce 3. Not yet married			Yes [Name of spouse: _____] [Annual income of spouse: _____ yen]		
(11)	■ Please fill in the family structure of the certified person.	Name	Relationship	Age	Household	Annual income	Does the certified person receive any aid?
					Cohabit / Separate	yen	Yes [_____ yen] / No
					Cohabit / Separate	yen	Yes [_____ yen] / No
					Cohabit / Separate	yen	Yes [_____ yen] / No