Managing director	Clerical supervisor	Person in charge

Health Insurance Notification of Change of Covered Dependents (Addition)

Subm	nission	7. He	isei	(Y	()	(M)		(D)				Section to b	e com	pleted	by the la	bor a	nd soci	al secur	rity att	orney ,	/ healt	h insura	nce so	ciety
	ite:	9. Re										Acquisition date:		Heisei Reiwa		(Y)		(M)		(D)	Standard monthly remunerat ion	(In tho	,00, usands o	00 yen of yen)
ъ	Insi	ured					ured					Date of	5. 5	howa		(Y)		(M)		(D)				
sure		n code				per nun	rson nber					birth		Heisei							Remarks			
n for in		(Furigan	a)										Post	al code	e									
Section for insured	Name	(Last na	me)	(First name)						Address	ess													
O ,		<u> </u>					<u> </u>						Telepho	ne number			_			_				
		(Furigan	a)									Date of	5.5	howa		(Y)		(M)		(D)				
lent		(Last na	ne)				(First nai	ne)				birth	l	Heisei			Gender 1. Male 2. Fema							emale
Section for dependent	Name											Individual number												
on for	Relationship		Occupal	ion		Income (annual income)	(in ten	of the	000 yen ousands of yen)	Address	Cohabitatio Living separatel		ving se	parately	Postal co	ode								
Section	becor	Date of becoming a dependent 9. Reiwa (Y) (M) (D) Reason												Remarks *										
Need f	or a quali	ification El	igibility Confir	mation D	ocument?		l wo	ıld lik	e to r	eceive a Eli	gibility Conf	rmation Document					※Please enter Certificate of Residence							
Ţ		(Furigan	a)									Date of		howa Heisei		(Y)		(M)		(D)	Gender	1. Mal	o 2 E	omalo
den	Name	(Last na	ne)				(First nai	ne)				birth		Reiwa							Gender	I. IVIdi	e 2. F	emale
Section for dependent												Individual number												
on for	Relationship		Occupal	ion		Income (annual income)	(in ten	of the	000 yen ousands of yen)	Address	Cohabitatio Living separate		ving se	parately	Postal co	ode								
Secti	becor	te of ming a endent	9. Reiwa	9	(Y)		(M)		(D)	Reason							Remarks *							
Need f	or a quali	ification El	igibility Confir	mation D	ocument?		l wo	ıld lik	ke to r	eceive a Eli	gibility Conf	irmation Doc	ume	nt			 %Ple	ase en	ter Ce	ertifica	te of	Reside	nce	
t		(Furigan	a)									Date of		howa		(Y)		(M)		(D)	Cardan	1 140	a 2 F	omala
pendent	Name	(Last na	ne)				(First nai	ne)				birth	l	leisei Reiwa							Gender	1. Mal	e 2. F	emale
depen												Individual number												
Section for de	Relationship		Occupal	ion		Income (annual	(in ten		000 yen ousands	Address	1. Cohabitatio	In the case of li	ving se	parately	Postal co	ode								
tion	Dat	te of			(V)	income)			of yen)		2. Living separate	У												
Sec	becor	Date of Jecoming a Jependent (Y) (M) (D) Reason							Remarks **Please enter Certificate of Residual Remarks **Please enter Certificate of Residual Remarks								*							
			igibility Confir									irmation Doc												
*If tr	iere is	no cer	tificate of	reside	ence foi	r the d	lepend	ent ir	n Japai	n, please ch	neck the rec	quirements o	n the	back a	and ent	er th	e appi	icable	numb	oer in 1	the re	marks	colun	nn.
																		/	Data			ived (c		/
																		/	Date	reques	st rece	ived (s	.аттр)	/
	fice Iress	Postal	code																					
Nan	ne of																							
	ne of											Lal	bor and	l social s	ecurity att	orney	submitt	ng the ap	pplication	on on be	ehalf of	the insu	ed	
	loyer																							
-	ohone nber			())											Me	ercari	Health	n Insu	rance .	Associ	ation

*If there is no certificate of residence for the dependent in Japan, please check if any of the following requirements apply to the dependent and enter the applicable number in the remarks column.

Number	Requirement	Documents for Attachment
(1)	Students studying overseas	Copy of visa, student ID, enrollment certificate, admission certificate, etc.
(2)	Person accompanying an insured person who is stationed for work in a foreign country [Specific example] Person for whom a dependent visa is issued	Copy of visa, letter of appointment for overseas assignment, residence certificate issued by an overseas public institution, etc.
(3)	Person who temporarily travels abroad for sightseeing, recreation, volunteer activities, or other purposes other than employment [Specific examples] In principle, a person whose visa has an expiration date; for example, person who travels using the working holiday system, family member who accompanies students studying abroad. etc.	Copy of the visa, proof of the volunteer dispatching agency, volunteer participation agreement, etc.
(4)	Person who has a personal relationship with the insured person while the insured person is assigned to a foreign country and is recognized as equivalent to (2). [Specific examples] • Child of insured person born during overseas assignment • Spouse who was married locally during an overseas assignment • Specially-adopted child who was adopted during overseas assignment	Copy of documents certifying birth, marriage, etc.
(5)	In addition to the persons listed in (1) to (4), persons who are recognized as having their lifestyle based in Japan in consideration of the purpose of travel and other circumstances [Specific example] Children born while a dependent is living overseas for reasons such as foreign study	Copy of documents certifying birth, marriage, etc.

Mercari Health Insurance Association