

Managing director	Clerical supervisor		Person in charge

Health Insurance Notification of Change of Covered Dependents (Addition)

Submission date:

7 Heisei

9. Reiwa

0

0

0

2

0

1

Section to be completed by the labor and social security attorney / health insurance society

Acquisition date:

7. Heisei

9. Reiwa

(Y)

(M)

(D)

Standard monthly remuneration

,000 yen

(In thousands of yen)

Section for insured person

Insured person code

100

Insured person number

000000

Date of birth

5 Showa

7. Heisei

5

0

1

0

1

1

Remarks

Name

(Furigana)

ケンポ

(Last name)

Kempo

(First name)

Taro

Address

Postal code

123-4567

1-2-3 XXXX, XXXX Ward, Tokyo

Telephone number

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Section for dependent

Name

(Furigana)

ケンポ

(Last name)

Kempo

(First name)

Hanako

Date of birth

5. Showa

7. Heisei

9. Reiwa

5

2

1

2

2

2

Gender

1. Male

2. Female

Relationship

Wife

Occupation

Unemployed

Income (annual income)

0,000 yen

(in tens of thousands of yen)

Address

1. Cohabitation

2. Living separately

In the case of living separately

Postal code

Date of becoming a dependent

9. Reiwa

0

0

0

2

0

1

Reason

Retirement

Remarks

*

Need for a qualification Eligibility Confirmation Document?

☐

I would like to receive a Eligibility Confirmation Document

※Please enter Certificate of Residence

Section for dependent

Name

(Furigana)

ケンポ

(Last name)

Kempo

(First name)

Jiro

Date of birth

5. Showa

7. Heisei

9. Reiwa

0

2

0

6

0

1

Gender

1. Male

2. Female

Relationship

Second oldest

Occupation

University

Income (annual income)

0,000 yen

(in tens of thousands of yen)

Address

1. Cohabitation

2. Living separately

In the case of living separately

Postal code

20500

1600 Pennsylvania Avenue, NW Washington, DC

Date of becoming a dependent

9. Reiwa

0

0

0

2

0

1

Reason

Foreign study

Remarks

(1)

*

Need for a qualification Eligibility Confirmation Document?

☐

I would like to receive a Eligibility Confirmation Document

※Please enter Certificate of Residence

Section for dependent

Name

(Furigana)

(Last name)

(First name)

Date of birth

5. Showa

7. Heisei

9. Reiwa

Gender

1. Male

2. Female

Relationship

Occupation

Income (annual income)

0,000 yen

(in tens of thousands of yen)

Address

1. Cohabitation

2. Living separately

In the case of living separately

Postal code

Date of becoming a dependent

9. Reiwa

Reason

Remarks

*

Need for a qualification Eligibility Confirmation Document?

☐

I would like to receive a Eligibility Confirmation Document

※Please enter Certificate of Residence

*If there is no certificate of residence for the dependent in Japan, please check the requirements on the back and enter the applicable number in the remarks column.

Date request received (stamp)

Office address

Postal code

Name of office

Name of employer

Labor and social security attorney submitting the application on behalf of the insured

*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] <ul style="list-style-type: none">• 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.

