

Managing director	Clerical supervisor		Person in charge

Notification of Change of Covered Dependents (Removal)

Attachment Document (1): Please attach the insurance card or eligibility confirmation or eligibility notification document of the dependent to be deleted. If you have lost your insurance card or eligibility confirmation document, please attach the "Insurance card •Eligibility confirmation document Reissue due to Loss or Damage Application Form."

Attachment Document (2): To delete a dependent due to the start of receiving employment insurance, please attach a copy of the employment insurance benefit qualification certificate which lists the start date of receiving employment insurance.

Submission date:	9. Reiwa	0	0	0	2	0	1
	(Y)	(M)	(D)				

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
	(Furigana)	ケンポ	(First name)	タロウ	Postal code	123-4567							
	Name	Kempo	Taro	Address	1-2-3 XXXX, XXXX Ward, Tokyo								
					Telephone number	00 - 4444 - 0000							

Section for confirming insured person	<input type="checkbox"/>	I wish to issue a certificate of losing qualification
⇒ Mailing address for certificate of losing qualification	Postal code	
(not required when the same as the address of the insured person)		

Section for dependent	(Furigana)	ケンポ	(First name)	イチロウ	Date of birth	5. Showa	7. Heisei	0	6	0	7	2	2	Gender	1. Male	2. Female
	(Last name)	Kempo	(First name)	Ichiro	individual number											
	Relationship	Eldest son	Date of removal as a dependent	7. Heisei	9. Reiwa	0	0	0	2	0	1	Reason	Obtained employment			

Section for dependent	(Furigana)		(First name)		Date of birth	5. Showa	7. Heisei		(Y)	(M)	(D)	Gender	1. Male	2. Female
	(Last name)		(First name)		individual number									
	Relationship		Date of removal as a dependent	7. Heisei	9. Reiwa							Reason		

Section for dependent	(Furigana)		(First name)		Date of birth	5. Showa	7. Heisei		(Y)	(M)	(D)	Gender	1. Male	2. Female
	(Last name)		(First name)		individual number									
	Relationship		Date of removal as a dependent	7. Heisei	9. Reiwa							Reason		

Date request received (stamp)

Office address	Postal code
Name of office	
Name of employer	
Telephone number	()

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