Written Oath in Regard to Dependent Certification

*Please submit when leaving a company with employment insurance and applying for dependent certification.

I, _____, am applying as a dependent
after leaving my job on Reiwa ___ (Y) ___ (M) ___ (D).

Please circle one of the following numbers.

Current receipt status		
	1	I am currently applying to receive unemployment benefits of employment insurance. Please certify me as a dependent during the benefit restriction period. When receiving the basic allowance after the benefit restriction period, I will promptly submit notification to have myself removed from dependents from the date on which payment starts.
	2	I will not receive unemployment benefits of employment insurance.
	3	I extend the receipt of unemployment benefits of employment insurance. Please certify me as a dependent during the receipt extension period. Upon entering the period for start of receiving unemployment benefits, I will promptly submit notification to have myself removed from dependents.
	4	I will receive unemployment benefits from employment insurance, but since the basic daily amount is less than 3,612 yen (less than 5,000 yen for those aged 60 and over), please certify me as a dependent.

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

Date:

Address   Postal code

Code/Number   —

Name

To the Executive Head of the Mercari Health Insurance Association

Date request
received (stamp)