

様

Employee code:

スタッフコード:

Please fill in the employee code

Date of issue: Heisei year month day

発行日: 平成 年 月 日

Techno Service Co., Ltd.

株式会社テクノ・サービス

0120-232-040

Return this document within 1 week from arrival.

Social Insurances Confirmation Sheet 各種社会保険確認書

Employment insurance

• Eligibility Expected to have more than 20 designated working hours and more than 31 working days

Health insurance • Employee pension insurance

• Eligibility As a general rule, "120 or more designated working hours per month for more than 2 months" (The first day of the contract that goes beyond 2 months is the date of acquisition) or is "expected to have 20 or more designated working hours per week with a wage converted to 88,000 JPY or more per month (annual salary 1,060,000 JPY) and the employment contract does not state to be for less than 1 year"

Please Note:

- In the case of returning this document is returned late, the enrollment insurance procedures will use a new number. It will be necessary to do the procedures by oneself to combine the enrollment history.

※For more information regarding the above, please see the attached "Social Insurances Enrollment Guide" and the "Please Note" items.

PLEASE FILL OUT THE FOLLOWING ITEMS IN JAPANESE

以下の必要事項を、日本語でご記入ください

①Name

氏名

印

Seal

Sex
性別

Male

Female

Furigana フリガナ

Maiden name 旧姓

※Please fill in for those who last completed insurance procedures using their maiden name.

※各種保険について直近の加入が旧姓での手続となっていた方はご記入ください。

②Employment insurance number

雇用保険被保険者番号

※For those who do not know their employment insurance number, please fill in the name of the last company in which you were enrolled in employment insurance and the date of resignation.

※雇用保険番号がわからない方は、雇用保険に加入していた最後の会社名と退職時期を記入ください。

• Company name: _____

会社名

• Date of resignation: _____

Heisei year month day

• 退職日: 平成 年 月 日

Basic pension number: _____

基礎年金番号

※For those who do not know their basic pension number due to losing it, please fill in your "residence card address" (juminhyo).

※年金手帳紛失等で基礎年金番号がわからない方は『住民票住所』をご記入ください。

③About dependents (Only fill in the case of having family. Necessary documents will be sent at a later date.)

扶養家族について (ご自身が家族がいる場合のみご記入ください。後日必要書類を送ります。)

Relationship 続柄	Furigana フリガナ (Full) name in Japanese 氏名 (フルネーム)	Age 年齢	Profession (Student) 職業 (学生)	Salary (Annual) 収入 (年額)	Residence	
					Together 同居	Separate 別居
<input type="checkbox"/> Wife (妻) <input type="checkbox"/> Husband (夫)			<input type="checkbox"/> Unemployed (無職) <input type="checkbox"/> Part-time/arubaito (パート・アルバイト) <input type="checkbox"/> Self-employed (自営業) <input type="checkbox"/> Receiving pension (年金受給者) <input type="checkbox"/> University/college student (大学生) <input type="checkbox"/> High school student (高校生) <input type="checkbox"/> Elementary/middle school student (小学生、中学生) <input type="checkbox"/> Child (幼児)		Together	Separate
<input type="checkbox"/> Child(子) <input type="checkbox"/> Father(父) <input type="checkbox"/> Mother(母)			<input type="checkbox"/> Unemployed (無職) <input type="checkbox"/> Part-time/arubaito (パート・アルバイト) <input type="checkbox"/> Self-employed (自営業) <input type="checkbox"/> Receiving pension (年金受給者) <input type="checkbox"/> University/college student (大学生) <input type="checkbox"/> High school student (高校生) <input type="checkbox"/> Elementary/middle school student (小学生、中学生) <input type="checkbox"/> Child (幼児)		Together	Separate
<input type="checkbox"/> Child(子) <input type="checkbox"/> Father(父) <input type="checkbox"/> Mother(母)			<input type="checkbox"/> Unemployed (無職) <input type="checkbox"/> Part-time/arubaito (パート・アルバイト) <input type="checkbox"/> Self-employed (自営業) <input type="checkbox"/> Receiving pension (年金受給者) <input type="checkbox"/> University/college student (大学生) <input type="checkbox"/> High school student (高校生) <input type="checkbox"/> Elementary/middle school student (小学生、中学生) <input type="checkbox"/> Child (幼児)		Together	Separate
<input type="checkbox"/> Child(子) <input type="checkbox"/> Father/mother in law(義父・義母) <input type="checkbox"/> Grandfather/grandmother(祖父・祖母) <input type="checkbox"/> Grandchild(孫) <input type="checkbox"/> Sibling(兄弟姉妹) <input type="checkbox"/> Child of husband/wife(夫・妻の子) <input type="checkbox"/> Common-law husband or wife(内縁の妻・夫)			<input type="checkbox"/> Unemployed (無職) <input type="checkbox"/> Part-time/arubaito (パート・アルバイト) <input type="checkbox"/> Self-employed (自営業) <input type="checkbox"/> Receiving pension (年金受給者) <input type="checkbox"/> University/college student (大学生) <input type="checkbox"/> High school student (高校生) <input type="checkbox"/> Elementary/middle school student (小学生、中学生) <input type="checkbox"/> Child (幼児)		Together	Separate
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Please attach:

• Copy of unemployment insurance document

• Copy of retirement notebook