

Document code
2 2 0 2

For use of the Association

Health insurance Dependent person (change) declaration
National pension Insured person notification of relation No. 3

Employer field	Heisei	Year	Month	Submit date	Office code		Office address		Office name		Company owner name		Phone							
	I confirmed that there is no error in the personal number (basic pension number) of this form																			
	When there is a statement concerning the spouse in the welfare pension (nenkin), at the same time its accepted as the "third category national pension relationship notification", and the insured spouse will be converted from the third to the second category.																			
	Receiving confirmation																			
	Social insurance (shakai hoken) field																			
Name and others																				
Company owner confirmation field																				
Circle when the company owner has confirmed Confirmed Those whose omitted the attachment of proof of income, we confirm to be dependent spouse and relatives deductible under the Income Tax Law.																				
Company owner receiving date Heisei year month day																				
A) Insured person field	① Insured person organization number		② Name (Furigana) (Family name)		③ (Name)		④ Birthday 5. Showa year month day 7. Heisei		⑤ Gender 1 male 2 female		⑥ My number (Pension number)		⑦ Acquisition date 7. Heisei year month day		⑧ Income (Annual)		⑨ Foreign nationality		⑩ If you filled the [My number] field, the address is not necessary	

If your dependant spouse has become a (3rd category insurance dependant) circle "applicable", "not applicable" if your dependant is not a dependant anymore, and "change" in case of changes.

B) (No. 3 insured person) spouse field	③ Name (Furigana) (Name)														④ Birthday 5. Showa year month day 7. Heisei		⑤ Gender (Relationship) 1. Husband 3. Husband(not regis e etc) 2. Wife 4. Wife(not registered)		⑥ My number (Pension number)		⑦ Foreign nationality		⑧ Foreign name (Furigana)		⑨ Address Living together Living separate		⑩ Phone number 1 home 2 mobile 3 work 4 others		⑪ Date that became a dependant (No. 3 insured person) 7. Heisei year month day		⑫ Reason 1. Spouse's employment 2. Marriage 3. Leave work 4. Income decrease 5. Others		⑬ Profession 1. Unemployed 2. Part time 3. Pensioner 4. Others		⑭ Date that ceased to be a dependant (No. 3 insured person) 7. Heisei year month day		⑮ Reason 1. Death (Heisei year month day) 2. Divorce 3. Employment - Income increase 4. Became 75 years old 5. Certification of disability 6. Others		⑯ Notes		⑰ Classification 31	

⑮ Please fill in if you have a spouse who is not a dependant. Spouse income (annual) yen

If your dependant other than spouse has become a (3rd category insurance dependant) circle "applicable", "not applicable" if your dependant is not a dependant anymore, and "change" in case of changes.

C) Other dependant field 1	③ Name (Furigana) (Family name)		④ (Name)		⑤ Birthday 5. Showa year month day 7. Heisei		⑥ Gender 1. Male 2. Female		⑦ My number		⑧ Address 1. Same 2. Different address ()		⑨ Relationship 1. Child/adopted child 2. 1 Other children 3. Parents/ adoptive parent 4. Parent-in-law 5. Sibling 6. Older sibling 7. Grandparent 8. Great grandparent 9. Grandson 10. Other		⑩ Date that became a dependant 7. Heisei year month day		⑪ Profession 1. Unemployed 2. Part time 3. Pensioner 4. Elementary - junior high student or under 5. High - college student(grade) 6. Others ()		⑫ Income (Annual) yen		⑬ Reason 1. Birth 2. Employment 3. Income decrease 4. Living together 5. Others		⑭ Date that ceased to be a dependant 7. Heisei year month day		⑮ Reason 1. Death 2. Income increase 3. Certification of disability 4. Employment 5. Became 75 years old 6. Others()		⑯ Notes		⑰ Classification	
C) Other dependant field 2	③ Name (Furigana) (Family name)		④ (Name)		⑤ Birthday 5. Showa year month day 7. Heisei		⑥ Gender 1. Male 2. Female		⑦ My number		⑧ Address 1. Same 2. Different address ()		⑨ Relationship 1. Child/adopted child 2. 1 Other children 3. Parents/ adoptive parent 4. Parent-in-law 5. Sibling 6. Older sibling 7. Grandparent 8. Great grandparent 9. Grandson 10. Other		⑩ Date that became a dependant 7. Heisei year month day		⑪ Profession 1. Unemployed 2. Part time 3. Pensioner 4. Elementary - junior high student or under 5. High - college student(grade) 6. Others ()		⑫ Income (Annual) yen		⑬ Reason 1. Birth 2. Employment 3. Income decrease 4. Living together 5. Others		⑭ Date that ceased to be a dependant 7. Heisei year month day		⑮ Reason 1. Death 2. Income increase 3. Certification of disability 4. Employment 5. Became 75 years old 6. Others()		⑯ Notes		⑰ Classification	
C) Other dependant field 3	③ Name (Furigana) (Family name)		④ (Name)		⑤ Birthday 5. Showa year month day 7. Heisei		⑥ Gender 1. Male 2. Female		⑦ My number		⑧ Address 1. Same 2. Different address ()		⑨ Relationship 1. Child/adopted child 2. 1 Other children 3. Parents/ adoptive parent 4. Parent-in-law 5. Sibling 6. Older sibling 7. Grandparent 8. Great grandparent 9. Grandson 10. Other		⑩ Date that became a dependant 7. Heisei year month day		⑪ Profession 1. Unemployed 2. Part time 3. Pensioner 4. Elementary - junior high student or under 5. High - college student(grade) 6. Others ()		⑫ Income (Annual) yen		⑬ Reason 1. Birth 2. Employment 3. Income decrease 4. Living together 5. Others		⑭ Date that ceased to be a dependant 7. Heisei year month day		⑮ Reason 1. Death 2. Income increase 3. Certification of disability 4. Employment 5. Became 75 years old 6. Others()		⑯ Notes		⑰ Classification	

* Applicant's "applicable" and "non-applicable (changes)" can not be submitted at the same time. Please submit "applicable", "not applicable", "changes" on separate sheets.

Request for support (Please fill in the case where the attached document can not be submitted.)

I hereby confirm that the statements are correct Name

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