Do	cume	nt code					Health insu		Depende												
2	2	0 2	For use	e of the A	ssociatio	on	National pe	ension	nsured p	perso	n notif	ication	of	rela	tion No	o. 3					
	Heisei	Year		Month	Submit da	ate															
		Office			_																
		code	L confirmed tha	at there is no	error in the	e personal ni	ımber (basic ı	pension nu	mber) of this form							Г		Receiving conf	firmation		
		Office	₹	-	When there is a statement concerning the						Toosting communication										
		address				spouse in the welfare pension (nenkin), at the same time its accepted as the "third category															
	ᇢ				national pension relationship notification", and the insured spouse will be converted from the																
	e lie	Office				third to the second category.															
) Syer	name																			
	Employer field										;	Social insuran	ce (shaka	ai hoken) field						
		Company owner name							e e		N	ame and other	ers								
		OWITET HATTIE							•	l)										Ø	.)
		Phone				()													
		Company owner	Circle when the company owner, Confirmed Those whose omitted the attachment of proof of income, we co																		day
		confirmation field	has o	confirmed			spous	e and relativ	es deductable under	the Income Ta	ax Law.		dat	е				, .			Juy
	<u> </u>	Insured person organization number	ľ	٤)	(Furigana		(Nor	20)			3) Birthday	5. Showa 7.Heisei		year	month		day	Gender	1 male	2 fer	nale
	persc I			Name	(Familly	(Nar	ne)			⑤ My numbe	7.Helsel							╁	I		
	Insured person field									(f)											
	A) In	Acquisiton date	7. Heisei	yea	r mon	th da	Income (Annual)				[®] Foreign nationality	If you filled th	ne 「My n —	umber	field, the addr	ess is no	t necess	sary			
	If your d			ne a (3rd ca	tegory insi	urance depe	,	applicat	ole","not applical	ole" if your		s not a deper	ndant an	ymore,	and "change	" in case	e of cha	inges.			
		1	Regarding the	3rd category	y dependan	ts, it will be	declared as wi	itten on th	is statement		② Birthday	5. Showa		year	month		day	^③ Gender		B Husband(not re	gs e ed)
	eld	Name	Heisei	Year	Month	Day					(4)	7. Heisei						(Relationship)	2. Wife 4.	Wife(not regi	istered)
	use fi		(Furigana) (Name)							a	My number (Pension number)										
	ods ((P)	⁽⁵⁾ Foreign				6 Foreign name	(Furigana))				
	erson	7)			cerning the third	category insured	person relationship i	s delegated to t	ne spouse (No. 2 insured p	oer:	nationality				(8)				<u> </u>		
	ed be	Address	Living together Living separate	Т	_										Phone number	1 1	home	2 mobile 3	work ·	4 others	3
	3 insured person) spouse field	, <u>-</u>	Date that be	/	yea	ar mon	th day		1. Spouse's e	mployment		e decrease			(1)		employ		12		
	B) (No. 3	Confirmation	a dependant (insured pers	on) Heise	ei			Reason	3. Leave work		5. Other ()	Profession	2 Part 3 Pen	t time nsioner	()	(annua)		円
	B	(Change)	Date that cease be a dependant	(No.3 Hoise	ye:	ar mon	th day	(14) Reason			4. Became 7	5 years old 6. (Others		Notes						Classifi
		Change	insured perso	on)	ļ <u>.</u>	1 1			3. Employment	Income incre	ase 5. Certificati	on of disabi ity ()							31
		¹⁶ Please	fill in if you hav	re a spouse	who is not a	dependant.			Spouse in	come (anni	ual)				yen						
	Other dependent field 1	ependant oth		has becan	ne a (3rd ca	ategory insu	ırance depen	dant) circ	 	not applica year	ble" if your dependant is not a dependant anymore, a					nd "change" in case of changes. 1. Child/adopted child 6. Older sibling					
		Nama	(Furigana) (Family name)		(Na	(Name)			5. Showa ye 7. Heisei		moni	ii uay	day ^③ Gende		r 1. Male 2. Female		2. 1 Other childre Relationshig 3. Parents/ adoptive p		ren 7. Grandpa		ent
		Name						⑤ My	5 My number				6 1. Same		ame ifferent address ()			4. Parent-in-law 9.		. Grandson 0. Other	
	ende		(7) Date that becar	me a 7.	year month day			(8)	1. Unemployed	•	lementary junior high student or		under 9 Income		, ,		1. Birth		4. Li	iving toge	ether
	r dep	Confirmation	dependant		ei			Profession			gh·college stud thers (yen		n	Employment Income decrea)
		Not applicable	Date that ceas be a depend		yea	ar mon ≣	th day	/ Reason	1. Death 3.Inco			•	(13) Notes								
	Ω .	(Change)	(Furigana)	1 10150		1		2	Employment 4. Became 75 Showa year			month day			4		4)	1. Child/adopted c		lder sibli	na
	Other dependent field 2	Name	(Family name)		(Name)			Birthday	7. Heisei	you		uuj	Gender	1. M	ale 2. Fe	male		Other childre Parents/ adoptive parents/	en 7. G	irandpare eat grandpa	ent
								⁽⁵⁾ My number						3	Same Different address ()			Parent-in-law Sibling			
	pende	(Confirmation)	Date that becar		yea	ar mon	th day		1. Unemployed 2. Part time		mentary · junior high gh · college stud		9 Income			ĺ	io Reaso	Birth Employment	4. Li	iving toge thers	ether
	ır dep		dependant	Heise				1101655101	3. Pensioner	6. C	thers ()	(Annual)			yen	n	Income decrea		uleis)
	Othe	(Not applicable)	Date that ceased to 7 be a dependant Hei		yea ei	ar mon	th day	Reason	Death 3.Income increase Employment 4. Became 75			•									
	Ô	①	(Furigana)					② 5 Showa		year			(3)		4		4)	Child/adopted of		lder sibli	ng
	eld 3	Name	(Family name)		(Name)			Birthday	7. Heisei				Gender	<u> </u>				2. 1 Other childre 3. Parents/ adoptive page		irandpare eat grandpa	
	ent fi							⁽⁵⁾ My number					Address	1. Same 2. Differ	ent address ()		Parent-in-law Sibling		randson Other	
	pend	Confirmation	Date that becar		year month		th day	(8) Profession	Unemployed 2. Part time		mentary · junior high		9 Income			ĺ	î0 Reaso	Birth Employment		iving toge thers	ether
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	oth ((Not applicable)	Date that cease be a depend		ye: ei	ar mon	th day	Reason	Death 3.Inco Employment 4			•	Notes								
	0	Security	cant's "appli	cable" and	l "non-ap	plicable (c	:hanges)" c	an not be	submitted at				applical	ble", "r	not applicab	ole", "ch	nanges	s" on separate	sheets.	<u> </u>	
	Request		ease fill in the c			•														1	
									I hereby con	ifirm that the	e statements a	are correct	Name					(f))		