Doci	ument code	Health insurance Dependent person (change) declaration		
2	2 0 2	For use of the Association Filter Up guide on of relation No. 3		
		Month Submit date		
A) Insured Employer field	Office	Only fill the information of the relatives you want to declare as		
		dependents on the Health Insurance (Shakai Hoken)	Receiving confirmation	
	A) Insur C) Other	s you have to write are highlighted in white. Divided in 3 parts is accepted as the "third category national pension relationship notification", and be insured course will be converted from the source of the insured course will be converted from the dependents you wish to declare,	Your enrollment date is	
	Importa This for	he fields C2 and C3 based on the sample nt points: m will be sent to the Shakai hoken office, fill out all the fields in Japanese.	/ /	
	Write the dependents name in Japanese, it is not possible to issue cards with the name written in alphabet.			
	Phone	The cards will take on average 1 month to be issued by Shakai Hoken		
	Company owner CIF	has confirmed Fill out your name in Japanese rata Fill out the Japanese year	year month day	
	Insured person organization number	(2) Name (Furigana) クルス マリア 3 Birthday (Showa) year month 01 (Family name) (Name) (Name) 3 Birthday 5 Mova 7.Heisei 60 01 01 クルス マリア ア 5 Mynumber 0 1 1 2 3 5	day Gender 1. male2 female 8 1 3 2 1 3	
	Acquisiton date H	7. year month day ⁽²⁾ Income Annual (Annual) (Annual) (Annual) (Annual) (Annual (Annu	cessary	
lf your o	dependant spouse I	as became a (3rd category insurance dependant) circle "applicable", "not applicable" if your dependant is not a dependant anymore, and "change" in case of ch	anges. ay ³ Gender (1 Husbard) usbandinat registered)	
B) Spouse	Name (Furi	$\frac{1}{\text{Year}} \frac{1}{\text{Month}} \frac{1}{\text{Day}} \frac{1}{\text{A}} $	av Gender (Relationship) 2. Wife 4. Wife(not registered) 3 3 2 1 0	
	Address	1 Hono	ne (
	Confirmation do		loyed 4.others	
C) Other 1	Pleas Minut you have a spouse who is not adependent Otherwise check the back for more info			
		lout the name and year in Japanese plicable", "not applicable" if your dependant is not a dependant anymore, and "change" in		
		gana) クルス アナ ily name) (Name) (Nam	Child/adopted child 6. Older sibling 2. 1 Other children 7. Grandparent wishe 3. Parents/adoptive parent 8. Great grandparent 4. Parent-in-law 9. Grandson 5. Sibling 10. Other	
	Confirmation	te that became a dependant dependant return to the student of the	1. Birth 4. Living together 2. Unemployment 5. Others 3. Income decrease ()	
	(Change)	re you enrolling for the first time on Shakai hoken by Techno Service? (IRea	son - circle 5 "others"	
	(Fur	Date - Fill the same date that you will be enrolled (check the above) Otherwise che	eck the back for more info	
	You m	Nust:	2. 1 Other children 7. Grandparent 3. Parents/adoptive parent 8. Great grandparent 4. Parent-in-law 9. Grandson 5. Others	
lent field 3 C) Dther dependent fie	7)	It all the dependents MY NUMBER	5. Sibling 10. Other aso 1. Birth 4. Living together 2. Employment 5. Others	
	Besides filling it out here, we are only able to issue the cards of those that submitted their MY NUMBER via the app			
	FASTAPP, or through mail on the MY NUMBER form.			
	Send	a complete residence certificate (Jyuminhyo)	Parents'adoptive parent 8. Great grandparent Parents'adoptive parent 8. Great grandparent Parent-in-law 9. Grandson G. Sibling 10. Other	
		state: Full name, My Number and the relationship of everybody you wish to declare as dep f you will need to submit other documents besides the Jyuminhyo on the document guide.	Aso 1. Birth 4. Living together endents ent 5. Others 3. Income decrease ()	
	Change b Need a	nother form, MY NUMBER submission form or more information? "annicable", "not applicable", "change		
Reques	t for sup Access	our staff support page -> not applicable 'chang /www.hatarakunavi.net/service/do/tsg_support_top_en		
			COSPC#2044C	

If you are joining Shakai Hoken for the first time at Techno Service

- Reason Circle "others"
- Date that that became a dependant Fill the same date that you will be enrolled

Extra reference for Reason and date that became dependent

• Retirement (won't work anymore) The day after the retirement date

• No longer receiving unemployment insurance (Hello Work) The day after the unemployment benefit payment ends

- Child birth Birth date
- Marriage The day you signed the wedding papers at the city hall
- Other reason Appropriate date depending on the situation