

Dependent certification record (spouse or child)

Insured person	name	Kenpo Taro									
	insurance card code-number	1	5	0	-	1	2	3	4	5	

Certification applicant	name	Kenpo Hana			relation -ship	wife	age	30
	job	<input checked="" type="radio"/> none <input type="radio"/> part-time worker <input type="radio"/> Self-employed <input type="radio"/> student other ()						

● Please attach any documentation you need to submit. ➡ [Required documents](#)

● It's possible that we will require you to submit more documents.

① Health insurance in which you were previously enrolled	
Health insurance provided by employer name()	
<input checked="" type="checkbox"/> Family member name(Abc health insurance society)	
National Health Insurance name()	
other (Mutual aid association) name()	
Not enrolled	
② Reason why application as a dependent was made	
Homemaker/Unemployed/no income	1
Students or preschool children	2
Annual income is less than *1.3million yen	3
Pension income is less than 1.8million yen	4
Self-employed income is less than 1.3million yen	5
Interest or dividend income is less than 1.3million yen	6
Quitted self-employment	7
<input checked="" type="checkbox"/> Retired or resigned	} ➡ go to ④ Received in full employment insurance Extended or planning to extend the employment insurance payment
other ()	
()	

③ Details of income for the certified person		
Salary (part-time income)	円	
Pensions (Old age/Corporate/ Disability/Survivor's pension etc.)	円	
Real estate income	円	
Self-employed income	円	
Interest/dividend income	円	
Social insurance benefits	円	
compensated absences payment	円	
Other ()		
④ Current status of the employment insurance payment		
yes →	<input type="checkbox"/> completed/received in full	9
	<input checked="" type="checkbox"/> Extended	10
	<input type="checkbox"/> will not receive	11
no →	<input type="checkbox"/> not required	12
	<input type="checkbox"/> not enrolled	13

*Persons over 60 or with disabilities are 1.8million yen.

please fill out the next form

⑤ Does the certification applicant live with the person insured?		document
✓	yes	14
	No → Amount transferred per month _____ 円	14・15
⑥ Family of the certification applicant		document
■ When the certificated person is child of the main beneficiary,		
	do you have a spouse? → <input type="checkbox"/> yes → monthly income _____ 円	16
	<input type="checkbox"/> no	

誓 約	
I hereby certify that the information listed below is true and correct. If there are any discrepancies with the facts, I do not object to the cancellation of certification or to refunding the benefits paid by the health insurance society. Also, if I obtain employment or if my income fluctuates, I will promptly engage in procedures for removing dependents.	
2023年 12月 1 日	
Name of person insured Kenpo taro	