

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 kenzo				relation-ship	son	age	3
	job	<input checked="" type="checkbox"/> none <input type="checkbox"/> part-time worker <input type="checkbox"/> Self-employed <input type="checkbox"/> student other ()							

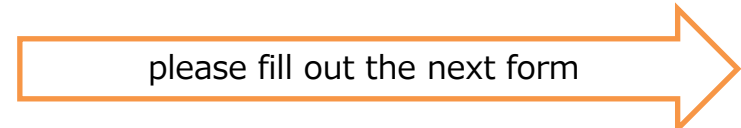
● Please attach any documentation you need to submit. [Required documents](#)

● 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()	
✓	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
	Retired or resigned	} go to ④
	Received in full employment insurance	
	Extended or planning to extend the employment insurance payment	
	other ()	8

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 <input type="checkbox"/> Extended <input type="checkbox"/> will not receive	9 10 11
	no → <input type="checkbox"/> not required <input type="checkbox"/> not enrolled	12 13

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



Personal (記入後)

ご提出いただく書類は、当組合で被扶養者資格の確認を行うために使用し、それ以外の目的では使用しません。

⑤ Does the certification applicant live with the person insured?		document
<input checked="" type="checkbox"/>	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 checked="" 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**