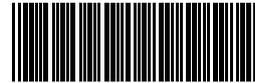


Form code
2 2 0 2

For workplaces covered by Association-managed EHI

Employees' Health Insurance: Report of Dependents (change) National Pension: Application to Enroll in as Category III Insured Persons



Date of submission: Reiwa era /Y /M /D Enter the date when the employer submitted this report to the JPS Branch Office or Processing Center.

Employer	Workplace code	I hereby confirmed the worker's and each person's Individual Numbers (or Basic Pension Numbers) here are correct.		This form also serves as "Application to Enroll in as Category III Insured Persons" under the National Pension system when it involves with a report on a spouse of an insured person under the Employees' Pension Insurance. In this case, the spouse is the Category III insured person and the worker is Category II insured person under the National Pension system.	Receipt date stamp
	Address of workplace	Make sure to enter the workplace code and the insured person's number of the worker.			
	Name of workplace				
	Employer's name				
	Telephone				
Confirmation	Circle "Confirmation" at right if the employer confirmed information. Confirmation	Date employer received spouse/dependent report		Reiwa era / Year / Month / Day Enter the date when the employer received the report from the spouse through the insured person/worker.	

A. Insured person	(1) Insured person's number	(2) Name (Family name / First name)	(3) Date of birth (Showa era / Heisei era / Reiwa era) / Year / Month / Day (4) Sex (1. Male / 2. Female)
	(6) Date of enrollment (Showa era / Heisei era / Reiwa era) / Year / Month / Day	(7) Annual Income (Annual) Yen	(8) Address (No need to enter address if you give Individual Number in (5).)

Enter the insured person's estimated annual income amount for the next year in (7).

You don't need to submit documents to prove relationship between the insured person and the spouse if 1) you give both persons' Individual Numbers in A.(5), and B.(4), AND 2) the employer confirmed their relationship by KOSEKI TOHON (family registry) or equivalent official documents, and checked the in B.(15).

B. Dependent spouse (Category III insured person)	(1) Name (in KANA characters)	(2) Date of birth (Showa era / Heisei era / Reiwa era) / Year / Month / Day (3) Relationship (1. Husband / 2. Wife / 3. Common-law husband / 4. Common-law wife)	
	(4) Individual Number (or Basic Pension Number)	(5) Foreign nationality	(6) Common name (in KANA characters)
	(7) Address (1. Living in same household / 2. Different address)	(8) Telephone number	(9) First day as dependent (Category III) (Reiwa era / Year / Month / Day) (10) Reason (1. Employment of the insured person / 2. Marriage / 3. Leave / 4. Decrease in income / 5. Others)
	(11) Occupation (1. Unemployed / 2. Part-time / 3. Pension recipient / 4. Others)	(12) Annual Income (Annual) Yen	(13) First day as not-dependent (Not Category III) (Reiwa era / Year / Month / Day) (14) Reason (1. Deceased (Reiwa era /Y /M /D) / 2. Divorced / 3. Employment / increase in income / 4. Reaching age 75 / 5. Disability assessed / 6. Others)
	(15) Remarks (1. Study abroad / 2. Accompany worker detached abroad / 3. Designated activity / 4. Marriage abroad / 5. Others)	(16) First day to be applicable for overseas special case (9. Reiwa era / Year / Month / Day) (17) Reason (1. Move into Japan on Reiwa era /Y /M /D / 2. Others)	
	(18) First day to be not-applicable for overseas special case (9. Reiwa era / Year / Month / Day) (19) Reason (1. Move into Japan on Reiwa era /Y /M /D / 2. Others)	(20) Income of spouse if not dependent / Spouse's (annual) income / Yes	

If you submit this report form together with the "Application to Enroll in EHI/ EPT", enter same date as A.(6) above in B.(9). If not, enter the date when you become dependent of the insured person.

Enter the date when the insured person submitted this report to the employer.

Circle applicable reason for becoming the dependent in (10).

Circle applicable number in (11).

Enter dependent spouse's estimated income in next one year in (12), including non-taxable income such as disability pension, survivors pension and unemployment benefits. For any non-taxable income, submit photocopy of documents to show the paid amount.

C. Other dependent 1	(1) Name (Family name / First name)	(2) Date of birth (Showa era / Heisei era / Reiwa era) / Year / Month / Day (3) Sex (1. Male / 2. Female)	(4) Relationship (1. Biological/adopted child / 2. Child other than 1. / 3. Parent/adoptive parent / 4. Parent-in-law / 5. Younger brother/sister / 6. Older brother/sister / 7. Grandparent / 8. Great-grandparent / 9. Grandchild / 10. Others)
	(6) Address (1. Living in same household / 2. Different address)	(7) Overseas special case (1. Applicable / 2. Not applicable)	(8) Reason (1. Study abroad / 2. Accompany worker detached abroad / 3. Designated activity / 4. Marriage abroad / 5. Others)
	(9) First day as dependent (9. Reiwa era / Year / Month / Day) (10) Occupation (1. Unemployed / 2. Part-time / 3. Pension recipient / 4. Junior high school student or younger / 5. High school/university student (grade) / 6. Others)	(11) Annual Income (Annual) Yen	(12) Reason (1. Birth / 2. Leaving job / 3. Decrease in income / 4. Living in same household / 5. Others)
	(13) First day as not-dependent (9. Reiwa era / Year / Month / Day) (14) Reason (1. Deceased / 2. Employment / 3. Increase in income / 4. Reaching age 75 / 5. Disability assessed / 6. Others)	(15) Remarks (Employer has confirmed their relationship. <input type="checkbox"/>)	

C. Other dependent 2	(1) Name (Family name / First name)	(2) Date of birth (Showa era / Heisei era / Reiwa era) / Year / Month / Day (3) Sex (1. Male / 2. Female)	(4) Relationship (1. Biological/adopted child / 2. Child other than 1. / 3. Parent/adoptive parent / 4. Parent-in-law / 5. Younger brother/sister / 6. Older brother/sister / 7. Grandparent / 8. Great-grandparent / 9. Grandchild / 10. Others)
	(6) Address (1. Living in same household / 2. Different address)	(7) Overseas special case (1. Applicable / 2. Not applicable)	(8) Reason (1. Study abroad / 2. Accompany worker detached abroad / 3. Designated activity / 4. Marriage abroad / 5. Others)
	(9) First day as dependent (9. Reiwa era / Year / Month / Day) (10) Occupation (1. Unemployed / 2. Part-time / 3. Pension recipient / 4. Junior high school student or younger / 5. High school/university student (grade) / 6. Others)	(11) Annual Income (Annual) Yen	(12) Reason (1. Birth / 2. Leaving job / 3. Decrease in income / 4. Living in same household / 5. Others)
	(13) First day as not-dependent (9. Reiwa era / Year / Month / Day) (14) Reason (1. Deceased / 2. Employment / 3. Increase in income / 4. Reaching age 75 / 5. Disability assessed / 6. Others)	(15) Remarks (Employer has confirmed their relationship. <input type="checkbox"/>)	

If the dependent person lives separately, enter amount of money the insured person sends to him/her each time in (16), and enter how many times a year the insured person plans to send money in the declaration column at the bottom.

Use one form to report each for "Applicable", "not applicable" or "Change". You cannot use one form to report them together.

Declaration regarding dependents (Enter comments about your evidence documents if needed.)

I hereby declare the statement herein is true and correct. Name