

Form code			
2	1	0	1

Employees' Health Insurance / Employees' Pension Insurance

Application for Workplace Coverage



Date of submission /Y /M /D

Receipt date stamp

Employer

Postal code

Workplace address (in KATAKANA characters)

Name of workplace (in KATAKANA characters)

Telephone number ()

Labor and Social Security Attorney Name, address and phone

Enter date of submission on top of the form.

Enter name, address and phone number of the company (workplace) in the top box "Employer". If possible, enter appropriate abbreviation in Japanese KATAKANA characters in front of the name to indicate workplace type as below:
 "カ" for Kabushiki gaisha
 "ユ" for Yugen gaisha
 "メ" for Gomei gaisha
 "シ" for Goshi gaisha
 If other, enter as is.
 In this form, providing KATAKANA characters is optional (not mandatory.)

Enter name of Labor and Social Security Attorney "shakaihoken romushi", if applicable, who is submitting this application for you.

Item (2): Make sure to enter contact person's detail to allow us to ask about your application if needed.

Item (9): If the employer category is a corporation or a national or local public institution, circle "1. Corporate number" and enter 13-digit corporate number.

Item (12): Enter name of Labor and Social Security Attorney "shakaihoken romushi", if applicable, to whom you entrust submission of other reports or applications.

Item (14): Enter Employees' Pension Fund number and name if applicable.

Item (13): Enter name of the Health Insurance Society if applicable.

Item (16): Enter month of a year of pay raise.

Item (19): Enter bonus month of a year.

Item (24): Enter total number of workers and number of workers who are subject to social insurance coverage. Enter number of workers not subject to social insurance coverage in appropriate columns in the table and enter their work hours.

Workplace information

(1) Name of employer (or representative) (in KATAKANA characters) (Last name) (First name)	(2) Contact person Name Extension number
(3) Address of employer (or representative) Postal code	
(4) Agent of the employer Name (in KATAKANA characters) (Last name) (First name)	
(5) Address Postal code	
(6) Business category (Type of business)	(7) Date of coverage (do not fill in) year month day
(8) Corporation category 1. Corporation 2. Individual 3. National or local public institution	(9) Corporate number 1. Corporate number 2. Corporate registration number
(10) Head office or branch 1. Head office 2. Branch	(11) Domestic or foreign corporation 1. Domestic corporation 2. Foreign corporation
(12) Name of Health Insurance Society (in KATAKANA characters) Health Insurance Society	(13) EP-Fund number and name Employees' Pension Fund
(14) Salary calculation date th day of a month	(15) Month of pay raise month
(16) Pay day th day of current month th day of next month	(17) Remuneration report form 0. Necessary (by paper) 1. Unnecessary 2. Necessary (by digital medium (CD))
(18) Payment system 1. Monthly salary 2. Daily wages 3. Daily basis salary 4. Percentage pay	(19) Applicable allowances 1. Family 2. Housing 3. Supervisory po 4. Commutation
(20) Bonus report th day of next month	(21) Payment in kind 1. Meal 2. Housing 3. Clothing 4. Train/bus pass 5. Other ()
(22) Employee information 1. Total number of workers including executive members 3. Number of workers not subject to social insurance coverage by worker types: Note: Enter average work days/hours for (b), (c), and (d)	(23) (24) Number of workers subject to social insurance coverage (a) Executive members Remuneration (payable/no), Full-time workers, Part-time workers (b) Short-time contract About work days / month About work hours / week (c) part-time About work days / month About work hours / week (d) "ARUBAITO" side-job About work days / month About work hours / week
(25) Regular work days/hours of workplace days / month hours and minutes / week hours and minutes / day	
(26) Notes	