

Form code	届書
1 0 1	

## Employees' Health Insurance / Employees' Pension Insurance Application for Workplace Coverage

事務所長	副事務所長	グループ長	担当者

In order to fill in, please carefully read instruction. \* Official use only: do not fill

(1)* Workplace code		(a)* Workplace number		(2)* EHI classification	(3)* Business category	(b) Type of business		(4)* Classification of coverage				(5)* Date of coverage							
Enter appropriate abbreviation in Japanese 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.				1. 協 5. 協基		Enter specific type of business your workplace is involved with.		0. Mandatory 1. Voluntary    2. Voluntary single 3. Government (other than 4.) 4. Excluded by debt administration law				Reiwa	era	year	month	day			
				2. 組 6. 組基				3. 健のみ		in KANA characters		Skip prefecture name in address.		Insert a hyphen "-" between area code, local exchange number, and subscriber number.					
(8) Name of workplace		in KANA characters		(7) Workplace address				(9) Telephone number		Extension number		Contact person			Make sure to enter contact person's detail.				
(10) Name of employer (or representative)		in KANA characters						(11) Payment in kind		(12) Pay/raise		1st month		2nd month		3rd month		4th month	
(c) Address of employer (or representative)								1. Meal    2. Housing 3. Clothing 4. Train/bus pass 5. Other ( )		1st month    2nd month    3rd month    4th month		14) Any employer agent 0. No    1. Yes							
(15)* Remuneration report form		0. Necessary 1. Unnecessary 2. Digital medium (CD) submission		(16)* Bonus report		0. Necessary 1. Unnecessary 2. Digital medium (CD) submission		(17) Name of Health Insurance Society		in KANA characters		If applicable, enter name of the Health Insurance Society in (17).							
(18) EP Fund number		(d) EP Fund name		(19)* Code of LSS Attorney		(e) Name of LSS Attorney		Enter name of Labour and Social Security Attorney "SHAKAIHOKEN ROMUSHI" in (e) if you entrust application		(20)* Number of insured workers		(21)* Coverage type							
(22) Corporation category		(23) Type of number		1. Corporate number    2. Corporate registration number		(25) Head office or branch		1. Head office    (26) Domestic or foreign corporation 2. Branch    1. Domestic corporation    2. Foreign corporation		Circle applicable category in (22). If the employer category is a corporation or a national or local public institution, circle "1. Corporate number" in (23) and enter 13-digit corporate number in (24).		Circle applicable number for column (25) and (26).				Receipt date stamp			
LSS Attorney in charge of this application														Date of submission		Reiwa era / Y / M / D			

Please also fill in the reverse side.

(f) Agent of the employer		Name		Address		(i) Map of workplace		Draw a simple map of workplace.	
(g) Payment system		• Monthly salary    • Percentage pay • Daily wages    • Hourly wages • Daily basis salary    • Annual salary • Other ( )		(h) Applicable allowances		• Family    • Housing    • Supervisory post • Commutation    • Regular attendance • Overtime    • Other ( )		North 上	
(i) Payment accounting date		th day of a month		(j) Pay day		th day of current month		th day of next month	
(k) Enter number of workers including executive members.		1. Total number of workers		2. Number of workers subject to social insurance coverage		3. Number of workers not subject to social insurance coverage by worker types:			
Worker types / positions		Number of worker		Work hours / patterns					
Executive members				Remuneration (payable/hc)		___ Full-time workers, ___ Part-time workers			
Short-time contract				About ___ work days / month		About ___ work hours / week			
part-time				About ___ work days / month		About ___ work hours / week			
"ARUBAITO" side-job				About ___ work days / month		About ___ work hours / week			
4. Regular work hours of workplace		___ days / month		___ hours and ___ minutes / week		___ hours and ___ minutes / day		(m) Notes	
Enter monthly date when the payment accounting is closed in (i) and pay day in (j). In (k), 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.								Date of submission    Reiwa era / Y / M / D	
Circle applicable payment system in (g) and circle all applicable allowances in (h) which are payable as salary/wages. Enter other allowances in " Other ( ) " if any.								Enter the date when this application is submitted to JPS Branch Office or Processing	
If the workplace is a branch office, a sales representing office, or a factory which is represented by the employer agent, enter name and address of the agent in (f).									