

Written petition of application for dependent

Insured person

Symbol		Number		Name	
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I hereby declare that the person below for whom I am filing for certification primarily relies on my income for their livelihood.

Details _____/____/____ (YYYY/MM/DD)

1. Dependent applicant

Name		Relationship	
Birth Date	_____/____/____ (YYYY/MM/DD)	Age	

2. Application details (Please select the appropriate checkboxes and fill in information accordingly.)

☐ The person plans to receive unemployment insurance or has received an extension on doing so

Documents to attach: a copy of Employment Separation Certificate 1 & 2 or Written Notice of Extension of Unemployment Benefits (if such an extension has been received)

If income that is equal to or exceeds the dependent certification scope (3,612 yen per day) is recognized due to the receipt of unemployment insurance, I will promptly submit a Notification of Health Insurance Dependent (Change) (for removal).

☐ The person unemployed currently

Documents to attach: One of the following: Tax Exemption Certificate, a copy of Retirement Certificate, a copy of Tax Withholding Record at time of retirement, a copy of Employment Separation Certificate 1 & 2, or a copy of Employment Insurance Claimant Qualification Certificate that shows when the receipt of unemployment insurance ends

Currently, due to (specific reason: _____), I have no income. If I become employed and starts receiving income that is equal to or exceeds the dependent certification scope, I will promptly submit a Notification of Health Insurance Dependent (Change) (for removal).

☐ The person lived abroad, so no proof of income can be obtained

Last year (period from _____ (YYYY)/____ (MM) to _____ (YYYY)/____ (MM)), I lived abroad (country name: _____), so it is not possible to attach documents (such as Tax Exemption Certificate, etc.) that prove my income was within the dependent scope or I was unemployed.

☐ The person working currently

Documents to attach: One of the following: copies of Pay slips for past three months of income, a copy of employment contract, a copy of Tax return/Itemized income statement, or a Certificate of salary/wage/etc. I am currently working but have an annual income of less than 1.3 million yen (or less than 1.8 million yen if aged 60 years old or older or receives Disability Employees' Pension benefits). If I start receiving income that is equal to or exceeds the dependent certification scope, I will promptly submit a Notification of Health Insurance Dependent (Change) (for removal).

☐ The person to be added a newborn child as a dependent

Documents to attach: Joint Married Couple Support Income Amount Confirmation Table (If the insured person takes childcare leave for one month or more, please ask for certification from his/her spouse's

- Father: Childcare leave (Take / Do not take) Period (_____/____/____ to ____/____/____) (YYYY/MM/DD)
- Mother: Childcare leave (Take / Do not take) Period (_____/____/____ to ____/____/____) (YYYY/MM/DD)

If my spouse's income exceeds mine, I will promptly submit a Notification of Health Insurance Dependent (Change) (for removal).

☐ Other
