

Example

## Notification of Change of Address

《Application form submission recipient》

Payroll and Benefits Team, FAST RETAILING CO., LTD.  
10717-1 Sayama, Yamaguchi, Yamaguchi Prefecture 754-0894 (Tel.: 083-988-0306)

## Important Notes

- Please be sure to enter the postal code.
- If changing only the dependent's address, please be sure to enter the dependent's name and relationship.
- Please be sure to check the "□" boxes that apply.

For those with dependents,  
or when changing only  
dependent informationSubmit this notification to the  
Payroll and Benefits Team

While employed

Apply through Workday

While on leave

Apply through the employee web  
portal Work & Life with FR

Date of Change \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ (YYYY/MM/DD)

Insured Person	Symbol	Number	Name	Birth Date
	<b>1234</b>	<b>12345678</b>	<b>Yamaguchi Taro</b>	<b>1975 / 6 / 1</b> (YYYY/MM/DD)
	*If unknown, enter the employee number in the number field.			
	Business Entity Name	<b>FAST RETAILING CO., LTD.</b>		

## Please check the individuals whose address is changing.

☒ Insured person and all dependents ☐ Insured person only ☐ Dependents only (List applicable dependents below)When changing  
dependents only

Name: \_\_\_\_\_ (Relationship: \_\_\_\_\_) Name: \_\_\_\_\_ (Relationship: \_\_\_\_\_)

(List all applicable  
individuals)

Name: \_\_\_\_\_ (Relationship: \_\_\_\_\_) Name: \_\_\_\_\_ (Relationship: \_\_\_\_\_)

Regarding Place of  
Residence☒ Place of residence and address on certificate of residence are the same  
☐ Place of residence and address on certificate of residence are differentNew  
Place of  
Residence

Please enter the new address and phone number

(Please enter the apartment name, building name, room number, and so on accurately)

Contact  
Information

Home Phone \_\_\_\_\_ (\_\_\_\_\_) Mobile Phone \_\_\_\_\_ (\_\_\_\_\_)

Place on  
Certificate  
of  
Residence☐ If the place of residence and address on certificate of residence are different (Please enter the address on certificate of residence here)For those whose place of residence and address on certificate  
of residence are different, please be sure to enter the address  
as listed on your certificate of residence

(Please enter the apartment name, building name, room number, and so on accurately)

令和 年 月 日提出

Employer Field	事業所所在地	〒 -
	事業所名称	
	事業主氏名	
	電話番号	( )

Receipt Stamp

FR Health Insurance Organization