

Form Code
2 2 0 2

For business places

Health Insurance  
National Pension

# Notification of Dependents (Change) Notification of Relationship with a Category-3 Insured Person

Date: MM/ DD/ YY

Column to be entered by the	Business place reference code	MM/ DD/ YY	
	Location of business place	It is confirmed that there is no error in the individual number (basic pension number) entered into the notification.	
	Name of business place	( ) ( ) ( )	
	Employer's name		
Telephone number	( )		
Confirmed by employer	Circle "Confirmation" at right if the employer has confirmed the matter. <b>Confirma</b> It is confirmed that the persons whose certificates regarding income are not attached will fall under the category of a qualified spouse for deduction/qualified dependent for deduction under the Income Tax Act.	Date of receipt by employer, etc. Heisei Year Month Day	

If there is a statement in the notification relating to the spouse of the insured person as per Employees' Pension Insurance, it will be accepted as a "Notification of Relationship with a National Pension, Category-3 Insured Person," and at the same time, the term "spouse" and "category-2 insured person" will be replaced with "category-3 insured person" and "spouse," respectively.

Receipt Stamp

Column to be entered by a public consultant involved

Name, etc. (Seal)

A. Column for the insured	[1] Insured person reference number	[2] Name (Phonetic transcriptions in katakana) (Family name) (First name) (Seal)	[3] Date of birth (5. Showa Year Month Day) (7. Heisei Sex 1. Male 2. Female)
	[6] Date of acquisition (7. Heisei Year Month Day)	[7] Income (annual income) Yen	[8] Address (When entering the individual number, it is unnecessary to fill in the address.)

If your spouse became a dependent (i.e., a category-3 insured person), lost their qualifications as a dependent, or if there is any change in his/her state,

B. Column for the dependent (who is the spouse)	[1] Name (Phonetic transcriptions in katakana) (Seal)	[2] Date of birth (5. Showa Year Month Day) (7. Heisei Sex (Relations) 1. Husband 2. Wife 3. Husband (unreported))
	[7] Address (Living together / Living separately)	[8] Telephone number (1. Home 2. Mobile 3. Office 4. Others)
	[9] Date of becoming a dependent (i.e., a category-3 insured person) (7. Heisei Year Month Day)	[10] Reason (1. Spouse's employment 2. Marriage 3. Leaving job 4. Decrease in income 5. Others)
	[11] Occupation (1. Unemployed 2. Part-time 3. Pension recipient 4. Others)	[12] Income (annual income) Yen
[13] Date of losing their qualification as a dependent (i.e., a category-3 insured person) (7. Heisei Year Month Day)	[14] Reason (1. Death (Heisei Year Month Day) 2. Divorce 3. Employment/increase in Income 4. Reaching 75 years of age 5. Recognition of disability)	[15] Remarks (Type 31)
[16] Make entry here when you have a spouse that is not a dependent. Spouse's income (annual income) Yen		

If a person other than a spouse has become a dependent, lost their qualifications as a dependent, or if there is any change in his/her state, circle "Applicable," "N/A," or "Change," respectively.

C. Column for other dependent 1	[1] Name (Phonetic transcriptions in katakana) (Family name) (First name)	[2] Date of birth (5. Showa Year Month Day) (7. Heisei Sex 1. Male 2. Female)	[4] Relationship (1. Biological child/adopted child 2. Child other than the first 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)
	[7] Date of becoming a dependent (7. Heisei Year Month Day)	[8] Occupation (1. Unemployed 2. Part-time 3. Pension recipient 4. Elementary school/junior high school student or younger 5. High school/university student (grade) 6. Others)	[9] Income (annual income) Yen
	[11] Date of losing their qualifications as a dependent (7. Heisei Year Month Day)	[12] Reason (1. Death 2. Employment 3. Increase in income 4. Reaching 75 years of age 5. Recognition of disability 6. Others)	[13] Reason

C. Column for other dependent 2	[1] Name (Phonetic transcriptions in katakana) (Family name) (First name)	[2] Date of birth (5. Showa Year Month Day) (7. Heisei Sex 1. Male 2. Female)	[4] Relationship (1. Biological child/adopted child 2. Child other than the first 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)
	[7] Date of becoming a dependent (7. Heisei Year Month Day)	[8] Occupation (1. Unemployed 2. Part-time 3. Pension recipient 4. Elementary school/junior high school student or younger 5. High school/university student (grade) 6. Others)	[9] Income (annual income) Yen
	[11] Date of losing their qualifications as a dependent (7. Heisei Year Month Day)	[12] Reason (1. Death 2. Employment 3. Increase in income 4. Reaching 75 years of age 5. Recognition of disability 6. Others)	[13] Reason

C. Column for other dependent 3	[1] Name (Phonetic transcriptions in katakana) (Family name) (First name)	[2] Date of birth (5. Showa Year Month Day) (7. Heisei Sex 1. Male 2. Female)	[4] Relationship (1. Biological child/adopted child 2. Child other than the first 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)
	[7] Date of becoming a dependent (7. Heisei Year Month Day)	[8] Occupation (1. Unemployed 2. Part-time 3. Pension recipient 4. Elementary school/junior high school student or younger 5. High school/university student (grade) 6. Others)	[9] Income (annual income) Yen
	[11] Date of losing their qualifications as a dependent (7. Heisei Year Month Day)	[12] Reason (1. Death 2. Employment 3. Increase in income 4. Reaching 75 years of age 5. Recognition of disability 6. Others)	[13] Reason

\* The notification of "Applicable" and "N/A (Change)" may not be submitted at the same time. Submit the notification of "Applicable," "N/A," or "Change" via a separate paper, respectively.

Declaration regarding support (Make entry here if there are any circumstances that cannot be relayed via attached documents or if attaching other documents is not possible.)

I hereby declare that the statement herein is true and correct. Name (Seal)

These materials contain samples of documents regarding registration, visa, taxation, personnel and labor matters that are necessary when a foreign company establishes a corporation or other entity in Japan as well as descriptive examples of how to fill them out. A portion of the English content has been updated through a provisional translation. These documents are not published by competent authorities and therefore are not official. For those who are going through the official procedures, please download the latest official documents from the competent authorities and related bodies or consult a person who specializes in advising on such information and procedures.

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The competent authorities relating to these documents: Japan Pension Service

URL: <http://www.nenkin.go.jp/service/kounen/kenpo-todoke/hihokensha/20141224.files/01.pdf>