

Enter the date when the employer submitted this notification to the pension office or the pension service center.

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 filled by the employer	Business place reference code	It is confirmed that there is no error in the individual number (basic pension number)		Date of receipt by employer, etc.		Stamp
	Location of business place	Name of insured person		Date of receipt by employer, etc.		
	Name of insured person	Telephone number		Date of receipt by employer, etc.		
	Confirmed by employer	Date of receipt by employer, etc.		Date of receipt by employer, etc.		

Make sure to enter the business place reference code and the insured person reference number.

If the employer confirms the income requirements of the dependents, circle "confirmation." In this case, it is unnecessary to submit the attached documents for confirming the income requirements.

Affix the employer's seal. However, if the employer has already attached his/her signature, it is unnecessary to affix the seal.

A Enter the estimated annual amount of income for the next year of the insured person.

C Enter the date when the employer received the notification from the spouse through the insured person.

Column for the insured person	[1] Insured person reference number	[2] Name (Phonetic transcriptions in katakana)	[3] Date of birth	[4] Sex
	[6] Date of acquisition	[7] Income (annual income)	[8] Address	[9] Individual number (basic pension number)

Enter the same name as the name registered on the residence certificate. In addition, in case his/her signature has already been attached, it is unnecessary to affix the seal.

If a spouse (category-3 insured person), lost their qualifications as a dependent, or if there is any change in his/her state, they must notify as stated in this notification.

Column for the dependent (who is the spouse)	[1] Name (Phonetic transcriptions in katakana)	[2] Date of birth	[3] Sex	[4] Individual number (basic pension number)	[5] Foreign nationality	[6] Common name of the foreign national in question	[7] Address	[8] Telephone number	[9] Date of becoming a dependent	[10] Reason	[11] Occupation	[12] Income (annual income)	[13] Date of losing their qualification as a dependent	[14] Reason	[15] Remarks	[16] Spouse's income (annual income)
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Enter the date when the insured person submitted this notification to their employer.

Enter the individual number (i.e., individual number or the basic pension number [10-digit numbers, left-aligned], if the spouse falls under a national pension, category-3 insured person).

Circle the reason for becoming the dependent.

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.

Column for other dependent 1	[1] Name (Phonetic transcriptions in katakana)	[2] Date of birth	[3] Sex	[4] Individual number (basic pension number)	[5] Address	[6] Relationship	[7] Date of becoming a dependent	[8] Occupation	[9] Income (annual income)	[10] Reason	[11] Date of losing their qualifications as a dependent	[12] Reason
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Circle the selection for either living with or living separately from the insured person, and enter the address. In the case of living separately, enter into the remarks column [15] the amount of money per month to be sent by the insured person. * However, this excludes full-time students that live separately to go to university, etc., in remote areas.

Circle "1. Unemployed" or "2. Part-time," etc., so as to clearly relay the actual conditions.

Enter the estimated annual amount of income for the next year, of the spouse. The income will also include non-taxable items (disability/bereaved pension/unemployment benefits, etc.). When having income that is non-taxable, the "copy of notification, etc., stating the amount received" will be separately required.

When submitting at the same time of acquiring qualification as an insured person, enter into column [6] the same date as the date of acquisition. Otherwise, enter the date of actually becoming a dependent.

Column for other dependent 2	[1] Name (Phonetic transcriptions in katakana)	[2] Date of birth	[3] Sex	[4] Individual number (basic pension number)	[5] Address	[6] Relationship	[7] Date of becoming a dependent	[8] Occupation	[9] Income (annual income)	[10] Reason	[11] Date of losing their qualifications as a dependent	[12] Reason
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Column for other dependent 3	[1] Name (Phonetic transcriptions in katakana)	[2] Date of birth	[3] Sex	[4] Individual number (basic pension number)	[5] Address	[6] Relationship	[7] Date of becoming a dependent	[8] Occupation	[9] Income (annual income)	[10] Reason	[11] Date of losing their qualifications as a dependent	[12] Reason
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If it is impossible to confirm via the attached documents that the person that becomes a dependent has been supported by the insured person, describe the situation regarding where the insured person has supported the dependent.

* The notification of "Applicable" and "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.)

_____ Name _____