

Example

Notice of New Application

Health insurance

Welfare pension insurance

Fill out without prefecture.

Fill out by confirming the certificate of classification of the category of business place.

Fill out as follows with abbreviations.
In case of Kabushiki kaisha→"K".
In case of Yugen kaisha→"Y".
In case of Gomei kaisha→"M".
In case of Goushi kaisha→"S".
In case of other corporation→fill out as it is.

Insert a hyphen "-" between area code, local exchange number, and subscriber number.

Circle the applicable clause that is to be paid other than money (payment in kind). Also fill out the annual month of salary increase and scheduled payment of bonus.

Must fill out without.

In case of being enrolled in an employees' pension fund, fill out the name of that fund and fund number.

If the health insurance society is established, fill out here.

In case of assigning the submission of a notice to a licensed social insurance consultant, fill out here.

(1) Compilation number of business place	(a)* Business place number	(2)* Classification of jurisdiction	(3)* Classification of	(b) Type of business	(4)* Classification of application	(5)* Date of application (y/m/d)
		Kyo1. Kyo-ki5. So2. So-ki6. Only ken3.			Mandatory 0. Discretionary 1. Solely application 2.	Business place excluded from debt administration law 3. 4.
	(7) Location of business place					Heisei year month day
(8) Name of Business	(9) Telephone No. of business location					
(10) Name of employer (or representative)	(11) Type of allowance in kind				(12) Month of salary increase	First time Second time Third time Fourth time
						month month month month
	(13) Scheduled month of bonus				(14) Employer Agent	First time Second time Third time Fourth time absence 0
						month month month month
(15)* Preparing a notice of calculation	(16)* Preparing a notice of bonus	(17) Name of health insurance society				
(18) Key number of employees' pension	(d) Name of employees' pension fund	(19)* Code of licensed social insurance consultant	(e) Name of licensed social insurance consultant	(20)* The number of insured worker	(21)* Type of applicant	
(22) Classification of individual or corporation	(23) Classification of number	(24) Number	(25) Classification of head office or branch	(26) Classification of domestic or foreign corporation		

Receipt date stamp

Circle the applicable section.

Submit

Submit

Circle the applicable section.

Submitted 20____, ____ (y/m/d)

When you have both the corporation number and corporate registration number, you have to select [1: Corporation number]. (Note: You have to select the "corporate registration number" until December 2015. After January 2016 you have to select the "Corporation number" in principle.)

(f) In case of "agent of employer" Name of employer Agent Address of employer Agent

(g) Type of salary

- salary
- daily pay
- daily pay salary
- other ()
- percentage pay
- time rate
- annual wage plan

(h) Type of various allowances

- family allowance
- house allowance
- supervisory post allowance
- commuting allowance
- allowance of regular attendance
- other ()

(i) Closing date of payroll accounting day (j) salary pay day This month Next month day

(k) Fill out the number of people, etc. in the applicable clause (including officers).

1 Number of employees _____ persons 2 Number of employees enrolled in social insurance _____ pe

3 On the employee not enrolled in social insurance

Name	Number of person	Work style
Officers	_____ persons	remuneration (presence or absence) , full-time (_____ person) , part-time (_____ person)
temporary or part-time	_____ persons	one month about days, one day about hours
part-time	_____ persons	one month about days, one day about hours
side-work	_____ persons	one month about days, one day about hours

4 Regular working hours at business place

One month _____ days One week _____ hours _____ minutes One day _____ hours _____ minutes

(l) (Outline of the location of business place)

(m) Remark Describe a sketch of the business location.

Fill out the closing date of payment calculation and the payment day, and the number of the employee who is to be enrolled into social insurance. Also fill out the number of the employee and their working style, if there are a employee who is not to be enrolled into social insurance.

Circle the all applicable clauses concerning the payment style of salary and various allowances paid as salary. If there is anything applicable, fill out in the "()".

If the business place is to be the branch, sales branch, factory, etc. and determining to place the agent of the employer (representative), fill out the name and address of such agent.

Date of submission

Fill out the submission date to the pension office of an official center.