

Health insurance
Qualification
Employees' Pension
Insurance Qualification

Notification of the Acquisition of

| | | | | | | | | | | | | | | | | | | | | | | |
|---|-------------------------------|--|---|---------------------------------|---|--|--------------------------------|-----------------------------|-----------------------------|------------------------------|-----------|-----------------------------|--|------------------------------------|------------------------|---|---|--|---|---|--|--|
| (1) Business establishment reference code | | (2) Business establishment number | | | | | | | | | | | | | | | | | | | | |
| ※ | | | | | | | | | | | | | | | | | | | | | | |
| (3) * Person insured reference number | (4) Name of person insured | | | (5) Date of birth | | | (6) Classification (Gender) | (7) Acquisition category | (8) Basic Pension Number | | | Reasons for issue | (15) Date of acquisition of insurance qualification | (a) Monthly amount of remuneration | (b) Amount in currency | (16) * Standard monthly remuneration | (e) Presence or absence of dependent | (18) * Necessity or non-necessity for Health Insurance Identification Certificate | (19) * Designation of forced numbering | * Necessity or non-necessity for Pension booklet | | |
| | | | | | | | | | | | | | (c) Amount in kind | | | | | | | | | |
| | | | | | | | | | | | | | (d) Total | | | | | | | | | |
| Phonetic transcriptions in katakana (Last name) (First name) | | Meiji 1 Taisho 3 Showa 5 Heisei 7 | Year month day | 1 5 . . 2 6 . . 3 7 | Newly 1 . Mutual 3 Reacquisition 2 . Mariner 4 | | | | Submit | Heisei Year month day | (b) yen | Health in thousands of yen | Absence . Presence | | | | Submit | | | | | |
| | | | | | | | | | | | (c) yen | Pension in thousands of yen | | | | | | | | | | |
| | | | | | | | | | | | (d) yen | | | | | | | | | | | |
| (10) Zip code *Address code | | (11) Address of person insured | Phonetic transcriptions in katakana Prefecture | | | | | | | | | | | | (f) Remarks | | | | | | | |

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| Phonetic transcriptions in katakana (Last name) (First name) | | Meiji 1 Taisho 3 Showa 5 Heisei 7 | Year month day | 1 5 . . 2 6 . . 3 7 | Newly 1 . Mutual 3 Reacquisition 2 . Mariner 4 | | | | Submit | Heisei Year Month day | (b) yen | Health in thousands of yen | Absence . Presence | | | | Submit | |
| | | | | | | | | | | | (c) yen | Pension in thousands of yen | | | | | | |
| | | | | | | | | | | | (d) yen | | | | | | | |
| (10) Zip code * Address code | | (11) Address of person insured | Phonetic transcriptions in katakana Prefecture | | | | | | | | | | | | (f) Remarks | | | |

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| | | | | | | | | | | | (c) yen | Pension in thousands of yen | | | | | | |
| | | | | | | | | | | | (d) yen | | | | | | | |
| (10) Zip code * Address code | | (11) Address of person insured | Phonetic transcriptions in katakana Prefecture | | | | | | | | | | | | (f) Remarks | | | |

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|---|--|--|---|---------------------------------|---|--|--|--|--------|------------------------------|-----------|-----------------------------|--------------------------|--|-------------|--|--------|--|
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| | | | | | | | | | | | (c) yen | Pension in thousands of yen | | | | | | |
| | | | | | | | | | | | (d) yen | | | | | | | |
| (10) Zip code * Address code | | (11) Address of person insured | Phonetic transcriptions in katakana Prefecture | | | | | | | | | | | | (f) Remarks | | | |

| | | |
|-----------------------------------|----------|-------------------|
| Address of business establishment | Zip code | - |
| Name of business establishment | | |
| Name of business owner | | Seal |
| Telephone number | (| Area code) number |

Reception date stamp

These sample application forms indicate the essential points and descriptive examples of registration, visa, taxation, and personnel and labor affairs that are necessary when a foreign company establishes a corporation etc. in Japan. These documents are not published by competent authorities and therefore are not official. Therefore, when going through the official procedures consult a specialist or download the official documents from the competent authorities.

The competent authorities relating to these documents: Ministry of Internal Affairs and Communications
URL: <http://www.nenkin.go.jp/service/kounen/jigyosho-hiho/hihokensha1/20150422.files/0000002415.pdf>

The use of the information provided in these sample documents is based on your own responsibility. While JETRO makes every effort to ensure that we provide accurate information, we will not be held liable for any loss or damage incurred by your use of the contents of such information.

Input Examples

Be sure to enter the Business establishment reference code and Business establishment number.

Circle any of the following:
 * 1 Male 2 Female 3 Minor
 5 Male enrolled in fund
 6 Female enrolled in fund
 7 Minor enrolled in fund

As people aged 70 and over are to be enrolled only in Health Insurance,
 (1) Circle the word "Health Insurance" included in the title of this Notification; and,
 (2) Prepare and submit a form different from that for those under 70.

Enter the Basic Pension Number stated in the Notice of Basic Pension Number or a pension booklet.
 * 1 It is unnecessary to enter if a person is enrolled in a public pension for the first time.
 * 2 If the Basic Pension Number is unknown due to a loss etc. of a pension booklet, submit "Application for Reissue of Pension Booklet" together with this form.

Circle either Presence or absence of attachment of Notification of Dependent.

| (1) Business establishment reference code | | (2) Business establishment number | | Health insurance Qualification | | Employees' Pension Insurance Qualification | | Notification of the Acquisition of | | | | | | | | | |
|---|------------------------|--|-------------------------|--------------------------------|-----------------------|--|--|------------------------------------|---------------------|-------------------------------|----------------------------------|---------------------------------|--|--|--|--|--|
| (3) * | (4) | (5) | (6) | (7) | (8) | (9) * | (15) | (a) | (b) | (16) * | (18) * | (19) * | * * | | | | |
| Person insured reference number | Name of person insured | Date of birth | Classification (Gender) | Acquisition category | Basic Pension Number | Reasons for issue | Date of acquisition of insurance qualification | Monthly amount of remuneration | Amount in currency | Standard monthly remuneration | Presence or absence of dependent | Designation of forced numbering | Necessity or non-necessity for Pension booklet | | | | |
| Phonetic transcriptions in katakana | | Year month day | 1 5 | Newly 1 · Mutual 3 | Heisei Year month day | | (b) | Health | in thousands of yen | | Absence | | | | | | |
| (Last name) (First name) | | Meiji 1 Taisho 3 Showa 5 Heisei 7 | · · | Reacquisition 2 · Mariner 4 | | | (c) | Pension | in thousands of yen | | · Presence | | | | | | |
| (10) Zip code | | (11) Address of person insured | (f) Remarks | | | | | | | | | | | | | | |
| * Address code | | Enter the date of acquisition of qualification and the amount of a monthly remuneration. | | | | | | | | | | | | | | | |
| Phonetic transcriptions in katakana | | Year month day | 1 5 | Newly 1 · Mutual 3 | Heisei Year month day | | (b) | Health | in thousands of yen | | Absence | | | | | | |
| (Last name) (First name) | | Meiji 1 Taisho 3 Showa 5 Heisei 7 | · · | Reacquisition 2 · Mariner 4 | | | (c) | Pension | in thousands of yen | | · Presence | | | | | | |
| (10) Zip code | | (11) Address of person insured | (f) Remarks | | | | | | | | | | | | | | |
| * Address code | | Enter the date of acquisition of qualification and the amount of a monthly remuneration. | | | | | | | | | | | | | | | |

(1) Be sure to enter the Zip code.
 (2) Accurately enter your address including the name of the prefecture, and apartment or condominium in kanji with phonetic transcriptions in katakana.

* Circle any of the following:
 Newly 1: In the case of being enrolled in Employees' Pension Insurance for the first time
 Reacquisition 2: In the case of having been enrolled in Employees' Pension Insurance
 Mutual 3: A person temporarily transferred from a mutual aid association to a public financial institution etc.
 Mariner 4: Voluntarily continuously insured mariner after retirement

Date of submission: Month day, 20XX

| | | | |
|-----------------------------------|----------|------------|--------|
| Address of business establishment | Zip code | - | |
| Name of business establishment | | | |
| Name of business owner | | | |
| Telephone number | (| Area code) | number |

Affix business owner's seal.
If an business owner signs his/her name, however, affixation of his/her seal is not required.

Seal

Reception date stamp

As details to be filled out in this notification are essential for giving health insurance benefits and pension benefits, fill out accurately and carefully.