

Original

Notification of Dependent Under Health Insurance (Change)

JETRO Investing in Japan
Laws & Regulations on Setting Up Business in Japan
Samples of forms businesses are required to submit to authorities 4-9e

Person insured column	(1) Business establishment reference code	(2) Person insured reference	(A) Name of person insured		(3) Date of birth			(B) Gender	(4) Classification by change	(C) Details of change (In the case of deletion (change))	(D) Date of acquisition of qualification			(E) Standard monthly remuneration								
			Phonetic transcriptions in katakana (Last name)	(First name)	★ Meiji 1 Taisho 3 Showa 5 Heisei 7	Year	month	day	★ Male 1 Female 2	★ Addition 1 Deletion 2 (change)	★ 1. Death 2. Change (correction) of name 3. Correction of date of birth 4. Correction of gender 5. Correction of gender	Month	day	year	in thousands of yen							
Person insured column	(J) Basic Pension Number or pension booklet code and number		Indication of mutual aid association number	(G) Zip code	(H) Address of person insured					(I) Remarks												
			* 1. Indication of spouse's		* Address code	(Phonetic transcriptions in katakana)																
Dependent who is a spouse column	(J) Spouse's Basic Pension Number or pension booklet code and number		(7) Date of birth (after correction)			(K) Pension booklet code and number			(L) Reasons for becoming a dependent (person insured of the third kind)				(M) Reasons for ceasing to be a dependent (person insured of the third kind)									
			★ Meiji 1 Taisho 3 Showa 5 Heisei 7	Year	month	day			★ A. Person insured being enrolled in employee insurance system B. Change in pension system etc. in which person insured is enrolled a. Employees' pension insurance→Mutual aid association b. Mutual aid association→Employees' pension insurance c. Mutual aid association→Mutual aid association C. Marriage D. Dependent's separation from employment (loss of the insured status of the second kind) E. Decrease in dependent's income F. Other ()				★ Death () Other ()									
	(5) Dependent number	(6) Name of dependent		(7) Date of birth		(8) Gender	(9) Family relationship	(N) Occupation	(O) Income	(10) Date of becoming a dependent	(11) Date of ceasing to be a dependent	(AA) Collection category of insurance card	(P) Remarks									
	*	Phonetic transcriptions in katakana (Last name)	Phonetic transcriptions in katakana (First name)	★ Meiji 1 Taisho 3 Showa 5 Heisei 7	Year	month	day	★ Male 1 Female 2			Month	day	year	Month	day	year	* Attachment Impossible to return Loss					
(Q) Zip code	(R) Address		(S) Date of change (correction) of name			(T) Category of foreigners	(U) Alias of dependent		(V) Classification	(W) Designation of forced numbering												
	* Address code		(Phonetic transcriptions in katakana)			Month	day	year	★ 0. Japanese 1. American (forced) 2. Foreigner other than 1	(Phonetic transcriptions in katakana)			* 1. Designation of forced numbering									
(Y) Enter in the case of having a spouse who is not a dependent		Annual income of spouse	\		Annual income of person insured	\																
Other dependent column	(5) Dependent number	(6) Name of dependent		(7) Date of birth		(8) Gender	(9) Family relationship	(N) Occupation	(O) Income	(10) Date of becoming a dependent	(11) Date of ceasing to be a dependent	(Z) Reason	(12) Reasons for rescission	(BB) Classification by living together/living separately	Domicile (13) (prefecture)	(AA) Collection category of insurance identification certificate	(P) Remarks					
	*	Phonetic transcriptions in katakana (Last name)	Phonetic transcriptions in katakana (First name)	★ Meiji 1 Taisho 3 Showa 5 Heisei 7	Year	month	day	★ Male 1 Female 2			Year	month	day	Year	month	day		1. Reaching 75 2. Recognition of disability	Living together Living separately		* Attachment Impossible to return Loss	
	*	Phonetic transcriptions in katakana (Last name)	Phonetic transcriptions in katakana (First name)	★ Meiji 1 Taisho 3 Showa 5 Heisei 7	Year	month	day	★ Male 1 Female 2			Year	month	day	Year	month	day		1. Reaching 75 2. Recognition of disability	Living together Living separately		* Attachment Impossible to return Loss	
	*	Phonetic transcriptions in katakana (Last name)	Phonetic transcriptions in katakana (First name)	★ Meiji 1 Taisho 3 Showa 5 Heisei 7	Year	month	day	★ Male 1 Female 2			Year	month	day	Year	month	day		1. Reaching 75 2. Recognition of disability	Living together Living separately		* Attachment Impossible to return Loss	
(20) Necessity or unnecessary for insurance identification certificate										* Necessary 0 Unnecessary 1		Submit										

(Circle if business owner has confirmed)

(CC)	<input type="checkbox"/> Confirmation	It has been confirmed that the person for whom attachment of an income certificate is omitted is a qualified spouse for deduction and a dependent under the Income Tax Act.
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Notification is hereby submitted as Notification of dependent has been submitted by the person insured as mentioned above.

Address of business establishment	Submission date: month day, 20XX
Name of business establishment	Zip code -
Name of business owner	[Seal]
Telephone number	(Area code)

Submission date: Month day, 20XX

Declaration on support (Fill out this blank if there are circumstances under which it is impossible to submit accompanying documents.) I affirm the facts provided above to be true and correct in every particular. Name Seal

Seal of licensed social insurance consultant as a proxy for submission
Seal

Pension office reception 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/hihokensha1/20150407-01.files/0000005188.xls>

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.

An business owner should be sure to enter the business establishment reference code and the insured person's reference number.

Circle any of the following:
Increase in the number of dependents Addition 1
Decrease in the number of dependents Deletion (change) 2
Change of dependent's name, etc. Deletion (change) 2
* If this Notification is submitted concurrently with the Notification of Acquisition of Insurance Qualification, it is not necessary to enter.

If "Deletion (change) 2" is circled in the "(4) Classification by change" column, circle any of the following:
"1 Death," "2 Change (correction) of name," "3 Correction of date of birth," "4 Correction of gender," and "5 Other"

Circle any of the following:
· In the case where the person insured has been enrolled in an employee insurance system such as a Japan Health Insurance Association-managed health insurance association: A Person insured having been enrolled in employee insurance system
· In the case where a pension system in which a person insured is enrolled has been changed due to a change of job etc.: B Change in pension system, etc. in which person insured is enrolled
* With regard to the details of such change, circle either of the following a, b, or c:
· In the case of a change from employees' pension insurance to a mutual aid association: a Employees' pension insurance to mutual aid association
· In the case of a change from a mutual aid association to another mutual aid association: c Mutual aid association to mutual aid association
· In the case where a spouse becomes a dependent of the person insured due to marriage: C Marriage
· In the case where a spouse becomes a dependent of the person insured because of loss of the status as a person insured by employees' pension insurance due to separation from employment: D Dependent's separation from employment (loss of insured status of the second kind)
· In the case where income of a spouse has decreased and income estimated in the future is less than 1.3 million yen per annum: E Decrease in dependent's income
· For other reasons: F Other () * Enter such reason in the parentheses as follows:

If the Notification concerning the person insured in the third category of national pension on the third page is concurrently submitted, be sure to enter the Basic Pension Numbers of the person insured and a dependent who is a spouse.

Please do not enter if there is no correction to the date of birth of a dependent who is a spouse.

Enter the address and zip code of the spouse. If those are the same as those in the Person insured column, enter "Living together."

If a person has a spouse who is not a dependent, enter the annual income of the spouse to examine whether a child, etc. is in a condition under which he/she is supported by the person insured. Also enter the annual income of the person insured.
* In the case of filling out this column, do not fill out the "Dependent who is a spouse" column.

Circle any of the following:
In the case of death of a spouse who was a dependent (person insured of the third kind): Death * Enter the date of death.
For other reasons: Other ()
* Enter such reason (obtaining employment, increase in income, divorce, etc.) in (). If a person falls under a person insured under the Medical Care Service System for people aged 75 and older, enter in () as follows:
In the case of reaching 75 and becoming a person insured under the Medical Care Service System for people aged 75 and older: Reaching 75
If a person falls under prescribed disability, is recognized by the Association of Medical Care Service for people aged 75 and older, and becomes a person insured under the Medical Care Service System for people aged 75 and older: Recognition of disability

If the reason in M column is obtaining employment, enter the date of obtaining employment, and in the case of death, enter the date following the date of death. If a person becomes a person insured under the Medical Care Service System for people aged 75 and older, enter the date of becoming a person insured.

In the case of living separately, enter the amount of remittance per month sent by the person insured.
* Full-time students who live separately to go on to university, etc. in a remote place, however, are excluded.

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Enter in a manner such as "Housewife," "Pension recipient," etc. to clarify the actual conditions.

(1) Business establishment reference code	(2) Person insured reference number	(A) Name of person insured		(3) Date of birth			(B) Gender	(4) Classification by change	(C) Details of change (In the case of deletion/change)	(D) Date of acquisition of qualification			(E) Remarks			
		Phonetic transcription (Last name)	Phonetic transcription (First name)	Year	Month	Day	Male 1 Female 2			1. Death 2. Change (correction) of name 3. Correction of date of birth 4. Correction of gender 5. Other	Month	Day		Year		
(J) Basic Pension Number or pension booklet code and number		(K) Indication of mutual spouse's	(G) Zip code	(H) Address of person insured			(I) Address code			(L) Remarks						
(J) Spouse's Basic Pension Number or pension booklet code and number		(7) Date of birth (after correction)		(K) Pension booklet code and number			(L) Reasons for becoming a dependent (person insured of the third kind)			(M) Reasons for ceasing to be a dependent (person insured of the third kind)						
(5) Dependent number	(6) Name of dependent		(7) Date of birth		(8) Gender	(9) Family relationship	(N) Occupation	(O) Income	(10) Date of becoming a dependent	(11) Date of ceasing to be a dependent	(AA) Collection category of	(P) Remarks				
Phonetic transcription (Last name)	Phonetic transcription (First name)	Year	Month	Day	Male 1 Female 2				Month	Day	Attachment Impossible to return Loss					
(Q) Zip code	(R) Address		(S) Date of change (correction) of name			(T) Category of foreignness	(U) Alias of dependent		(V) Classification	(W) Designation of forced numbering						
(Y) Enter in the case of having a spouse who is not a dependent		Annual income of spouse	Annual income of person insured													
(5) Dependent number	(6) Name of dependent		(7) Date of birth		(8) Gender	(9) Family relationship	(N) Occupation	(O) Income	(10) Date of becoming a dependent	(11) Date of ceasing to be a dependent	(Z) Reason	(12) Reasons for rescission	(BB) Classification by living together/living separately	(13) Domicile (prefecture)	(AA) Collection category of insurance identification certificate	(P) Remarks
Phonetic transcription (Last name)	Phonetic transcription (First name)	Year	Month	Day	Male 1 Female 2				Year	Month	Day	1. Reaching 75 2. Recognition of disability	Living together Living separately		Attachment Impossible to return Loss	
Phonetic transcription (Last name)	Phonetic transcription (First name)	Year	Month	Day	Male 1 Female 2				Year	Month	Day	1. Reaching 75 2. Recognition of disability	Living together Living separately		Attachment Impossible to return Loss	
Phonetic transcription (Last name)	Phonetic transcription (First name)	Year	Month	Day	Male 1 Female 2				Year	Month	Day	1. Reaching 75 2. Recognition of disability	Living together Living separately		Attachment Impossible to return Loss	
(20) Necessity or unnecessary for insurance identification certificate																Submit

Enter in a manner such as "Pension recipient," "Elementary school student," and "Junior high school student," and in the case of a student aged 16 and over, enter

If there is a dependent other than a spouse, enter the name, date of birth, gender (circle either of the items), and the family relationship with the person insured (father, mother, child, grandfather, grandmother, etc.)

Income includes a pension (a disability pension, a survivor's pension), unemployment benefits, and a sickness or injury allowance, which are tax-exempt. If there is tax-exempt income, "a copy of notice, etc. by which the amount received can be confirmed" is separately required.

(Circle if business owner has confirmed)

(CC) Confirm It has been confirmed that the person for whom attachment of an income certificate is omitted is a qualified spouse for deduction and a dependent under the Income Tax Act.

Notification is hereby submitted as Notification of dependent has been submitted by the person insured as mentioned above.

Submission date: month day, 20XX

Address of business establishment
Name of business establishment
Name of business owner
Telephone number

Zip code -

[Seal]

(Area code)

Enter the date of submission of this Notification by the business owner to a pension office or business center.

If the fact of being a qualified spouse for deduction and a dependent as set forth by the Income Tax Act has been confirmed by a business owner, the business owner should circle the word "Confirmation." In this case, attachment of a taxation (tax exemption) certificate, etc. that can prove that a livelihood is maintained by the person insured can be omitted.

Submission date: Month day.

Declaration on support
(Fill out this blank if there are circumstances under which it is impossible to submit accompanying documents.)

I affirm the facts provided above to be true and correct in every particular. Name Seal

Seal of licensed social insurance consultant as a proxy for submission Seal

If the fact that a person who becomes a dependent is supported by the person insured cannot be confirmed by accompanying documents, enter the state of support by the person insured.

Enter the date of submission of this Notification by the person insured to an entrepreneur.

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If the reason for ceasing to be a dependent is any of the following, circle appropriate item.
* In this case, it is unnecessary to fill out the "Z Reason" column.
In the case of becoming a person insured under the Medical Care Service System for people aged 75 and older: 1 Reaching 75
In the case of falling under prescribed disability, being recognized by the Association of Medical Care Service for people aged 75 and older, and becoming a person insured under the Medical Care Service System for people aged 75 and older: 2 Recognition of disability

Pension office reception stamp

If this Notification is submitted concurrently with the Notification of Acquisition of Insurance Qualification, enter D Date of acquisition of qualification. If the number of dependents increases, enter the date of birth, date of marriage, etc.