

Form Code	Classification	Declaration form
2 0 0		

Health Insurance
Employees' Pension Insurance

Declaration of Acquiring Eligibility for Insurance

Director	Deputy director	Manager	Assistant Manager	Staff

Corporation reference code	Corporation no.

Insured employee reference no.	Name of the insured	Birthday	Sex	Acquisition type	Basic Pension Number	Reason	Date of becoming eligible	monthly salary	Monetary compensation	Monthly base pay	With dependent?	Pension book unnecessary
									In-kind compensation			
									Total compensation			

Furigana (Last name) (First name)		Meiji 1 Taisho 3 Showa 5 Heisei 7	Year Month Day 1 5 2 6 3 7	N1 · M3 R2 · S4	Send	Heisei Month Day	Health 000 yen Pension 000 yen	Compulsory numbering designation	No Yes	Send
Postal code	Address of the insured	Furigana Prefecture		Note						
Address code										

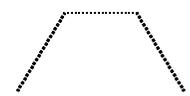
Furigana (Last name) (First name)		Meiji 1 Taisho 3 Showa 5 Heisei 7	Year Month Day 1 5 2 6 3 7	N1 · M3 R2 · S4	Send	Heisei Month Day	Health 000 yen Pension 000 yen	No Yes	Send
Postal code	Address of the insured	Furigana Prefecture		Note					
Address code									

Furigana (Last name) (First name)		Meiji 1 Taisho 3 Showa 5 Heisei 7	Year Month Day 1 5 2 6 3 7	N1 · M3 R2 · S4	Send	Heisei Month Day	Health 000 yen Pension 000 yen	No Yes	Send
Postal code	Address of the insured	Furigana Prefecture		Note					
Address code									

Furigana (Last name) (First name)		Meiji 1 Taisho 3 Showa 5 Heisei 7	Year Month Day 1 5 2 6 3 7	N1 · M3 R2 · S4	Send	Heisei Month Day	Health 000 yen Pension 000 yen	No Yes	Send
Postal code	Address of the insured	Furigana Prefecture		Note					
Address code									

Please read the instruction on the back for completing this form. You do not need to fill out the column marked with

Date of submission:



Corporation address	〒 -
Corporation name	
Employer name	
Telephone number	()



Seal impression of the social insurance labor consultant serving as a proxy	
	Seal

(Instruction on how to fill out this form)

For employees who acquired eligibility for health insurance alone as they are aged 70 or above, circle "Health Insurance" on this form, and compile and submit the form separately from one for employees aged below 70.

1 Corporation no. must be a number that was assigned by the local Social Insurance Agency or the head office of the Social Insurance Agency at the time of new application.

2 *Furigana* must be correctly entered.

3 Circle the appropriate Japanese era. The box on the right is an example where a birthday is February 7 in Showa Year 32.

明	1	年	月	日
大	3			
平	7	3	2	0
			2	0
				7

4 If the insured is a man other than a coal miner, circle "1," if a woman, "2," or if a coal miner, "3." However, if the employee is a member of the Employees' Pension Insurance and a man other than a coal miner, circle "5," if a woman, "6," and if a coal miner, "7."

5 If the employee is a new subscriber to the Employees' Pension Insurance other than for seamen, circle "N1," if the employee was previously a subscriber to the Employees' Pension Insurance other than for seamen and re-entered into this insurance, circle "R2," if the employee was transferred from the Mutual Aid Association to a government finance corporation, circle "3," or if the employee is a voluntary and continuous subscriber to the seamen's insurance, circle "S4."

6 Enter the employee's Basic Pension Number specified on the employee's pension book or on the notification of Basic Pension Number. If you do not know the employee's Basic Pension Number, enter into the name and address of the entity where the employee was last employed and covered by the insurance.

7 For instance, if the date of becoming eligible is April 1 in Heisei Year 02, it will be like the box on the right

平	成	年	月	日
0	2	0	4	0
				1

8 is entered as follows:

Enter the amount of any monetary wages, salaries, remuneration, allowances, bonuses, and other compensations, irrespective of their names, that are paid to workers for their labor, which are calculated in compliance with each item of Article 42, paragraph 1 of the Health Insurance Act, or each item of Article 22, paragraph 1 of the Employees' Pension Insurance Act, excluding ad hoc compensations or cases where the interval of payment is longer than 3 months.

Enter the amount of non-monetary compensation provided in the form of food, housing, clothing and such, which is calculated in compliance with the Health Insurance Act, Article 46, or the Employees' Pension Insurance Act, Article 25, based on the amount determined by a local Social Insurance Agency or the health insurance association.

9 If the insured employee has dependent family members who has submitted a dependent declaration form, circle "Yes." Otherwise, circle "No."

10 (1) If the employee was previously a subscriber to the health insurance, enter the date of becoming eligible, the name of the local or central Social Insurance Agency or the health insurance association at which the employee last applied, and the name and address of the corporation that hired the employee.

(2) If the employee satisfies any of the item of Article 118, paragraph 1 of the Health Insurance Act, please state to that effect.

(3) If the employee continues to receive benefits after losing eligibility for health insurance, state to that effect, and enter the type of benefits. Also if the benefits are for recovery from sickness or injury, enter the name of such a sickness or injury.

(4) If the employee has a pension book and there was change in the employee's name in the employee's pension book, enter the employee's name before change.

(5) If the employee was a type 4 subscriber of the Employees' Pension Insurance until the time of acquiring eligibility, state to that effect and enter the name of the local or central Social Insurance Agency at which the employee applied.

11 : Make sure to enter the postal code. : The address of the insured must be correctly entered in Kanji, starting from the prefecture. *Furigana* must be correctly entered.

However, the employee does not need to enter or for filing at the health insurance association.

12 If the employer signed this form, seal impression is not required.

13 This form can be submitted online.

With regard to the health insurance managed by the Japan Health Insurance Association, or Employees' Pension Insurance, a certified social insurance labor consultant can submit this form online on behalf of the employer by attaching a power of attorney document.