

Managing director	Clerical supervisor		Person in charge

# Health Insurance Notification of Change of Covered Dependents (Addition)

**\*Please fill in the form in Japanese.**

Submission date:	Reiwa 6/ 12 / 5
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Section to be completed by the labor and social security attorney / health insurance society									
Acquisition date:	7. Heisei 9. Reiwa		(Y)		(M)		(D)	Standard monthly remuneration	,000 yen (In thousands of yen)

Section for insured person	Insured Person Code	2000	Insured Person Number	0000	Date of birth	Heisei (Year)/(Month)/(Day) 7 / 4 / 30	Remarks	
	Employee ID	× × × × ×			Address	Postal code	123-4567	
	(Furigana)	ケンボ	(Furigana)	タロウ		東京都〇〇区〇〇1-2-3	Telephone number	090 - × × × × - ▲▲▲▲
	(Last name)		(First name)					
	Name	健保	太郎					

Section for dependent	Name	(Furigana) ケンボ (Last name) 健保	(Furigana) ハナコ (First name) 花子	Date of birth	Heisei (Year)/(Month)/(Day) 7 / 9 / 26	Gender	1. Male 2. Female
	Relationship	妻	Occupation	無職	Income (annual income) 0 yen (in tens of thousands of yen)	Address	Cohabitation (In the case of living separately) Postal code
	Date of becoming a dependent	Reiwa 6/ 12 / 1		Reason	入社	Remarks	*
	Issuance of Insurance qualification certificate	<input type="checkbox"/>	I wish to be issued	Reason for requesting	If desired, choose a reason from below and fill in 1-5.		

Section for dependent	Name	(Furigana) ケンボ (Last name) 健保	(Furigana) イチロウ (First name) 一郎	Date of birth	Reiwa (Year)/(Month)/(Day) 5 / 4 / 1	Gender	1. Male 2. Female
	Relationship	長男	Occupation	無職	Income (annual income) 0 yen (in tens of thousands of yen)	Address	Cohabitation (In the case of living separately) Postal code
	Date of becoming a dependent	Reiwa 6 / 12 / 1		Reason	出生	Remarks	*
	Issuance of Insurance qualification certificate	<input type="checkbox"/>	I wish to be issued	Reason for requesting	If desired, choose a reason from below and fill in 1-5.		

Section for dependent	Name	(Furigana) (Last name)	(Furigana) (First name)	Date of birth	Showa (Year)/(Month)/(Day) Heisei Reiwa / /	Gender	1. Male 2. Female
	Relationship	Occupation	Income (annual income) 0,000 yen (in tens of thousands of yen)	Address	1. Cohabitation 2. Living separately	In the case of living separately Postal code	
	Date of becoming a dependent	Reiwa (Y) / (M) / (D)	Reason			Remarks	*
	Issuance of Insurance qualification certificate	<input type="checkbox"/>	I wish to be issued	Reason for requesting	If desired, choose a reason from below and fill in 1-5.		

Reason for requesting issuance of qualification certificate

1. Because you have not made or returned your My Number Card.
2. Because you have not registered your My Number Card for use as an insurance card.
3. Because your My Number Card has expired
4. Lost your My Number Card, in the process of renewal procedure
5. Because you need the support of a third party (such as a caregiver) to receive a medical examination using your My Number insurance card.

Office address	Postal code
Name of office	
Name of employer	
Telephone number	( )

Labor and social security attorney submitting the application on behalf of the insured

salesforce Health Insurance Association

Date request received (stamp)

\*If there is no certificate of residence for the dependent in Japan, please check if any of the following requirements apply to the dependent and enter the applicable number in the remarks column.

Number	Requirement	Documents for Attachment
(1)	Students studying overseas	Copy of visa, student ID, enrollment certificate, admission certificate, etc.
(2)	Person accompanying an insured person who is stationed for work in a foreign country [Specific example] Person for whom a dependent visa is issued	Copy of visa, letter of appointment for overseas assignment, residence certificate issued by an overseas public institution, etc.
(3)	Person who temporarily travels abroad for sightseeing, recreation, volunteer activities, or other purposes other than employment [Specific examples] In principle, a person whose visa has an expiration date; for example, person who travels using the working holiday system, family member who accompanies students studying abroad, etc.	Copy of the visa, proof of the volunteer dispatching agency, volunteer participation agreement, etc.
(4)	Person who has a personal relationship with the insured person while the insured person is assigned to a foreign country and is recognized as equivalent to (2). [Specific examples] • Child of insured person born during overseas assignment • Spouse who was married locally during an overseas assignment • Specially-adopted child who was adopted during overseas assignment	Copy of documents certifying birth, marriage, etc.
(5)	In addition to the persons listed in (1) to (4), persons who are recognized as having their lifestyle based in Japan in consideration of the purpose of travel and other circumstances [Specific example] Children born while a dependent is living overseas for reasons such as foreign study	Copy of documents certifying birth, marriage, etc.