

Health Insurance Dependent Status Report

Written Oath

I hereby certify that the information listed below is true and correct. If there are any discrepancies with the facts, I do not object to the cancellation of certification or the refund of the benefits paid by the health insurance Association. Also, if I obtain employment or if my income fluctuates, I will promptly engage in procedures for removing dependents.

To the Executive Head of the Salesforce Health Insurance Association

Date: **Reiwa (Y) 8 / (M) 4 / (D) 4**

Name of insured person

健保 太郎

■ Please enter the required information or circle the applicable items for the certified person.

■ Please fill in the form in Japanese.

Insurance Person	Code	2000	Num ber	〇〇〇〇	Name of certified person	健保 花子	Relationship	妻	Age	30歳
					Individual number <small>*If newborn baby and personal number has not yet been determined, it can be left</small>	1	1	1	1	1

*Have you registered to use the MYNA insurance card? (check one or the other) Yes No

Please fill in this section only if the person applying for being a dependent is a child. If the person applying for being a dependent is a child, there is no need to fill in the rest of this form.	
Is your spouse already a member of our health insurance plan?	<div style="text-align: center;">Yes</div> <div style="text-align: center;">No</div>
<div style="display: flex; justify-content: space-between;"> Last year's income (yen/year) Current income (yen/year) ※including pension income </div>	

(1)	Reason why application as a dependent was made	<div style="border: 2px solid red; border-radius: 50%; padding: 2px; display: inline-block;">1. Obtained employment at company</div>		
		2. Got married	Date of marriage	Reiwa (Y) / (M) / (D)
		3. Quit work and lost all income	Date of retirement	Reiwa (Y) / (M) / (D)
		4. Income decreased		Reiwa (Y) / (M) / (D)
		5. Completed receipt of employment insurance benefits	Completed receipt	Reiwa (Y) / (M) / (D)
		6. Other []		
(2)	Please list the health insurance in which you are currently enrolled	<div style="border: 2px solid red; border-radius: 50%; padding: 2px; display: inline-block;">2. Health insurance provided by employer</div>		
		3. Other health insurance/mutual aid association 4. Not enrolled		
		*If you circled 1., 2., or 3. above, please enter the name of your health insurance Association [協会けんぽ 東京支部]		
(3)	Are you currently working?	Yes (Go to (7))	<div style="border: 2px solid red; border-radius: 50%; padding: 2px; display: inline-block;">No</div> (Go to (4))	
(4)	Did you work during the past year?	Yes (Go to (5))	<div style="border: 2px solid red; border-radius: 50%; padding: 2px; display: inline-block;">No</div> (Go to (7))	
(5)	Were you enrolled in employment insurance?	Yes (Go to (6)) [Reason for retirement:]	No (Go to (7))	
(6)	Please list the current status of employment insurance receipt. <small>*If the basic daily amount exceeds 3,612 yen, certification is not possible (5,000 yen for those over 60 years old)</small>	1. Currently receiving pension [Daily amount] ¥ 2. Currently applying or planning to apply [Date of procedures] (Y)/(M)/(D) 3. Currently extending or planning to extend [Reason for extension]] 4. Completed receipt 5. Will not receive [Reason:] 6. Other [] (Go to (7))		
(7)	Do you currently have income?	Yes (Go to (8))	<div style="border: 2px solid red; border-radius: 50%; padding: 2px; display: inline-block;">No</div> (Go to (10))	
(8)	Please list your current amount of income.	[Annual income: approx. yen] (Go to (9))		
(9)	Please list the details of your income.	1. Salary (part-time income) 2. Real estate income 3. Interest/dividend income 4. Self-employed income 5. Pensions (please circle the type) A. Old age pension B. Survivor's pension C. Personal pension D. Disability pension E. Corporate pension F. Onkyu pension G. Other [] 6. Social insurance benefits (please circle the type) A. Injury and illness allowance B. Maternity allowance C. Work leave compensation, etc., from industrial accident compensation insurance D. Other [] 7. Other [] (Go to (10))		
(10)	Do you live with the insured person?	Yes	<div style="border: 2px solid red; border-radius: 50%; padding: 2px; display: inline-block;">No</div>	
			Reason for living separately []	
			Amount transferred in one month [yen]	
			※If the reason for separation is other than single residence or school attendance, please attach proof of remittance.	

■ If you want to certify a family member such as parents, parents-in-law, siblings (other than spouse/children living together), please complete the following section.

(11)	Does the certified person have a spouse?	No	Yes [Name of spouse:]
		1. Separation due to death 2. Divorce 3. Not yet married	[Annual income of spouse: yen]
(12)	■ Please fill in the family structure of the certified person.	Name Relationship Age	Household Annual income Does the certified person receive any aid? Cohabit / Separate yen Yes [yen] / No Cohabit / Separate yen Yes [yen] / No Cohabit / Separate yen Yes [yen] / No

Health Insurance Dependent Status Report

Written Oath

I hereby certify that the information listed below is true and correct. If there are any discrepancies with the facts, I do not object to the cancellation of certification or the refund of the benefits paid by the health insurance Association. Also, if I obtain employment or if my income fluctuates, I will promptly engage in procedures for removing dependents.

To the Executive Head of the Salesforce Health Insurance Association

Date: **Reiwa (Y) 6 / (M) 4 / (D) 4**

Name of insured person

健保 太郎

■ Please enter the required information or circle the applicable items for the certified person.

■ Please fill in the form in Japanese.

Insurance Person	Code	2000	Num ber	0000	Name of certified person	健保 一郎	Relationship	長男	Age	0歳
					Individual number					
*If newborn baby and personal number has										

*Have you registered to use the MYNA insurance card? (check one or the other) Yes No

Please fill in this section only if the person applying for being a dependent is a child. If the person applying for being a dependent is a child, there is no need to fill in the rest of this form.	
Is your spouse already a member of our health insurance plan?	Yes
	No
	Last year's income (yen/year) Current income (yen/year) ※including pension income

(1)	Reason why application as a dependent was made	1. Obtained employment at company 2. Got married Date of marriage Reiwa (Y) / (M) / (D) 3. Quit work and lost all income Date of retirement Reiwa (Y) / (M) / (D) 4. Income decreased Reiwa (Y) / (M) / (D) 5. Completed receipt of employment insurance benefits Completed receipt Reiwa (Y) / (M) / (D) 6. Other []			
(2)	Please list the health insurance in which you are currently enrolled	1. National Health Insurance 2. Health insurance provided by employer 3. Other health insurance/mutual aid association 4. Not enrolled *If you circled 1., 2., or 3. above, please enter the name of your health insurance Association []			
(3)	Are you currently working?	Yes (Go to (7))	No (Go to (4))		
(4)	Did you work during the past year?	Yes (Go to (5))	No (Go to (7))		
(5)	Were you enrolled in employment insurance?	Yes (Go to (6)) [Reason for retirement:]	No (Go to (7))		
(6)	Please list the current status of employment insurance receipt. <small>*If the basic daily amount exceeds 3,612 yen, certification is not possible (5,000 yen for those over 60 years old)</small>	1. Currently receiving pension [Daily amount] ¥ 2. Currently applying or planning to apply [Date of procedures] (Y)/(M)/(D) 3. Currently extending or planning to extend [Reason for extension] 4. Completed receipt 5. Will not receive [Reason:] 6. Other [] (Go to (7))			
(7)	Do you currently have income?	Yes (Go to (8))	No (Go to (10))		
(8)	Please list your current amount of income.	[Annual income: approx. yen] (Go to (9))			
(9)	Please list the details of your income.	1. Salary (part-time income) 2. Real estate income 3. Interest/dividend income 4. Self-employed income 5. Pensions (please circle the type) A. Old age pension B. Survivor's pension C. Personal pension D. Disability pension E. Corporate pension F. Onkyu pension G. Other [] 6. Social insurance benefits (please circle the type) A. Injury and illness allowance B. Maternity allowance C. Work leave compensation, etc., from industrial accident compensation insurance D. Other [] 7. Other [] (Go to (10))			
(10)	Do you live with the insured person?	Yes	No Reason for living separately [] Amount transferred in one month [yen] ※If the reason for separation is other than single residence or school attendance, please attach proof of remittance.		

■ If you want to certify a family member such as parents, parents-in-law, siblings (other than spouse/children living together), please complete the following section.

(11)	Does the certified person have a spouse?	No 1. Separation due to death 2. Divorce 3. Not yet married	Yes [Name of spouse:] [Annual income of spouse: yen]																							
(12)	■ Please fill in the family structure of the certified person.	<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 20%;">Name</th> <th style="width: 10%;">Relationship</th> <th style="width: 10%;">Age</th> <th style="width: 10%;">Household</th> <th style="width: 10%;">Annual income</th> <th style="width: 40%;">Does the certified person receive any aid?</th> </tr> <tr> <td></td> <td></td> <td></td> <td>Cohabit / Separate</td> <td>yen</td> <td>Yes [yen] / No</td> </tr> <tr> <td></td> <td></td> <td></td> <td>Cohabit / Separate</td> <td>yen</td> <td>Yes [yen] / No</td> </tr> <tr> <td></td> <td></td> <td></td> <td>Cohabit / Separate</td> <td>yen</td> <td>Yes [yen] / No</td> </tr> </table>	Name	Relationship	Age	Household	Annual income	Does the certified person receive any aid?				Cohabit / Separate	yen	Yes [yen] / No				Cohabit / Separate	yen	Yes [yen] / No				Cohabit / Separate	yen	Yes [yen] / No
Name	Relationship	Age	Household	Annual income	Does the certified person receive any aid?																					
			Cohabit / Separate	yen	Yes [yen] / No																					
			Cohabit / Separate	yen	Yes [yen] / No																					
			Cohabit / Separate	yen	Yes [yen] / No																					