

Form code			
2	1	0	1

Employees' Health Insurance / Employees' Pension Insurance
Application for Workplace Coverage



Date of submission /Y /M /D

Receipt date stamp

Employer	Postal code <small>(in KATAKANA characters)</small>
	Workplace address <small>(in KATAKANA characters)</small>
	Name of workplace
	Telephone number ()

Labor and Social Security Attorney
Name, address and phone

Workplace information	(1) Name of employer (or representative) <small>(in KATAKANA characters)</small> (Last name) (First name)	(2) Contact person	Name	Extension number					
	(3) Address of employer (or representative) Postal code								
	(4) Agent of the employer	Name <small>(in KATAKANA characters)</small> (Last name) (First name)							
		(5) Address Postal code							
	(6) Business category (Type of business)	Type of business	(7) Date of coverage (do not fill in)	9. Reiwa era	year	month	day		
	(8) Corporation category	1. Corporation 2. Individual 3. National or local public institution	(9) Corporate number	1. Corporate number 2. Corporate registration number					
	(10) Head office or branch	1. Head office 2. Branch	(11) Domestic or foreign corporation	1. Domestic corporation 2. Foreign corporation	(12) Name of LSS Attorney	Code of Labor & Social Security Attorney			
	(13) Name of Health Insurance Society <small>(in KATAKANA characters)</small>	Health Insurance Society		(14) EP Fund number and name	Employees' Pension Fund				
	(15) Salary calculation date	th day of a month	(16) Month of pay raise	month	month	month	month	(17) Remuneration report form	0. Necessary (by paper) 1. Unnecessary 2. Necessary (by digital medium (CD))
	(18) Pay day	th day of current month th day of next month	(19) Bonus month	month	month	month	month	(20) Bonus report	0. Necessary (by paper) 1. Unnecessary 2. Necessary (by digital medium (CD))
	(21) Payment system	1. Monthly salary 2. Daily wages 3. Daily basis salary 4. Percentage pay	(22) Applicable allowances	1. Family 2. Housing 3. Supervisory post 4. Commutation	5. Regular attendance 6. Overtime 7. Other	(23) Payment in kind		1. Meal 2. Housing 3. Clothing 4. Train/bus pass	5. Other ()
	(24) Employee information	1. Total number of workers including executive members		2. Number of workers subject to social insurance coverage					
		3. Number of workers not subject to social insurance coverage by worker types:		① Executive members	Remuneration (payable/no)	Full-time workers	Part-time workers		
Note: Enter average work days/hours for ②, ③, and ④		② Short-time contract	About work days / month	About work hours / week					
		③ part-time	About work days / month	About work hours / week					
(25) Regular work days/hours of workplace	days / month	hours and	minutes / week	hours and	minutes / day				
(26) Notes									