



Date of submission: Reiwa era /Y /M /D

Applicant / Employer	Workplace code	* * -	Workplace number
	I, the employer, hereby confirm each worker's Individual Number (or Basic Pension Number) here is correct.		
	Address of workplace		
	Name of workplace		
	Name of employer		
Phone number ( )			

Receipt date stamp

Labour and Social Security Attorney

Name/ address/ contact number

Insured person 1	(1) Insured person number	(2) Name (In KANA characters) (Family name) (First name)	(3) Date of birth 5. Show era 7. Heisei era 9. Reiwa era year month day	(4) Type 1. Male 2. Female 3. Miner 5. Male (pension fund) 6. Female (pension fund) 7. Miner (pension fund)
	(5) Enrollment category 1. EHI-EPI 2. MAA secondee 3. MAA secondee 4. Seaman's ins. vol-con	(6) Individual Number (or Basic Pension Number)	(7) Date of enrollment 9. Reiwa era year month day	(8) Dependents application 0. No 1. Yes
	(9) Monthly remuneration amount (a) (Cash) (b) (In kind) Yen Yen (c) Total (a)+(b) Yen	(10) Remarks Circle the applicable item: 1. Worker aged 70 and older 2. Enrollment of worker at two workplaces and more 3. Enrollment of part-time workers (specific workplace) 4. Enrollment of re-employed worker after retirement 5. Other ( )		
	(11) Address No need to enter address if you give the worker's Individual Number in (6) above. (In KANA character: )	Reason: 1. Residing out of Japan 2. Short-term stay 3. Others ( )		

Insured person 2	(1) Insured person number	(2) Name (In KANA characters) (Family name) (First name)	(3) Date of birth 5. Show era 7. Heisei era 9. Reiwa era year month day	(4) Type 1. Male 2. Female 3. Miner 5. Male (pension fund) 6. Female (pension fund) 7. Miner (pension fund)
	(5) Enrollment category 1. EHI-EPI 2. MAA secondee 3. MAA secondee 4. Seaman's ins. vol-con	(6) Individual Number (or Basic Pension Number)	(7) Date of enrollment 9. Reiwa era year month day	(8) Dependents application 0. No 1. Yes
	(9) Monthly remuneration amount (a) (Cash) (b) (In kind) Yen Yen (c) Total (a)+(b) Yen	(10) Remarks Circle the applicable item: 1. Worker aged 70 and older 2. Enrollment of worker at two workplaces and more 3. Enrollment of part-time workers (specific workplace) 4. Enrollment of re-employed worker after retirement 5. Other ( )		
	(11) Address No need to enter address if you give the worker's Individual Number in (6) above. (In KANA character: )	Reason: 1. Residing out of Japan 2. Short-term stay 3. Others ( )		

Insured person 3	(1) Insured person number	(2) Name (In KANA characters) (Family name) (First name)	(3) Date of birth 5. Show era 7. Heisei era 9. Reiwa era year month day	(4) Type 1. Male 2. Female 3. Miner 5. Male (pension fund) 6. Female (pension fund) 7. Miner (pension fund)
	(5) Enrollment category 1. EHI-EPI 2. MAA secondee 3. MAA secondee 4. Seaman's ins. vol-con	(6) Individual Number (or Basic Pension Number)	(7) Date of enrollment 9. Reiwa era year month day	(8) Dependents application 0. No 1. Yes
	(9) Monthly remuneration amount (a) (Cash) (b) (In kind) Yen Yen (c) Total (a)+(b) Yen	(10) Remarks Circle the applicable item: 1. Worker aged 70 and older 2. Enrollment of worker at two workplaces and more 3. Enrollment of part-time workers (specific workplace) 4. Enrollment of re-employed worker after retirement 5. Other ( )		
	(11) Address No need to enter address if you give the worker's Individual Number in (6) above. (In KANA character: )	Reason: 1. Residing out of Japan 2. Short-term stay 3. Others ( )		

Insured person 4	(1) Insured person number	(2) Name (In KANA characters) (Family name) (First name)	(3) Date of birth 5. Show era 7. Heisei era 9. Reiwa era year month day	(4) Type 1. Male 2. Female 3. Miner 5. Male (pension fund) 6. Female (pension fund) 7. Miner (pension fund)
	(5) Enrollment category 1. EHI-EPI 2. MAA secondee 3. MAA secondee 4. Seaman's ins. vol-con	(6) Individual Number (or Basic Pension Number)	(7) Date of enrollment 9. Reiwa era year month day	(8) Dependents application 0. No 1. Yes
	(9) Monthly remuneration amount (a) (Cash) (b) (In kind) Yen Yen (c) Total (a)+(b) Yen	(10) Remarks Circle the applicable item: 1. Worker aged 70 and older 2. Enrollment of worker at two workplaces and more 3. Enrollment of part-time workers (specific workplace) 4. Enrollment of re-employed worker after retirement 5. Other ( )		
	(11) Address No need to enter address if you give the worker's Individual Number in (6) above. (In KANA character: )	Reason: 1. Residing out of Japan 2. Short-term stay 3. Others ( )		

To workplaces covered by the Employees' Health Insurance managed by the EHI Association (KYOKAI KENPO)

If you are filing this form only to enroll the worker(s) aged 70 and older in the Employees Pension Insurance, please circle 1. and 5. in column (10), and enter "該当のみ" in Japanese in ( ) parenthesis in 5. (Please note that we don't reissue the Employees' Health Insurance certificate (card) in this case.)