

Form code
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For workplaces covered by Association-managed EHI

Employees' Health Insurance: Report of Dependents (change) National Pension: Application to Enroll in as Category III Insured Persons



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

Employer	Workplace code	
	Address of workplace	I hereby confirmed the worker's and each person's Individual Numbers (or Basic Pension Numbers) here are correct.
	Name of workplace	
	Employer's name	
	Telephone	()
Confirmation	Circle "Confirmation" at right if the employer confirmed information.	Confirmation <input checked="" type="checkbox"/> I, the employer, hereby confirmed that the reported dependents whose income documents are not attached, are subject to dependent (spouse) deduction under the income tax law.

This form also serves as "Application to Enroll in as Category III Insured Persons" under the National Pension system when it involves with a report on a spouse of an insured person under the Employees' Pension Insurance.
In this case, the spouse is the Category III insured person and the worker is Category II insured person under the National Pension system.

Receipt date stamp

Labour and Social Security Attorney
Name/ address/ contact number

Date employer received spouse/dependent report	Reiwa era	Year	Month	Day
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A. Insured person	(1) Insured person's number	(2) Name (in KANA characters) (Family name) (First name)	(3) Date of birth (5. Showa era 6. Heisei era 7. Reiwa era) (Year) (Month) (Day) (4)	Sex (1. Male 2. Female)
	(6) Date of enrollment (5. Showa era 6. Heisei era 7. Reiwa era) (Year) (Month) (Day) (7) (Annual) (Income)	(8) Address	No need to enter address if you give Individual Number in (5).	
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

If the employer confirmed the relationship between the worker and reported spouse / dependents by examining official evidence documents such as KOSEKI TOHON (family registry), check the box in B. (15) or C. (14). To report that the worker's spouse becomes worker's dependent (i.e. Category III insured person), or not dependent, circle "Applicable" or "Not applicable" respectively. Circle "Change" to report any change in reported data.

B. Dependent spouse (Category III Insured person)	(1) I hereby report regarding a Category III Insured Person. Reiwa era /Y /M /D	(2) Date of birth (5. Showa era 6. Heisei era 7. Reiwa era) (Year) (Month) (Day) (3) Relationship (1. Husband 2. Wife 3. Common-law husband 4. Common-law wife)
	Name (in KANA characters)	(4) Individual Number (or Basic Pension Number)
	(7) Address (1. Living in same household 2. Different address)	(5) Foreign nationality (6) Common name (in KANA characters) (8) Telephone number (1. Home 2. Mobile 3. Office 4. Others)
	(9) First day as dependent (Category III) (10) Reason (1. Employment of the insured person 2. Marriage 3. Leaving job 4. Decrease in income 5. Others ())	(11) Occupation (1. Unemployed 2. Part-time 3. Pension recipient 4. Others) (12) (Annual) (Income) (Yen)
	(13) First day as not-dependent (Not Category III) (14) Reason (1. Deceased (Reiwa era /Y /M /D) 2. Divorced 3. Employment / increase in income 4. Reaching age 75 5. Disability assessed 6. Others ())	(15) Remarks
	Fill in (16)-(19) only if you live abroad or moved into Japan. (16) First day to be applicable for overseas special case (17) Reason (1. Study abroad 2. Accompany worker detached abroad 3. Designated activity 4. Marriage abroad 5. Others ())	
	(18) First day to be not applicable for overseas special case (19) Reason (1. Move into Japan on Reiwa era /Y /M /D 2. Others ())	
	(20) Income of spouse if not dependent	Spouse's (annual) income (Yen)
	Employer confirmed relationship. <input type="checkbox"/>	

To report that other person becomes dependent, or not dependent, circle "Applicable" or "Not applicable" respectively. Circle "Change" to report any change in reported data.

C. Other dependent 1	(1) Name (in KANA character: (Family name) (First name) (2) Date of birth (5. Showa era 6. Heisei era 7. Reiwa era) (Year) (Month) (Day) (3) Sex (1. Male 2. Female) (4) Relationship (1. Biological/adopted child 2. Child other than 1. 3. Parent/adoptive parent 4. Parent-in-law 5. Younger brother/sister 6. Older brother/sister 7. Grandparent 8. Great-grandparent 9. Grandchild 10. Others ())
	(6) Address (1. Living in same household 2. Different address) (7) Overseas special case (1. Applicable 2. Not applicable) (8) Reason (1. Study abroad 2. Accompany worker detached abroad 3. Designated activity 5. Others ()) (9) Reason (1. Move into Japan on Reiwa era /Y /M /D 2. Others ())
	(19) First day as dependent (10) Occupation (1. Unemployed 2. Part-time 3. Pension recipient 4. Junior high school student or younger 5. High school/university student (grade) 6. Others ()) (11) (Annual) (Income) (Yen) (12) Reason (1. Birth 2. Leaving job 3. Decrease in income 4. Living in same household 5. Others ())
	(14) First day as not-dependent (15) Reason (1. Deceased 2. Increase in income 3. Disability assessed 4. Employment 5. Reaching age 75 6. Others ()) (16) Remarks (17) Employer has confirmed their relationship. <input type="checkbox"/>

C. Other dependent 2	(1) Name (in KANA character: (Family name) (First name) (2) Date of birth (5. Showa era 6. Heisei era 7. Reiwa era) (Year) (Month) (Day) (3) Sex (1. Male 2. Female) (4) Relationship (1. Biological/adopted child 2. Child other than 1. 3. Parent/adoptive parent 4. Parent-in-law 5. Younger brother/sister 6. Older brother/sister 7. Grandparent 8. Great-grandparent 9. Grandchild 10. Others ())
	(6) Address (1. Living in same household 2. Different address) (7) Overseas special case (1. Applicable 2. Not applicable) (8) Reason (1. Study abroad 2. Accompany worker detached abroad 3. Designated activity 5. Others ()) (9) Reason (1. Move into Japan on Reiwa era /Y /M /D 2. Others ())
	(19) First day as dependent (10) Occupation (1. Unemployed 2. Part-time 3. Pension recipient 4. Junior high school student or younger 5. High school/university student (grade) 6. Others ()) (11) (Annual) (Income) (Yen) (12) Reason (1. Birth 2. Leaving job 3. Decrease in income 4. Living in same household 5. Others ())
	(14) First day as not-dependent (15) Reason (1. Deceased 2. Increase in income 3. Disability assessed 4. Employment 5. Reaching age 75 6. Others ()) (16) Remarks (17) Employer has confirmed their relationship. <input type="checkbox"/>

Use one form to report each for "Applicable", "not applicable" or "Change". You cannot use one form to report them together.

Declaration regarding dependents (Enter comments about your evidence documents if needed.)
I hereby declare the statement herein is true and correct. Name