

Please submit this application form when the dependent's address has changed. Insurance Card is not necessary to be attached.

*All the years should be written in the Japanese Calendar system.

健康保険被扶養者住所変更届

記入見本

常務理事	事務長	担当者
Gender: [Male] / [Female]	Employee Number	

Health Insurance Card Symbol / Number: ○○○○

Furigana (in Katakana): ハナツバキ タロウ

Name of Insured Person: 花椿 太郎

Date of Birth: [Showa] / [Heisei] [Year][Month][Date] 昭和 ○年 ○月 ○日

Name of Business Office, Branch: ○○○○○○

Department, etc.: ○○○○○○

Address of Insured Person: 被保険者の住所 〒 ○○○○-○○○

Postal Code: ○○○○

Gender: ●男 ○女

Employee Number: ○○○○

Number of Dependents living with Insured Person: [] 1 人

Number of Dependents living separately from Insured Person: [] 1 人

Number of Dependents: [] 1 人

申請の事由: ●同居 ○別居 ○1. 異動に伴う転居 ○2. 学生の別居 ○3. その他 ()

Reason for this application: [Living together] / [Living separately]

Reason for this application: [1. Relocation due to transfer] [2. Separation of students] [3. Other (Detail)]

Reason for this application: [Living together] / [Living separately]	生年月日	性別	Relationship to the Insured Person	Living with Insured Person	Residence certificate address
花椿 花子	○S ○H ○R	○男 ●女	妻	<input checked="" type="checkbox"/> 被保険者と同居	<input checked="" type="checkbox"/> 住民票住所
Date of Birth: [Showa] / [Heisei] / [Reiwa] [Year][Month][Date]	○S ○H ○R	○男 ○女	Relationship to the Insured Person	<input type="checkbox"/> 被保険者と同居	<input type="checkbox"/> 住民票住所
	○S ○H ○R	○男 ○女	Relationship to the Insured Person	<input type="checkbox"/> 被保険者と同居	<input type="checkbox"/> 住民票住所
	○S ○H ○R	○男 ○女	Relationship to the Insured Person	<input type="checkbox"/> 被保険者と同居	<input type="checkbox"/> 住民票住所

※被保険者と被扶養者が同時に同じ住所へ変更する場合は、「○ 被保険者と同居」欄に●を入れてください。

※住民票と同じ住所の場合は、「○ 住民票住所」欄に●を入れてください。

※申請の事由が別居の2の場合は、学生証のコピーか在学証明書、 3は仕送り証明の添付が必要になります。

別居の1、同居の場合は不要です。

※仕送り証明が提出できない場合は、扶養から削除する場合があります。

※検認等で、虚偽の申請が発覚した場合、遡って被扶養者の資格を喪失する場合があります。

*If the insured person and the dependent change to the same address at the same time, please put ● in the tick box of "Living with Insured Person".

*If the address is the same as that on the residence certificate, please put ● in the tick box of "Residence certificate address".

*If the reason for this application is 2 of "Living separately", a copy of student ID or certificate of enrollment is required, and for 3, proof of living allowance remittance should be attached.

For 1 of "Living separately" or "Living together", the documents are not necessary to be attached.

*If proof of living allowance remittance cannot be submitted, the person may be withdrawn from Dependents.

*If a false application is detected, the dependent may be disqualified retrospectively.

所属事業所	
担当	