

Submission Date: [Reiwa Year][Month][Date]

〔健康保険被扶養者(異動)届〕の添付書類

Health Insurance Card Symbol / Number

健康保険 扶養 状 済

Employee Number

記入見本

Please fill in all the blanks in the frame. \*All the years should be written in the Japanese Calendar system.

Furigana (in Katakana)

Name of Insured Person

令和 〇 年 〇 月 〇 日提出

被保険者	保険証の記号・番号	社員番号	フリガナ	ハナツパキ タロウ
	〇〇〇〇 - 〇〇〇〇〇〇〇〇〇〇〇〇		氏名	花椿 太郎

Furigana (in Katakana)

Gender: [Male] / [Female]

Relationship to the Insured Person

Date of Birth of Applicant: [Showa] / [Reiwa] [Heisei] [Year][Month][Date]

Name of Applicant

申請対象者氏名

フリガナ

続柄

生年月日

Address of Applicant

If the applicant is uninsured, The date of last withdrawn date: [Heisei] / [Reiwa] [Year][Month][Date]

Current Health Insurance: 1. National Health Insurance / 2. partnership insurance / 3. cooperative insurance / 4. Japan Health Insurance Association / 5. Voluntarily continued insurance / 6. Uninsured 7. Other

申請対象者の現在の収入について、収入状況、該当番号と選択し、必要事項を記入してください。

収入状況	収入内訳	Please tick off and fill in the blanks about the Applicant's annual income.	
	<input type="radio"/> 収入あり <input type="radio"/> 収入なし	Having an income 1. Employment income (part-time work, etc.) 2. Self-employment income 3. Pension: Old-age Basic Pension, Welfare Pension 4. Pension: Survivor's pension 5. Pension: Disability pension 6. Pension: Corporate basic pension 7. Invalidity benefit, Maternity allowance, Compensation for absence from work and other public allowance 8. Other income [ detail ]	No income 1. Preschool child / Student (Secondary school and younger students) 2. High school / University / Other student 3. Spouse and housewife(househusband) 4. Period of Recuperation(*If the person receives an Invalidity benefit, etc., please fill the above "Having an income") 5. Not in receipt of pension although reached pensionable age [ the reason ] 6. Other [ detail (e.g.) Resigned for marriage ]

収入なし	<input type="radio"/> 1 未就学児	<input type="radio"/> 学生【中学生以下】
	<input type="radio"/> 2 【学生 <input type="radio"/> 高校生 <input type="radio"/> 大学生 <input type="radio"/> その他 ( )】	
	<input type="radio"/> 3 配偶者で、専業主婦(夫)	
	<input type="radio"/> 4 病気療養中 ※傷病手当金等を受給している場合は「収入有」へ	
	<input type="radio"/> 5 年金受給年齢に到達しているが未受給	
	<input type="radio"/> 6 その他【結婚の為退職】	

If the Applicant is already resigned and has no income at present but had an employment income last year or the year before, please tick off and fill in the following blanks.  
1. Date of resignation: [Heisei] / [Reiwa] [Year][Month][Date]

現在収入なしで、昨年、一昨年に給与収入があり退職している場合、該当する項目を選択し、必要事項を記入してください。

1. 退職日	〇平成 ●令和 〇年 〇月 〇日
2. Regarding unemployment benefits of employment insurance:	(2) Not willing to receive it although the person is eligible for the benefits. [ Please write the reason here (e.g. Living as a housewife.) ]
(1) Planning to apply	
<input type="radio"/> ① 申請予定	<input type="radio"/> ② 受給資格はあるが受給しない 【理由: 家事に専念する為】
<input type="radio"/> ③ 受給中	(3) Receiving benefits Daily amount of benefits [ ] JPY
<input type="radio"/> ④ 受給終了済	(4) The benefit period has already ended.
<input type="radio"/> ⑤ 受給申請済	(5) Has already applied for benefits and is under restriction on benefit payment.
<input type="radio"/> ⑥ 受給延長中(延長予定)	(6) The benefit period is being extended (will be extended) [ Please write the reason here ]
<input type="radio"/> ⑦ 加入期間不足	(7) [Insufficient period of enrollment in an employment insurance] / [Not enrolled in an employment insurance] / [Other]

\*If the Applicant is not your spouse, please fill in the information of the person who is obliged to support the family member, regardless of whether living together or separately.  
-Example 1: If the applicant is a child, your spouse is obliged.  
-Example 2: If the applicant is a parent, all your siblings are obliged.

兄弟姉妹全員	申請対象者との世帯	年間援助額
	円 <input type="radio"/> 同居 <input type="radio"/> 別居	円
	円 <input type="radio"/> 同居 <input type="radio"/> 別居	円
	円 <input type="radio"/> 同居 <input type="radio"/> 別居	円

\*\*Annual support amount [ ] JPY  
\*\*Annual income of the person [ ] JPY  
\*\*[Living with the Applicant] / [Living separately]

\*必ず記入してください

★理由を記入する時の注意点  
申請することになった理由を認定者が読んで状況が判断出来る意思、

Please provide details of why you are obliged to support the person for whom you are applying. (e.g. having or not having an income, willingness to work, etc.)