

Please attach the Insurance Card of the dependent who is withdrawn from membership.

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

# 健康保険被扶養者(異動)届

## 記入見本(削除)

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

Health Insurance Card Symbol / Number		Employee Number		Furigana (in Katakana)		Gender: [Male] / [Female]	
記号-番号		社員番号		フリガナ		性別	
資格取得年月日		Date of Enrollment: [Showa] / [Heisei] / [Reiwa] [Year][Month][Date]		被保険者氏名		生年月日	
申請対象者氏名		フリガナ		ハナツバキ タロウ		ハナツバキ タロウ	
生年月日		Date of Birth: [Showa] / [Heisei] / [Reiwa] [Year][Month][Date]		被保険者住所		Date of Birth: [Showa] / [Heisei] [Year][Month][Date]	
世帯の別		同居		Relationship to the Insured Person		Living [together] / [separately]	
居住区		国内		Living [in Japan] / [overseas] ( ) *please see 1 below		Living [in Japan] / [overseas] ( ) *please see 1 below	
対象者の年間収入		有		Does the Dependent have an annual income? [Yes] / [No]		Total amount of annual income is ( )0,000 JPY. (*For example, if the amount is 500,000JPY, please write "50" only.)	
扶養開始日		令和 年 月 日		Start date of dependent status / End date of dependent status [Reiwa Year][Month][Date]		Start date of dependent status / End date of dependent status [Reiwa Year][Month][Date]	
その理由		1.入社(被保険者新規加入)		[Enrollment]		[Enrollment]	
加入または削除(※2)にのうえ理由を選択してください		2.収入増		[Withdrawal]		[Withdrawal]	
事業主氏名		所属事業所		担当		担当	

Please put a tick on [Enrollment] or [Withdrawal] (\*please see 2 below) and also select the reason on the right side.

### 【注意事項】

- ※1: 日本国内に被扶養者の住民票がない場合は、裏面の要件を確認いただき、該当する番号を( )内に記載し必要書類を提出してください。
- ※2: 削除の申請の場合は、対象の被扶養者の保険証を添付してください。

1 In the case that the dependent does not have a certificate of residence in Japan, please write the number of the applicable case (on the next page) in the blank between "overseas" and " 1", and attach the required documents.  
2 In the case of withdrawal from membership, the Insurance Card of the dependent should be attached.

日本国内に被扶養者の住民票がない場合、被扶養者がいかいづれかの要件に該当するか確認いただき、該当する番号を表面の( )内に記載して添付書類をつけて提出してください。

例外該当理由		添付書類 ※すべて翻訳者の署名がされた日本語の翻訳文が必要です
1	外国において留学する学生	査証、学生証(または在学証明書、入学証明書等)の写し
2	外国に赴任する被保険者に同行する者 【具体例】家族帯同ビザが発行されるもの	査証、海外の公的機関が発行する居住証明書等の写し
3	観光、保護又はボランティア活動その他就労以外の目的で一時的に海外に渡航する者 【具体例】留学する学生に同行する家族等 原則としてビザに有効期限があるもの	査証、ボランティア派遣機関の証明(または、ボランティアの参加同意書等)の写し
4	被保険者が外国に赴任している間に当該被保険者との身分関係が生じた者 【具体例】海外赴任中に生まれた被保険者の子供	出生や婚姻等を証明する書類等の写し
5	上記以外渡航目的その他の事情を考慮して日本国内に生活に基礎があると認められる者	健康保険組合へお問い合わせください。 03-6218-5375

Reasons for exception		Required documents ※All documents should be accompanied by Japanese translations with the translator's signature.
1	Students studying abroad	Photocopy of visa, student identification card (or certificate of enrollment)
2	Persons accompanying an insured person who is on an overseas assignment (e.g., a person who is issued an Dependent Visa).	Photocopy of visa, or Residence Certificate issued by an overseas public organisation, etc.
3	Persons who travel abroad temporarily for the purpose of sightseeing, protection or volunteer work or other purposes except employment (e.g., a family member accompanying a student studying abroad). Those whose visa has a validity period.	Photocopy of visa, proof of volunteer organisation (or volunteer's participation agreement, etc.)
4	Persons whose relationship with the insured person arose while the insured person was on an overseas assignment (e.g., a child of the insured person who was born while the insured person was on an overseas assignment).	Photocopy of documents proving birth, marriage, etc.
5	Persons who are recognized as having a basis for living in Japan in consideration of the purpose of travel and other circumstances except the above reasons.	Please contact the health insurance association. 03-6218-5375