

Health Insurance Status of dependents

For those who fill out this paper-based document: Please fill in the back side as well (please do not fill in if you fill in Excel)

◆The yellow field is a required input item. If there is any irregularity, we would ask you to resubmit.

◆The green fields are required input items depending on the applicant's situation.

①Please input the information of applicant (Amazon Employee)

Employee number		Name of insured person			Code		Number	
			Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single				

②Please fill in the current status of the dependent.

Name				Relation			Age			years	Living situation	<input type="checkbox"/> Together <input type="checkbox"/> Separate
Health insurance enrolled in until recently	<input type="checkbox"/> Enrolled <input type="checkbox"/> Not Enrolled ※1		※1 If checked, the date of birth is the date of certification for newborns. In all other cases, the certification date is the first day of the second month prior to the date of application on the application form. (In the case of additional support when joining the company, the date of joining will be the certification date.)									
	If you were enrolled in, please circle applicable items											
	<input type="checkbox"/> National Health Insurance ※2		<input type="checkbox"/> currently enrolled		※2 If a dependent is currently enrolled in the National Health Insurance, the certification date will be the first day of the month two months prior to the date of application. (In the case of additional support when joining the company, the date of joining will be the certification date.)							
	<input type="checkbox"/> Japan Health Insurance Association Health Insurance Association Mutual Aid Association				<input type="checkbox"/> as individual enrolled <input type="checkbox"/> as dependent enrolled				Last retirement date			
	Association name									Yr.	Mo.	Day
Marital Status of the of the person who will become a dependent.	<input type="checkbox"/> Married <input type="checkbox"/> Single											
	Please circle applicable items											
	Reason	<input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Other (())										
Reason for application (* Please be specific) ※3	※3 If there are supplementary circumstances, please fill in the "reason for starting dependent" in the dependent change notification.											
Submission of Spouse's Pension Number when Adding Spouse as Dependent	<input type="checkbox"/> My spouse does not have a pension number since he/she lives in Japan for the first time.											

③Please fill in the income details of the person who will become a dependent.

<input type="checkbox"/> I can't submit a (non-) tax certificate because I lived abroad															
Income for Part time / Hourly job	<input type="checkbox"/> Yes <input type="checkbox"/> No														
	If yes, the total monthly amount is				yen										
Receiving unemployment benefits ※4	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> End benefits <input type="checkbox"/> Extended benefits period <input type="checkbox"/> Waiting / Benefits Currently Restricted														
	If yes, the total monthly amount is				yen	※4 If you choose no to be within 1 year after your retirement, please enter the reason. (Required)									
	If no, what is the reason?														
Pension ※5	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Application pending		※5 If you are over 60 and you choose no, please describe the reason. (Required)												
	If yes, the total monthly amount is			0	yen										
	Items	Retirement pension			yen										
		Disability pension			yen										
		Survivor's pension			yen										
		Other			yen										
If no, what is the reason?															
Social insurance benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No														
	If yes, the total monthly amount is				yen										
	Items	Allowance for the sick and wounded		Period received	Yr	Mo	Day	~	Yr	Mo	Day		yen		
		Maternity allowance		Period received	Yr	Mo	Day	~	Yr	Mo	Day		yen		
		Compensation for absence from work		Period received	Yr	Mo	Day	~	Yr	Mo	Day		yen		
		Other		Period received	Yr	Mo	Day	~	Yr	Mo	Day		yen		
Other income (rents, etc)	<input type="checkbox"/> Yes <input type="checkbox"/> No														
	If yes, the total monthly amount is				yen										
	Type														
Money received from someone other than the insured	<input type="checkbox"/> Yes <input type="checkbox"/> No														
	If yes, the total monthly amount is				yen										
	Relation with The sender														
Total income	the total monthly amount is				yen										

④Please enter the below when the insured person and the dependent live separately.
(In the case of involuntary transfer, not required to fill out)

Money sent from the insured ※6	the total monthly amount is		yen	
	Please check the Method for sending money※7			
	<input type="checkbox"/> Bank transfer (Post office) <input type="checkbox"/> Internet banking <input type="checkbox"/> Registered mail for cash			

※6 In the case of living separately because of involuntary transfer, If a dependent person is a relationship not requiring co-residency requirements, and the dependent person lives with his / her spouse etc., he / she is considered as co-residing, therefore proof of remittance is not necessary.

※7 You will need to include a proof on payment that shows the fund of remittances to the dependent.

⑤Family structure when the person who becomes dependent “lives together” with the insured person
(Please list all family members living together)

Name	Relation	Occupation	Annual income	Remark
Insured person				

⑥Family structure when the person who becomes dependent “lives separately” from the insured person
(Please list all the family members who live with the applicable person)

Name	Relation	Occupation	Annual income	Remark

that’s all