

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	987654321	Name of insured person	Amazon Yoyomi	Code	1	Number	123456
			Marital Status				

②Please fill in the current status of the dependent.

Name	Meguro Harue			Relation	Mother	Age	60	years	Living situation	<input type="checkbox"/> Together <input checked="" type="checkbox"/> Separate
Health insurance enrolled in until recently	<input checked="" 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 checked="" type="checkbox"/> Japan Health Insurance Association Health Insurance Association Mutual Aid Association			<input checked="" type="checkbox"/> as individual enrolled <input type="checkbox"/> as dependent enrolled		Last retirement date				
	Union name	△ △ Health Insurance Society × × Branch					Yr.	Mo.	Day	
				2020	3	31				
Marital Status of the of the person who will become a dependent.	<input checked="" 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. The mother and father are living together on the resident's card, but because the father lives separately on the premise of divorce, the mother's livelihood is not maintained.									
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No																	
	If yes, the total monthly amount is		50,000	yen														
Receiving unemployment benefits ※4	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> End benefits <input type="checkbox"/> Extended benefits																	
	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 checked="" 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 checked="" type="checkbox"/> No																	
	If yes, the total monthly amount is			yen														
	Items	Allowance for the sick and	Period received		Yr		Mo		Day	~		Yr		Mo		Day		yen
		Maternity allowance	Period received		Yr		Mo		Day	~		Yr		Mo		Day		yen
		Compensation for absence from	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 checked="" 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 checked="" type="checkbox"/> No			
	If yes, the total monthly amount is		yen	
	Relation with The sender			
Total income	the total monthly amount is	50,000	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	120,000	yen	
	Please check the Method for sending money※7			
	<input checked="" 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 required.
※7 You will need to include a proof on payment that shows the fund of remittances to the dependent.

㊤Family 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				
			yen	

㊤Family 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
Meguro ○○	Mother	part	600,000	
Meguro △△	sister	Unemployed	0	

that's all