

# 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	<input checked="" type="checkbox"/> Married <input type="checkbox"/> Single				

## 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 birth date will be the birth date of the baby, otherwise the first day of the month preceding the arrival date of this application will be the certification date. (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 you are enrolled in National Health Insurance, the certification date will be the 1st day of the month before the health insurance arrival date of this application form. (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 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 outline the circumstances that require the support of the insured						
	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		A (non-) taxable certificate is issued by the municipality that has a resident card on January 1, every year. Please be sure to check if the authorized person is traveling from outside Japan.										
	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		※4 If you choose no to be within 1 year after your retirement, please enter the reason. (Required)										
	If yes, the total monthly amount is		yen										
	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 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 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	アマゾンジャパン健康保険組合 Amazon Japan Health Insurance Association
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The remittance amount per month must be more than the monthly income of the certified person.  
The remittance amount must be at least 70,000 yen per certified person.

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		

It is not allowed to be handed.

※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	

If there are multiple certification subjects at the same time, the family structure can be omitted by filling in the first

㊦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	

If there are multiple certification subjects at the same time, the family structure can be omitted by filling in the first

that's all