

被扶養者認定に係る誓約書

Dependent Certification Pledge

雇用保険に加入していた会社を離職し、被扶養者認定を申請する場合、提出して下さい。

*Please submit if the person is applying for dependent certification after leaving a company where they had been enrolled in employment insurance.

被扶養者として申請する は、

令和 (Reiwa) 年 月 日 付で離職しました。

This application for certification as a dependent is for

who left their job on (Month) (Day) (Year)

いずれかにチェックをしてください。 Check one of the numbers below

現在の受給状況 Current benefits receiving status	<input type="checkbox"/> 1	雇用保険の失業給付の受給申請中です。給付制限期間中は、扶養認定をお願いします。 なお、給付制限期間後の基本手当受給の際には、受給開始日をもって被扶養者から削除する旨の届出を速やかに行います。 The person is currently applying to receive employment insurance unemployment benefits. During the period of restriction on benefit payment, please certify the person as a dependent. When receiving the basic benefits allowance after the period of limited benefits, I will quickly send notification to remove me as a dependent effective on the date that I receive the allowance.
	<input type="checkbox"/> 2	雇用保険の失業給付は受給しません。 The person does not receive employment insurance unemployment benefits.
	<input type="checkbox"/> 3	雇用保険の失業給付を受給延長します。受給延長中は、扶養認定をお願いします。 なお、失業給付の受給開始時期になりましたら、速やかに被扶養者から削除する旨の届出を行います。 The person is extending their period of the receiving employment insurance unemployment benefits. Please certify the person as a dependent while the period of receiving benefits is being extended. When the period to receive employment insurance benefits begins, notification will be sent immediately to remove the person as a dependent effective on the date that the allowance is received.
	<input type="checkbox"/> 4	雇用保険の失業給付を受給しますが、基本日額が3,612円未満のため扶養認定をお願いします。 The person receives employment insurance unemployment benefits, but the daily base amount is less than 3,612 yen, so please certify the person as a dependent.

上記のとおり相違ありません。

I hereby declare the above to be accurate.

年 月 日
Year Month Day

被保険者証 Insurance card 記号 Code 番号 Number

氏 名 Name

住 所 Address

受 付

<input type="checkbox"/>	被保険者（申請者）本人が記入し、内容に間違いありません Completed by the insured person (applicant) and the content is correct
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