

被扶養者異動届（扶養追加）

Notification of Health Insurance Dependent Change
(Add dependents)

常務理事	事務長	担当者

Submitted

Year

Month

Day

◎ Fill in the information of the applicant (employee)

Fill or check the yellow cells

Fill in green cells as needed

Insurance Eligibility	Code	Number	Employee ID Number	資格取得日	
The insured person	Name	katakana		Date of Birth	<input type="checkbox"/> 平成 <input type="checkbox"/> 令和 年 月 日
		Name of Insured			
	Address	〒 — Phone ()			標準報酬月額
		<input type="checkbox"/> I am assigned to work alone due to company reasons e-mail			円
	Spousal status	<input type="checkbox"/> I have a spouse <input type="checkbox"/> No spouse			
Spouse's annual income	tax included	Yen	* You must fill in if your child is a dependent and your spouse is not a dependent of Health Insurance Association for Amazon Japan Employees. * Spouse's proof of income must be attached.		

Insured person confirmation (Always check)	<input type="checkbox"/> * At the same time, when applying for a spouse, apply for a "Notification for the National Pension No. 3 Insured Person". <input type="checkbox"/> * Completed by the insured person (applicant) and the content is correct (Omitted name stamp).
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◎ Enter the information of the dependents (families) to be newly added.
* In the case of a notification associated with employment, the date of commencement of support is your date of employment.
* Filling in your "My Number (Individual Numbe) " is required. * Children fill in like eldest son, second daughter.

Dependent	Name	katakana		relationship	<input type="checkbox"/> Male <input type="checkbox"/> Living together <input type="checkbox"/> Female <input type="checkbox"/> separation	Date of Birth	
		Name					Year Month Day
	Date when dependency status began	Profession	Annual income tax included	Reason	<input type="checkbox"/> The insured is hired <input type="checkbox"/> Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Dependent income decline		
	Year Month Day	part time worker	Yen	<input type="checkbox"/> Other reasons (Specifically described) ()			
My Number (Individual Number) * 4-4-4 digits		Address When separated	〒 —				
— —							

Dependent	Name	katakana		relationship	<input type="checkbox"/> Male <input type="checkbox"/> Living together <input type="checkbox"/> Female <input type="checkbox"/> separation	Date of Birth	
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	Year Month Day		Yen	<input type="checkbox"/> Other reasons (Specifically described) ()			
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— —							

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My Number (Individual Number) * 4-4-4 digits		Address When separated	〒 —				
— —							

事業主欄	<input checked="" type="checkbox"/> 被保険者に届出の意思を確認しました。
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事業主	所在地
	名称
	事業主名
	電話番号

社会保険労務士

