

Notification of Health Insurance Dependent Change
(Add dependents)

Submitted Year Month Day

Don't forget to fill in the date you filled out this

Please input the code and number which is listed in health insurance card of Amazon Japan. If you cannot confirm it, such as when you join Amazon, please leave it blank.

◎ 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	アマゾン タロウ Name of Insured Amazon Taro		Date of Birth 平成 令和 年 月 日
	Address	〒 151 — 0051 Phone 03 (5357) 7555 5Chome-21-14 Sendagaya, Shibuya, Tokyo Yoyogi Bldg. 3F		標準報酬月額 円
	<input type="checkbox"/> I am assigned to work alone due to company reasons e-mail			
	Spousal status	<input checked="" type="checkbox"/> I have a spouse <input type="checkbox"/> No spouse		
	Spouse's annual income	tax included Yen 700,000	* You must fill in if your child is a dependent and your spouse is not a dependent of Health Insurance Association for Amazon Japan * Spouse's proof of income Dependent spouses over 20 years old are required to notify the pension office.	
Insured person confirmation (Always check)	<input checked="" type="checkbox"/>	* At the same time, when applying for a spouse, apply for a "Notification for the National Pension No. 3 Insured Person". * Completed by the insured person (applicant) and the content is correct (Omitted name stamp).		

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 the date of employment.

* Filling in your "My Number (Individual Number)" is required.

* Children fill in like

Please enter the name as it appears on the residence certificate.

Dependent	Name	アマゾン ハナコ Name アマゾン 花子	relationship wife	<input checked="" type="checkbox"/> Female <input type="checkbox"/> separation	Date of Birth 1996 3 1
	Date when dependency status began	Profession part time worker	Annual income tax included Yen 70	Reason <input checked="" type="checkbox"/> The insured is hired <input type="checkbox"/> Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Dependent income decline	
	Year Month Day 2024 10 1				
	My Number (Individual Number) * 4-4-4 digits 9999 — 9999 — 9999	Address When separated			
	Individual numbers must be included.				

Please fill in annual income forecast, which is for the next year from the date of application.

Dependent	Name	アマゾン マサオ Name アマゾン 正夫	relationship eldest son	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> Living together <input type="checkbox"/> separation	Date of Birth 2007 10 1
	Date when dependency status began	Profession N/A	Annual income tax included Yen 0	Reason <input checked="" type="checkbox"/> The insured is hired <input type="checkbox"/> Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Dependent income decline	
	Year Month Day 2024 10 1				
	My Number (Individual Number) * 4-4-4 digits 9999 — 9999 — 9999	Address When separated			
	Ex. Wife, First son, Second daughter, etc. ※Bad ex. Simply "kids"				

If there are special circumstances that the insured must support, there is also a column in the "Health Insurance Status of dependents".

Dependent	Name				
	Date when dependency status began	Profession	Annual income tax included Yen	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			<input checked="" type="checkbox"/> Other reasons (Specifically described) Child of a deceased brother who has no relatives other than the insured	
	My Number (Individual Number) * 4-4-4 digits	Address When separated			

事業主欄

☒ 被保険者に届出の意思を確認

所在地
名称
事業主名
電話番号

The date of commencement of support means the date of the occurrence of the fact. (date of entry into employment, date of birth, date of marriage registration, etc.) However, In the case of a notification associated with employment, the date of commencement of support is your date of employment. If you are reporting a dependent upon joining the company, enter the date of employment. If the date cannot be determined, enter the date of submission. Under the law, notification must be made within 5 days from the date of occurrence.

A 3x3 grid with a blue border. The top-right cell contains a red '5'. The other cells are empty.