

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.

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

How to confirm your Employee ID:

<https://inside.amazon.com/jp/employment/corphrs/faq/Pages/default.aspx>
If you cannot confirm it, such as when you join Amazon, please leave it blank.

Submitted 2020 6 15

Fill in the information of the applicant (employee)

Insurance Card Code	1	Number	12345	Employee ID Number	123456789	資格取得日
Name	アマゾン タロウ Amazon Taro			Date of Birth	<input type="checkbox"/> 平成 <input type="checkbox"/> 令和 年 月 日	
Address	〒 151 - 0055 Phone 03 (9999) 9999 5Chome-23-15 Sendagaya, Shibuya, Tokyo A-PLACE Yoyogi, F4			標準報酬月額 円		
<input type="checkbox"/> I am assigned to work alone due to company re...						
Spouse's annual income	tax included	Yes	* Fill in if your child is a dependent and your spouse is not a dependent of Health Insurance Association for Amazon Japan Employees * Attached proof of spouse income			
	70					

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. 2 Insured Person"
	<input checked="" type="checkbox"/>	* Completed by the insured person (applicant) and the content is correct (Omit)

Ex. Wife, First son, Second daughter, etc.
*Bad ex. Simply "kids"

Enter the information of the dependents (families) to be newly added.

Name	ヨヨギ ハナコ Yoyogi Hanako		relationship	<input type="checkbox"/> male <input checked="" type="checkbox"/> female	<input checked="" type="checkbox"/> Living together <input type="checkbox"/> separation	Date of Birth	1996 3 15
Date when dependency status began	Profession	annual income tax included	Reason				
2020 6 15	Part-time job	100	<input type="checkbox"/> The insured is hired <input checked="" type="checkbox"/> Dependent income decline <input type="checkbox"/> Birth <input type="checkbox"/> marriage <input type="checkbox"/> Other reasons (Specifically described)				
personal number(No entry required)		address When separated					

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

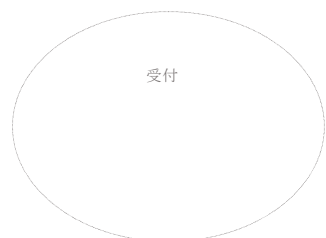
Name	ヨヨギ ハナヨ Yoyogi Hanayo		relationship	<input type="checkbox"/> male <input checked="" type="checkbox"/> female	<input checked="" type="checkbox"/> Living together <input type="checkbox"/> separation	Date of Birth	2015 7 4
Date when dependency status began	Profession	annual income tax included	Reason				
2020 6 15	N/A	0	<input type="checkbox"/> The insured is hired <input checked="" type="checkbox"/> Dependent income decline <input type="checkbox"/> Birth <input type="checkbox"/> marriage <input type="checkbox"/> Other reasons (Specifically described)				
personal number(No entry required)		address When separated					

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

Name			relationship	<input type="checkbox"/> male <input type="checkbox"/> female	<input type="checkbox"/> Living together <input type="checkbox"/> separation	Date of Birth	
Date when dependency status began	Profession	annual income tax included	Reason				
			<input type="checkbox"/> The insured is hired <input type="checkbox"/> Dependent income decline <input type="checkbox"/> Birth <input type="checkbox"/> marriage <input type="checkbox"/> Other reasons (Specifically described)				
personal number(No entry required)		address When separated					

事業主欄 被保険者に届出の意思を確認しました。

所在地
名称
事業主名
電話番号



社会保険労務士