被扶養者異動届（扶養削除）

Notification of Health Insurance Dependent Change (Dependent Deletion)

常務理事	事務長	担当者

> 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.

...nsurance card to be deleted to the SATO Social Insurance and Labor ...

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

...nsurance due to ... ...ving the employment insurance, please ...with the st...

	Year	Month	Day
Su...	2020	6	15

◎ Fill in the information of the applicant (employee)　　【 Fill or check the yellow cells　　Fill in green cells as needed 】

Insurance Card	Code	3	Number	987654321	Employee ID Number	123456789

The insured person

Name	katakana	ヨヨギ タロウ	Date of Birth		
	Name of Insured		Year	Month	Day
		Yoyogi Taro	1986	8	10

Address: 〒 151 — 0055　Phone 03 (9999) 9999
5Chome-23-15 Sendagaya, Shibuya, Tokyo
A-PLACE Yoyogi, F4

Insured person confirmation (Always check)	☑	＊ Completed by the insured person (applicant) and the content is correct (Omitted name stamp)
	☑	＊ I would like to issue a certificate of disqualification
Delivery address （No need if same as above）	〒 —	

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

◎ Enter the information of the dependent (family) to be deleted.

Dependent

Name	katakana	ヨヨギ イチロウ	relationship	☑ male	Date of Birth		
	Name			☐ female	Year	Month	Day
		Yoyogi Ichiro	First son		1997	6	10

Reasons for deleting dependents（Date that occurred reasons）			Date to remove dependents		
			Year	Month	Day
☑ Dependent employment（Hire date）　☐ Increasing income（Submission date）　☐ Divorced（Date of devorce）			2020	4	1
☐ Mortality（The day after the day of death）　☐ Other reason（　　　　　　　）					

Dependent

Name	katakana		relationship	☐ male	Date of Birth		
	Name			☐ femal	Year	Month	Day

Reasons for deleting dependents（Date that occurred reasons）			Date to remove		
			Year	Month	Day
☐ Dependent employment（Hire date）　☐ Increasing income（Submission date）　☐ Divorced（Date of devorce）					
☐ Mortality（The day after the day of death）　☐ Other reason（　　　　　　　）					

Dependent

Name	katakana		relationship	☐ male	Date of Birth		
	Name			☐ femal	Year	Month	Day

Reasons for deleting dependents（Date that occurred reasons）			Date to remove		
			Year	Month	Day
☐ Dependent employment（Hire date）　☐ Increasing income（Submission date）　☐ Divorced（Date of devorce）					
☐ Mortality（The day after the day of death）　☐ Other reason（　　　　　　　）					

事業主欄	☐ 被保険者に届出の意思を確認しました。

事業主

所　在　地	
名　　　称	
事 業 主 名	
電 話 番 号	

受付

社会保険労務士