人事記入欄：　　年　　月　　日

常務理事	事務長	係

Health Insurance　Notice of dependent transfer

***Fill in thick-bordered fields only**

Insurance Card Code/Number	Code: 9	Number: 8910	Full Name of Insured Person	Reading (if non-alphabetic): トム　ジョーンズ		Sex: Male / Female	Date of Birth: Y 1970 M 7 D 10	資格取得年月日: 年　月　日
Emp. No.	10987654			Tom　Jones				
Address	〒 105-0000 東京都港区中央4－5－6				Telephone: 03 － 0000 － 0000			標準報酬月額: 千円

The following is correct. Following authorization, a "Reduction" notification will be sent within five days if the dependent lacks qualification for coverage. In addition, when confirmation of the state of the dependent is requested I will reply promptly.
I consent that if, based on that investigation, it is found that the dependent was already lacking qualification for coverage, the dependent will be removed retroactive to the date on which qualification was lacking. I will promptly comply with demands from the health insurance society for the return of Accenture health insurance services received on or after the date of removal (such as insurance benefits, health checks, cafeteria services, etc.).

Date: 2019 / 4 / 3　　Full Name: Tom Jones　　Signature or Seal: Tom Jones

Change Type	Reading (if non-alphabetic) / Full Name of Dependent	Sex	Date of Birth	Relation-ship	Domicile	Occupation	Projected Annual Income	State of Unemployment Benefits	Receiving Pension Payments	*Reason	被扶養者になった日又は被扶養者から除かれた日	備考
Increase / Reduction	ノラ　ジョーンズ (Last Name) Norah (First Name) Jones Individual Number 2001345 6789 1	M / F	Y 1973 M 04 D 19	wife	Same / Different	housewife	0 Ten Thousand Yen	1.Requesting Payments 2.Payments Terminated 3.Extending Payments 4.Not Receiving Payments 5.Exempted	Yes / No	2019.4.1 enter the company	年　月　日	
	Address 〒 Fill in the case of do not live at home only											
Increase / Reduction	ミック　ジョーンズ (Last Name) Mick (First Name) Jones Individual Number 2001345 7890 1	M / F	Y 1998 M 06 D 24	first son	Same / Different	college student	0 Ten Thousand Yen	1.Requesting Payments 2.Payments Terminated 3.Extending Payments 4.Not Receiving Payments 5.Exempted	Yes / No	2019.4.1 enter the company	年　月　日	
	Address 〒 156-0044　東京都世田谷区赤堤9－9－99											
Increase / Reduction	ボビー　ジョーンズ (Last Name) Bobby (First Name) Jones Individual Number 2001345 8901 2	M / F	Y 2014 M 11 D 19	second son	Same / Different		0 Ten Thousand Yen	1.Requesting Payments 2.Payments Terminated 3.Extending Payments 4.Not Receiving Payments 5.Exempted	Yes / No	2019.4.1 enter the company	年　月　日	
	Address 〒											

*Required: enter the date of and reason for the change in the reason field.
As a general rule, authorization by the health insurance society occurs on the day personnel processing is done (the day that all the required documents including the attached documents are sumbitted to Human Resources). (Except in the case of giving birth.)

Workplace Confirmation
事業所所在地
事業所名称
事業主氏名　　㊞
電　　話

Take note of the following points:
Submit to the health insurance society via the business owner (Human Resources Department)
Submission Deadline: within 5 days of change

*If reducing dependents, attach the insurance card of the person in question.

受付日付印

Accenture Health Insurance Society　　(ver.2019.5.1)