

Dependent Record

Date Submitted 2009 Year 12 Month 16 Day

Emp.No.	<u>1000000</u>	Full Name	Address	Telephone (mobile)
Insurance Card Code/Number	Code	<u>Tom Jones</u>	<u>〒156-0044</u> <u>東京都世田谷区赤堤9-99-9</u>	<u>090</u>
	Number			<u>3333</u>

Fill in the fields below regarding the person for whom authorization is being applied. Circle all applicable items.

Full name of person for whom authorization is being applied	Date of birth	Age	Relation-ship	Employed / Student	Address:	Domicile	
<u>Norah Jones</u>	<u>1977. 4 .19</u>	<u>32</u>	<u>wife</u>	<u>housewife</u>	<u>世田谷区赤堤9-99-9</u>	<input checked="" type="radio"/> Same <input type="radio"/> Different	
Work/Study status (reason for application)	<input checked="" type="radio"/> 1. Unemployed for more than 1 year						
	<input type="radio"/> 2. Left job within 1 year	Workplace, to date	Working Period		Year Month Day to Year Month Day		
	<input type="radio"/> 3. Income Reduction	a. Employed	Workplace	Projected Monthly Income		Ten Thousand Yen	
		b. Discontinued Independent	Date Discontinued	Year	Month	Day	
		c. Independent Business	Yearly Proceeds from here forward		Ten Thousand Yen		
	<input type="radio"/> 4. Insured Person Joined Company	Date Joined	Year	Month	Day		
<input type="radio"/> 6. Other	Status						
Insurance up to this point		1. Health Insurance (Insurer: <u>Iroha Health Insurance Society</u>)			2. National Health Insurance (City/Town/Village:)		
		3. Mutual Aid Association (Name:)			4. Other()		
		Choose one: 1. Insured Person <input type="radio"/> 2. Dependent <input checked="" type="radio"/>					
Existence of income from here forward for person for whom authorization is being requested.	Annual Pension / Funds Retiree Pay	1.Amount Currently Received: Yearly Yen (Monthly Yen) * Attach a copy of the most recent pension payment statement.					
		2.Able to Apply (Application Completed on date: /Application Planned on date:)					
	Social Insurance Benefits, etc.	<input checked="" type="radio"/> 3. Not Receiving Payments (Reason:)					
		1. I have the following: Monthly Amount (Ten Thousand Yen) Period Benefits Received (From Year Month Day to Year Month Day) Type: a. Illness and Injury Allowance b. Childbirth Allowance c. Leave Compensation for Workers' Accident Insurance d. Other ()					
Other Income	<input checked="" type="radio"/> 2. None Monthly Income Yen 1. Income from part-time work 2. Amount of all paymen 3. Agricultural Income 4. Business / Real Estate Income 5. Interest / Dividend Income 6. Misc. Income 7. Other ()						

If the person for whom authorization is being applied is not a spouse or child, fill out the fields below as well.

Person with the obligation to support the person for whom authorization is being applied for	Full Name	Age	Relation-ship	Monthly Income	Domicile	Address (City and Ward)	Monthly Support?	
	Insured Person						Yes, (ten thousand yen) / No	
				Ten Thousand Yen	Same / Different			Yes, (ten thousand yen) / No
				Ten Thousand Yen	Same / Different			Yes, (ten thousand yen) / No
			Ten Thousand Yen	Same / Different			Yes, (ten thousand yen) / No	
*If your parents, your siblings; if your wife's parents, she and her siblings. *If there are no other parties with duty of support (such as parents or siblings) other than the insured person, enter "none" in the corresponding space.								
Does the person for whom authorization is being applied have a spouse?		1. Yes Spouse's Name () Spouse's annual income (ten thousand yen) *You must submit proof of spouse's annual income						
		2. No a. Divorced b. Deceased c. Other ()						
Reason why person for whom authorization is being applied must be supported	* Describe in specific detail the status up to this point and the reason why this person needed to become a dependent.If applying for support for only one parent, indicate the status of the spouse (if divorced, indicate date of divorce; if deceased, indicate date of death, whether or not there is a survivors' pension, and its amount).If spouse is in good health provide proof of each form of their income, just as for the person for whom authorization is being applied. *Please understand that in some cases we may contact them directly.							