

Managing director	Clerical supervisor		Person in charge

Health Insurance Notification of Change of Covered Dependents (Addition) (Name Change Report)

Section to be completed by the labor and social security attorney / health insurance society				
Acquisition date:	(Y)	(M)	(D)	Standard monthly remuneration (In thousands of yen)

Section for insured person	Insurance card	Code 100	Emp. No.	00000	Date of birth	1975	10	1	Remarks
		Number 0000							
	Name	(Furigana) ケンポ	(Last name) Kempo	(First name) ハナコ	Hanako	Address	Postal code 123-4567 1-2-3 00, 00-ku, Tokyo		

Section for dependent	Name	(Furigana) ケンポ ホケン	(Last name) Kempo Hoken	(First name) タロウ	Taro	Date of birth	2020	01	22	Gender	1. Male <input checked="" type="radio"/> 2. Female
	Relationship	Eldest son	Occupation	Unemployed	Income (annual income)	0,000 yen	Address				
					(in tens of thousands of yen)		1. Cohabitation <input checked="" type="checkbox"/> 2. Living separately				
	Date of becoming a dependent	2020	01	22	Reason						

If you want to change or correct the name of your dependent (family member), please fill out the "Health Insurance Notification of Change of Covered Dependents" with the information before the change in red and after the change in black and submit it.

Section for dependent	Name	(Furigana)	(Last name)	(First name)	Date of birth	Gender				
	Relationship	Occupation	Income (annual income)	0,000 yen	Address					
	Date of becoming a dependent	(Y)	(M)	(D)	Reason					
	*									

Section for dependent	Name	(Furigana)	(Last name)	(First name)	Date of birth	Gender				
	Relationship	Occupation	Income (annual income)	0,000 yen	Address					
	Date of becoming a dependent	(Y)	(M)	(D)	Reason					
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*If there is no certificate of residence for the dependent in Japan, please check the requirements on the back and enter the applicable number in the remarks column.

Date request received (stamp)

Office address	Postal code
Name of office	
Name of employer	
Telephone number	()

Human resources reception date	(Y)	(M)	(D)
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Labor and social security attorney submitting the application on behalf of the insured

*If there is no certificate of residence for the dependent in Japan, please check if any of the following requirements apply to the dependent and enter the applicable number in the remarks column.

Number	Requirement	Documents for Attachment
(1)	Students studying overseas	Copy of visa, student ID, enrollment certificate, admission certificate, etc.
(2)	Person accompanying an insured person who is stationed for work in a foreign country [Specific example] Person for whom a dependent visa is issued	Copy of visa, letter of appointment for overseas assignment, residence certificate issued by an overseas public institution, etc.
(3)	Person who temporarily travels abroad for sightseeing, recreation, volunteer activities, or other purposes other than employment [Specific examples] In principle, a person whose visa has an expiration date; for example, person who travels using the working holiday system, family member who accompanies students studying abroad, etc.	Copy of the visa, proof of the volunteer dispatching agency, volunteer participation agreement, etc.
(4)	Person who has a personal relationship with the insured person while the insured person is assigned to a foreign country and is recognized as equivalent to (2). [Specific examples] <ul style="list-style-type: none"> ▪ Child of insured person born during overseas assignment ▪ Spouse who was married locally during an overseas assignment ▪ Specially-adopted child who was adopted during overseas assignment 	Copy of documents certifying birth, marriage, etc.
(5)	In addition to the persons listed in (1) to (4), persons who are recognized as having their lifestyle based in Japan in consideration of the purpose of travel and other circumstances [Specific example] Children born while a dependent is living overseas for reasons such as foreign study	Copy of documents certifying birth, marriage, etc.