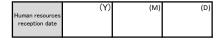
Managing director	Clerical supervisor	Person in charge

Health Insurance Notification of Change of Covered Dependents (Addition)

										Section to be completed by the labor and social security attorney / health insurance socie					ciety							
										Acquisition date:				(Y)		(M)		(D)	Standard monthly remunera tion	(In thou		00 yen of yen)
sured		rance ard	Code Number	100 000		Emp. No	o. O (200	0	Date of birth		19	99	0 ^(Y)	1			(D)	Remarks			
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Section for insured person	Name	(Last name) (First name)				Address				XX	XX, 	X)		(W _	arc	I, T						
											1			(Y)		(M)		(D)				
dent	Name	(Furigan (Last na				(First name)	ハナ			Date of birth		19	9()	1	2			Gender	1. Male	2. Fe	emal
Section for dependent	Name		Ker	npo			Han	ako		individual number												
on for	Relationship	Wi	occupation	Unemployed	Income (annual income)	(in tens of	0,000 yen thousands of yen)	ddress 🗋	. Cohabitation	In the case of liv	ving sep	barately	Postal c	ode								
Secti	becor	te of ming a ndent	20)21 [™]	C)2	(D)	eason		Retire	em	ent			Rem	arks						*
				_19			••-							(1)		(M)		(D)				
dent		(Furigan (Last na		/不		(First name)	ジロ	קי		Date of birth		2	01	7	()6	()1	Gender	1. Male	. Fe	emale
Section for dependent	Name		Ker	npo			Jir	0		individual number												
on for	Relationship	Seco oldes	Occupation	University student	Income (annual income)	(in tens of	0,000 yen thousands of yen)	dress	. Cohabitation . Living separately	In the case of live 1600 Pe							Was	hing	ton.	DC		
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t		(Furigan	ia)							Date of				(Y)		(M)		(D)	Gender	1. Male	2 54	amalo
den	Name	(Last na	me)			(First name)				birth									Gender	I. Widit	: Z.Ft	ennale
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Office	Postal code		
address			
Name of			
office			
Name of			
employer			
Telephone	()	
number		/	



Labor and social security attorney submitting the application on behalf of the insured

Accenture Health Insurance Society 20210401

Date request received (stamp)

*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] • 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	Сору 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.

Accenture Health Insurance Societ