

Managing director	Clerical supervisor		Person in charge

Notification of Change of Covered Dependents (Removal)

Attachment Document (1): Please attach the insurance card of the dependent to be deleted.

Attachment Document (2): To delete a dependent due to the start of receiving employment insurance, please attach a copy of the employment insurance benefit qualification certificate which lists the start date of receiving employment insurance.

Section for insured person	Insurance card	Code	100	Emp. No.	〇〇〇〇〇	Date of birth	1978 ^(Y)	10 ^(M)	11 ^(D)
		Number	〇〇〇〇						
	Name	(Furigana)	ケンポ	(Last name)	タロウ	Address	Postal code	123-4567	
		Kempo	(First name)	Taro			1-2-3 XXXX, XXXX Ward, Tokyo		
						Telephone number	〇〇 - △△△△ - □□□□		

Section for confirming insured person	<input type="checkbox"/>	I wish to issue a certificate of losing qualification.
⇒ Mailing address for certificate of losing qualification (not required when the same as the address of the insured person)	Postal code	

Section for dependent	Name	(Furigana)	ケンポ		(First name)		イチロウ		Date of birth	(Y)			(M)		(D)		Gender	1. Male 2. Female	
		(Last name)	Kempo		Ichiro		individual number												
	Relationship	Eldest son		Date of removal as a dependent	(Y)		(M)		(D)		Reason	Obtained employment							

Section for dependent	Name	(Furigana)	(First name)			Date of birth	(Y)				(M)			(D)			Gender	1. Male 2. Female		
		(Last name)				individual number														
	Relationship			Date of removal as a dependent	(Y)	(M)	(D)	Reason												

Section for dependent	Name	(Furigana)	(First name)		Date of birth	(Y)				(M)			(D)		Gender	1. Male 2. Female		
		(Last name)			individual number													
	Relationship		Date of removal as a dependent	(Y)	(M)	(D)	Reason											

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