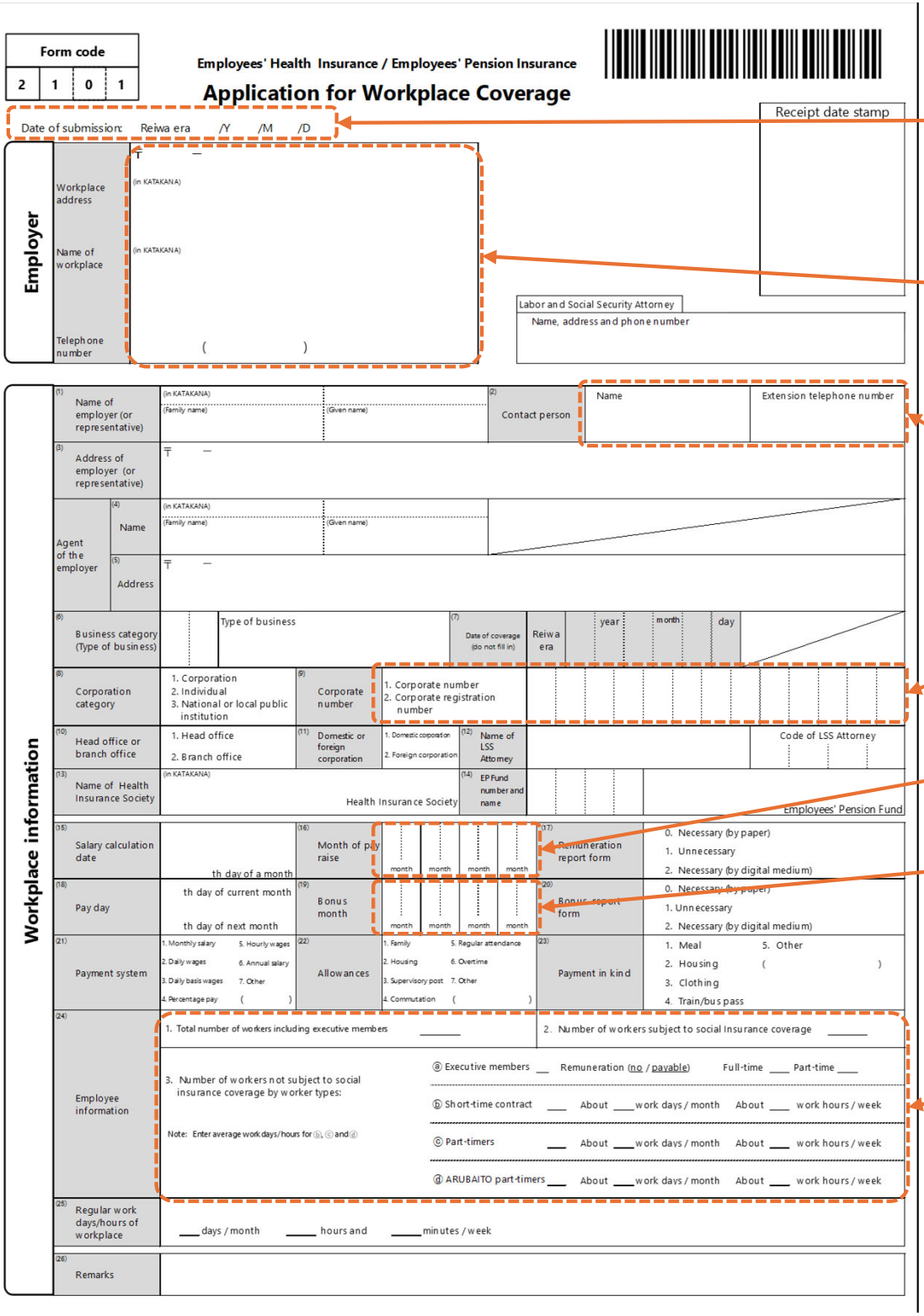


Form code: 2 1 0 1

Employees' Health Insurance / Employees' Pension Insurance

Application for Workplace Coverage

Date of submission: Reiwa era /Y /M /D

Receipt date stamp

Employer

Workplace address (in KATAKANA)

Name of workplace (in KATAKANA)

Telephone number ( )

Labor and Social Security Attorney

Name, address and phone number

Workplace information

(1) Name of employer (or representative) (in KATAKANA) (Family name) (Given name)

(2) Contact person: Name / Extension telephone number

(3) Address of employer (or representative)

Agent of the employer: (4) Name (in KATAKANA) (Family name) (Given name); (5) Address

(6) Business category (Type of business)

Type of business

(7) Date of coverage (do not fill in): Reiwa era year month day

(8) Corporation category: 1. Corporation 2. Individual 3. National or local public institution

(9) Corporate number: 1. Corporate number 2. Corporate registration number

(10) Head office or branch office: 1. Head office 2. Branch office

(11) Domestic or foreign corporation: 1. Domestic corporation 2. Foreign corporation

(12) Name of LSS Attorney / Code of LSS Attorney

(13) Name of Health Insurance Society (in KATAKANA) Health Insurance Society

(14) EP Fund number and name: Employees' Pension Fund

(15) Salary calculation date: th day of a month

(16) Month of pay raise: month month month month

(17) Remuneration report form: 0. Necessary (by paper) 1. Unnecessary 2. Necessary (by digital medium)

(18) Pay day: th day of current month / th day of next month

(19) Bonus month: month month month month

(20) Bonus report form: 0. Necessary (by paper) 1. Unnecessary 2. Necessary (by digital medium)

(21) Payment system: 1. Monthly salary 2. Daily wages 3. Daily basis wages 4. Percentage pay 5. Hourly wages 6. Annual salary 7. Other ( )

(22) Allowances: 1. Family 2. Housing 3. Supervisory post 4. Commutation 5. Regular attendance 6. Overtime 7. Other ( )

(23) Payment in kind: 1. Meal 2. Housing 3. Clothing 4. Train/bus pass 5. Other ( )

(24) Employee information

1. Total number of workers including executive members _____

2. Number of workers subject to social insurance coverage _____

3. Number of workers not subject to social insurance coverage by worker types:

Note: Enter average work days/hours for ⓑ, ⓒ and ⓓ

ⓐ Executive members ___ Remuneration (no / payable) Full-time ___ Part-time ___

ⓑ Short-time contract ___ About ___ work days / month About ___ work hours / week

ⓒ Part-timers ___ About ___ work days / month About ___ work hours / week

ⓓ ARUBAITO part-timers ___ About ___ work days / month About ___ work hours / week

(25) Regular work days/hours of workplace: ___ days / month ___ hours and ___ minutes / week

(26) Remarks

Enter date of submission (Year in Reiwa era / Month / Day.)

Enter address, name and phone number of the workplace.
If possible, enter appropriate abbreviation in KATAKANA in front of the name to indicate workplace type as below:
カ for Kabushiki gaisha 株式会社
ユ for Yugen gaisha 有限会社
メ for Gomei gaisha 合名会社
シ for Goshi gaisha 合資会社
If other, enter as is.
In this form, providing KATAKANA for the abbreviation is optional (not mandatory.)

Enter contact person's name and extension telephone number to allow us to ask about your application if needed.

Enter corporation number or corporation registration number.

Enter month of pay raise in a year.

Enter bonus month in a year.

Enter employee information:
1. Total number of workers including executive members
2. Number of the workers subject to social insurance coverage
3.ⓐ Number of executive members NOT subject to social insurance coverage, their type of remuneration (no / payable) and their type of attendance (full time / part-time)
3.ⓑ Number of short-time contract workers NOT subject to social insurance coverage, of work days per month and of work hours per week
3.ⓒ Number of part-timers NOT subject to social insurance coverage, of work days per month and of work hours per week
3.ⓓ Number of ARUBAITO part-timers NOT subject to social insurance coverage, of work days per month and of work hours per week