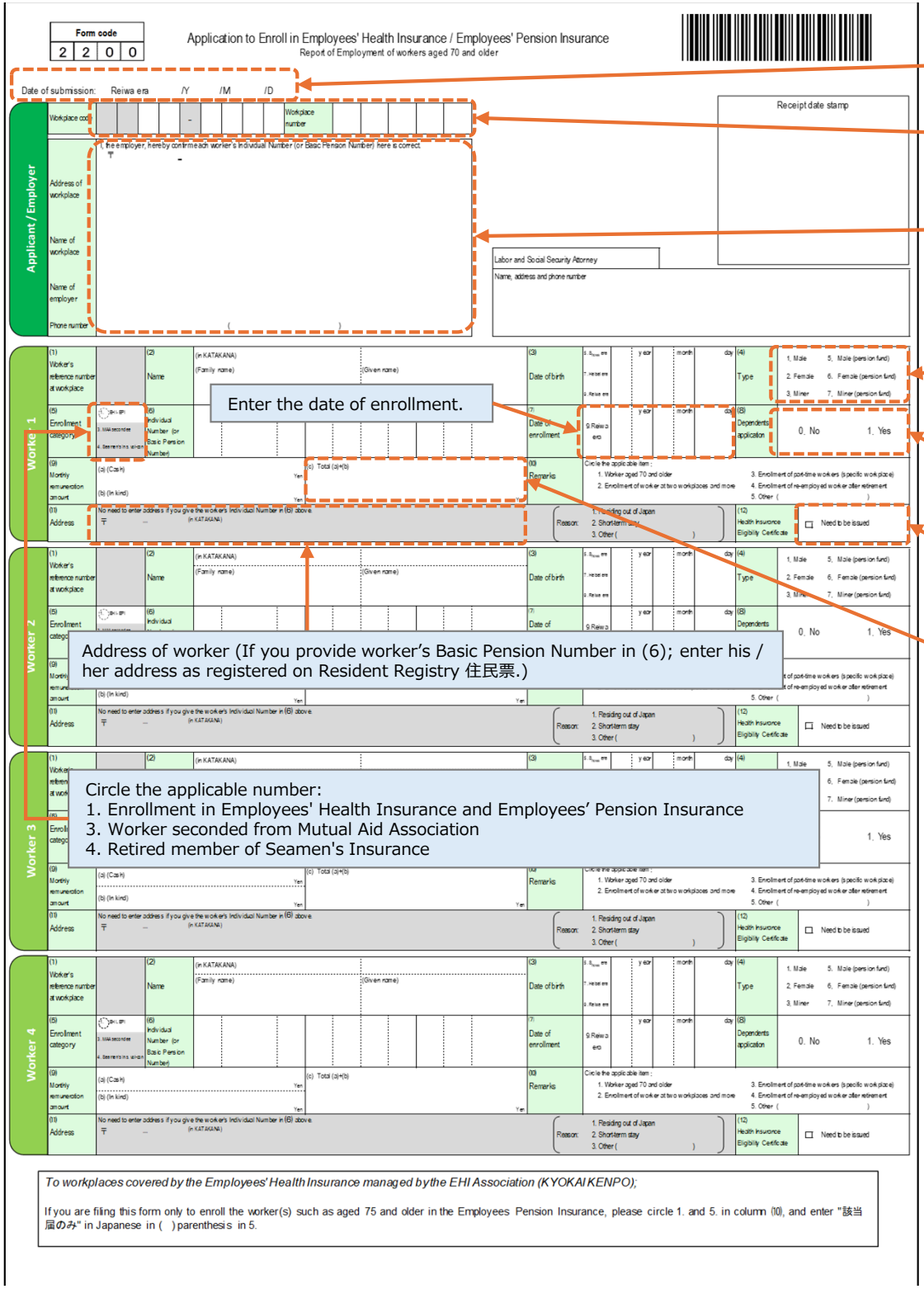


Enter date of submission (Year in Reiwa era / Month / Day.)

Enter the workplace code and workplace number.

Enter address, name, employer's full name and phone number.

Circle the applicable number:
1. Male, 2. Female, 3. Miner, 5. Male covered by pension fund, 6. Female covered by pension fund and 7. Miner covered by pension fund.

Circle applicable number to indicate whether or not you attach the Report of Dependents.

Check ☑ if the worker needs a Health Insurance Eligibility Certificate to be issued.

Enter estimated monthly remuneration amount.