Form code			
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Application to Enroll in Employees' Health Insurance / Employees' Pension Insurance

Report of Employment of workers aged 70 and older

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

Applicant / Employer

Workplace code	Workplace number
Address of workplace	I, the employer, hereby confirm each worker's Individual Number (or Basic Pension Number) here is correct. 〒 -
Name of workplace	
Name of employer	
Phone number	( )

Receipt date stamp

Labor and Social Security Attorney

Name, address and phone number

Worker 1

(1) Worker's reference number at workplace		(2) Name	(in KATAKANA) (Family name)	(Given name)	(3) Date of birth	5. Showa era 7. Heisei era 9. Reiwa era year month day	(4) Type: 1. Male 2. Female 3. Miner 5. Male (pension fund) 6. Female (pension fund) 7. Miner (pension fund)
(5) Enrollment category	1. EHI・EPI 3. MAA secondee 4. Seamen's Ins. vol-con	(6) Individual Number (or Basic Pension Number)			(7) Date of enrollment	9.Reiwa era year month day	(8) Dependents application: 0. No 1. Yes
(9) Monthly remuneration amount	(a) (Cash) Yen (b) (In kind) Yen	(c) Total (a)+(b) Yen			(10) Remarks	Circle the applicable item: 1. Worker aged 70 and older 2. Enrollment of worker at two workplaces and more 3. Enrollment of part-time workers (specific workplace) 4. Enrollment of re-employed worker after retirement 5. Other ( )	
(11) Address	No need to enter address if you give the worker's Individual Number in (6) above. 〒 – (in KATAKANA)				Reason: 1. Residing out of Japan 2. Short-term stay 3. Other ( )		(12) Health Insurance Eligibility Certificate: ☐ Need to be issued

Worker 2

(1) Worker's reference number at workplace		(2) Name	(in KATAKANA) (Family name)	(Given name)	(3) Date of birth	5. Showa era 7. Heisei era 9. Reiwa era year month day	(4) Type: 1. Male 2. Female 3. Miner 5. Male (pension fund) 6. Female (pension fund) 7. Miner (pension fund)
(5) Enrollment category	1. EHI・EPI 3. MAA secondee 4. Seamen's Ins. vol-con	(6) Individual Number (or Basic Pension Number)			(7) Date of enrollment	9.Reiwa era year month day	(8) Dependents application: 0. No 1. Yes
(9) Monthly remuneration amount	(a) (Cash) Yen (b) (In kind) Yen	(c) Total (a)+(b) Yen			(10) Remarks	Circle the applicable item: 1. Worker aged 70 and older 2. Enrollment of worker at two workplaces and more 3. Enrollment of part-time workers (specific workplace) 4. Enrollment of re-employed worker after retirement 5. Other ( )	
(11) Address	No need to enter address if you give the worker's Individual Number in (6) above. 〒 – (in KATAKANA)				Reason: 1. Residing out of Japan 2. Short-term stay 3. Other ( )		(12) Health Insurance Eligibility Certificate: ☐ Need to be issued

Worker 3

(1) Worker's reference number at workplace		(2) Name	(in KATAKANA) (Family name)	(Given name)	(3) Date of birth	5. Showa era 7. Heisei era 9. Reiwa era year month day	(4) Type: 1. Male 2. Female 3. Miner 5. Male (pension fund) 6. Female (pension fund) 7. Miner (pension fund)
(5) Enrollment category	1. EHI・EPI 3. MAA secondee 4. Seamen's Ins. vol-con	(6) Individual Number (or Basic Pension Number)			(7) Date of enrollment	9.Reiwa era year month day	(8) Dependents application: 0. No 1. Yes
(9) Monthly remuneration amount	(a) (Cash) Yen (b) (In kind) Yen	(c) Total (a)+(b) Yen			(10) Remarks	Circle the applicable item: 1. Worker aged 70 and older 2. Enrollment of worker at two workplaces and more 3. Enrollment of part-time workers (specific workplace) 4. Enrollment of re-employed worker after retirement 5. Other ( )	
(11) Address	No need to enter address if you give the worker's Individual Number in (6) above. 〒 – (in KATAKANA)				Reason: 1. Residing out of Japan 2. Short-term stay 3. Other ( )		(12) Health Insurance Eligibility Certificate: ☐ Need to be issued

Worker 4

(1) Worker's reference number at workplace		(2) Name	(in KATAKANA) (Family name)	(Given name)	(3) Date of birth	5. Showa era 7. Heisei era 9. Reiwa era year month day	(4) Type: 1. Male 2. Female 3. Miner 5. Male (pension fund) 6. Female (pension fund) 7. Miner (pension fund)
(5) Enrollment category	1. EHI・EPI 3. MAA secondee 4. Seamen's Ins. vol-con	(6) Individual Number (or Basic Pension Number)			(7) Date of enrollment	9.Reiwa era year month day	(8) Dependents application: 0. No 1. Yes
(9) Monthly remuneration amount	(a) (Cash) Yen (b) (In kind) Yen	(c) Total (a)+(b) Yen			(10) Remarks	Circle the applicable item: 1. Worker aged 70 and older 2. Enrollment of worker at two workplaces and more 3. Enrollment of part-time workers (specific workplace) 4. Enrollment of re-employed worker after retirement 5. Other ( )	
(11) Address	No need to enter address if you give the worker's Individual Number in (6) above. 〒 – (in KATAKANA)				Reason: 1. Residing out of Japan 2. Short-term stay 3. Other ( )		(12) Health Insurance Eligibility Certificate: ☐ Need to be issued

To workplaces covered by the Employees' Health Insurance managed by the EHI Association (KYOKAI KENPO);

If you are filing this form only to enroll the worker(s) such as aged 75 and older in the Employees Pension Insurance, please circle 1. and 5. in column (10), and enter "該当届のみ" in Japanese in ( ) parenthesis in 5.