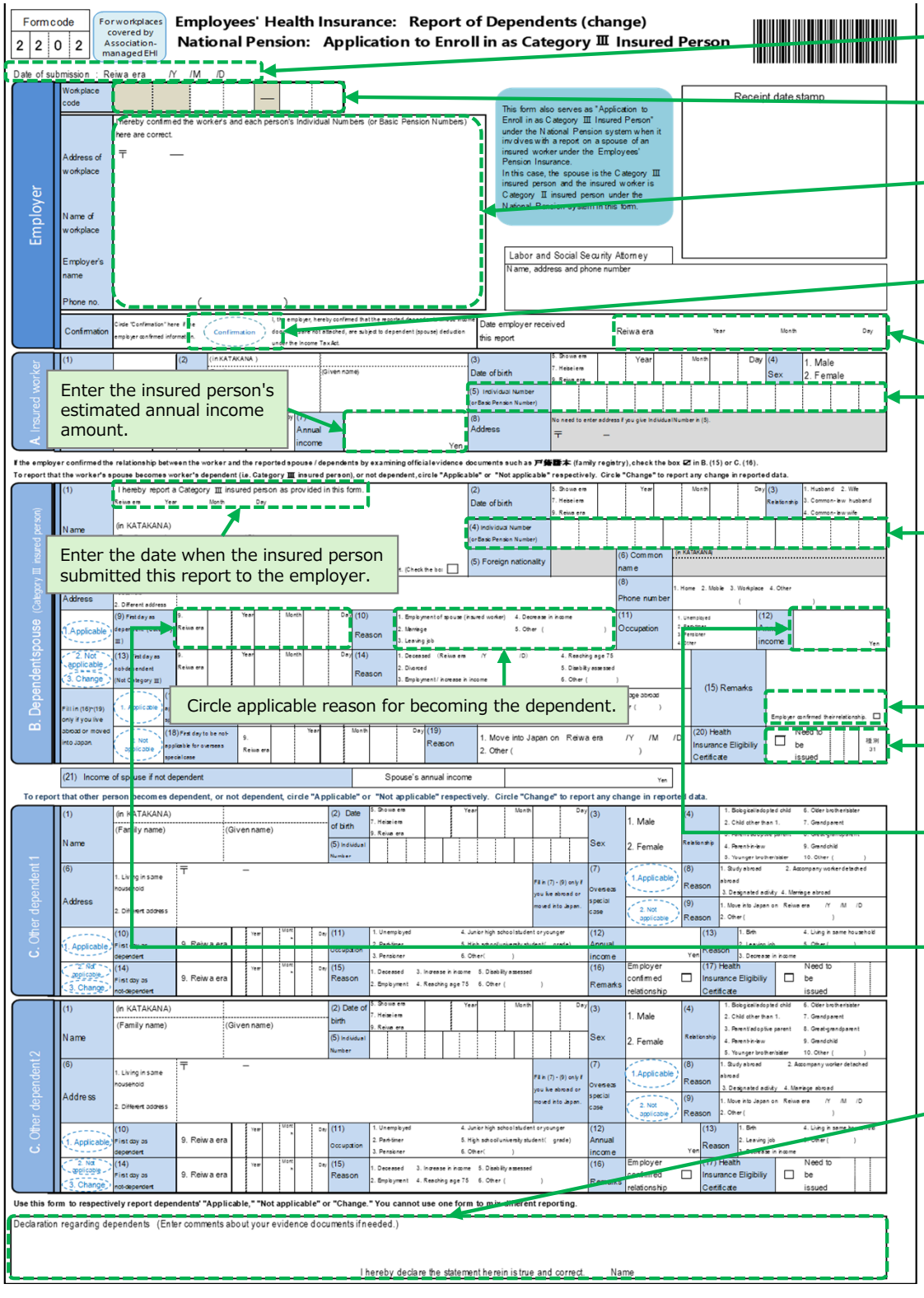


Form code 2202

For workplaces covered by Association-managed EHI

Employees' Health Insurance: Report of Dependents (change)
National Pension: Application to Enroll in as Category Ⅲ Insured Person

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

Employer

Workplace code

"I hereby confirmed the worker's and each person's Individual Numbers (or Basic Pension Numbers) here are correct."

Address of workplace

〒 —

Name of workplace

Employer's name

Phone no. ( )

Confirmation

Circle "Confirmation" here if the employer confirmed information. Confirmation

I, the employer, hereby confirmed that the reported dependent(s) whose documents were not attached, are subject to dependent (spouse) deduction under the Income Tax Act.

This form also serves as "Application to Enroll in as Category Ⅲ Insured Person" under the National Pension system when it involves with a report on a spouse of an insured worker under the Employees' Pension Insurance.
In this case, the spouse is the Category Ⅲ insured person and the insured worker is Category Ⅱ insured person under the National Pension system in this form.

Receipt date stamp

Labor and Social Security Attorney
Name, address and phone number

Date employer received this report
Reiwa era Year Month Day

A. Insured worker

(1) (2) (in KATAKANA) (Family name) (Given name)
(3) Date of birth 5. Showa era 7. Heisei era 9. Reiwa era Year Month Day
(4) Sex 1. Male 2. Female
(5) Individual Number (or Basic Pension Number)
(6) Address No need to enter address if you give Individual Number in (5). 〒 —
(7) Annual income Yen

Enter the insured person's estimated annual income amount.

If the employer confirmed the relationship between the worker and the reported spouse / dependents by examining official evidence documents such as 戸籍謄本 (family registry), check the box ☑ in B. (15) or C. (16).

To report that the worker's spouse becomes worker's dependent (i.e. Category Ⅲ insured person), or not dependent, circle "Applicable" or "Not applicable" respectively. Circle "Change" to report any change in reported data.

B. Dependent spouse (Category Ⅲ insured person)

(1) Name (in KATAKANA)
I hereby report a Category Ⅲ insured person as provided in this form. Reiwa era Year Month Day
(2) Date of birth 5. Showa era 7. Heisei era 9. Reiwa era Year Month Day
(3) Relationship 1. Husband 2. Wife 3. Common-law husband 4. Common-law wife
(4) Individual Number (or Basic Pension Number)
(5) Foreign nationality (Check the box ☐)
(6) Common name (in KATAKANA)
(7) Address 1. Same address 2. Different address
(8) Phone number 1. Home 2. Mobile 3. Workplace 4. Other ( )
(9) First day as dependent (Not Category Ⅲ) 1. Applicable 2. Not applicable 3. Change Reiwa era Year Month Day
(10) Reason 1. Employment of spouse (insured worker) 2. Marriage 3. Leaving job 4. Decrease in income 5. Other ( )
(11) Occupation 1. Unemployed 2. Part-timer 3. Pensioner 4. Other
(12) Annual income Yen
(13) First day as non-dependent (Not Category Ⅲ) 1. Applicable 2. Not applicable 3. Change Reiwa era Year Month Day
(14) Reason 1. Deceased (Reiwa era /Y /M /D) 2. Divorced 3. Employment / increase in income 4. Reaching age 75 5. Disability assessed 6. Other ( )
(15) Remarks Employer confirmed their relationship. ☐
Fill in (16)-(19) only if you live abroad or moved into Japan. 1. Applicable 2. Not applicable
(16) First day to be non-applicable for overseas special case Reiwa era Year Month Day
(17) Reason 1. Move into Japan on Reiwa era /Y /M /D 2. Other ( )
(18) Health Insurance Eligibility Certificate ☐ Need to be issued

Enter the date when the insured person submitted this report to the employer.

Circle applicable reason for becoming the dependent.

(21) Income of spouse if not dependent — Spouse's annual income Yen

To report that other person becomes dependent, or not dependent, circle "Applicable" or "Not applicable" respectively. Circle "Change" to report any change in reported data.

C. Other dependent 1

(1) Name (in KATAKANA) (Family name) (Given name)
(2) Date of birth 5. Showa era 7. Heisei era 9. Reiwa era Year Month Day
(3) Sex 1. Male 2. Female
(4) Relationship 1. Biological/adopted child 2. Child other than 1. 3. Parent-in-law 4. Parent of adoptive parent 5. Younger brother/sister 6. Older brother/sister 7. Grandparent 8. Great-grandparent 9. Grandchild 10. Other ( )
(5) Individual Number
(6) Address 1. Living in same household 2. Different address 〒 —
(7) Overseas special case Fill in (7) - (9) only if you live abroad or moved into Japan. 1. Applicable 2. Not applicable
(8) Reason 1. Study abroad 2. Accompany worker detached abroad 3. Designated activity 4. Marriage abroad
(9) Reason 1. Move into Japan on Reiwa era /Y /M /D 2. Other ( )
(10) First day as dependent 1. Applicable 2. Not applicable 3. Change 9. Reiwa era Year Month Day
(11) Occupation 1. Unemployed 2. Part-timer 3. Pensioner 4. Junior high school student or younger 5. High school/university student (grade) 6. Other ( )
(12) Annual income Yen
(13) Reason 1. Birth 2. Leaving job 3. Decrease in income 4. Living in same household 5. Other ( )
(14) First day as non-dependent 1. Applicable 2. Not applicable 3. Change 9. Reiwa era Year Month Day
(15) Reason 1. Deceased 2. Employment 3. Increase in income 4. Reaching age 75 5. Disability assessed 6. Other ( )
(16) Remarks Employer confirmed relationship ☐
(17) Health Insurance Eligibility Certificate ☐ Need to be issued

C. Other dependent 2

(1) Name (in KATAKANA) (Family name) (Given name)
(2) Date of birth 5. Showa era 7. Heisei era 9. Reiwa era Year Month Day
(3) Sex 1. Male 2. Female
(4) Relationship 1. Biological/adopted child 2. Child other than 1. 3. Parent of adoptive parent 4. Parent-in-law 5. Younger brother/sister 6. Older brother/sister 7. Grandparent 8. Great-grandparent 9. Grandchild 10. Other ( )
(5) Individual Number
(6) Address 1. Living in same household 2. Different address 〒 —
(7) Overseas special case Fill in (7) - (9) only if you live abroad or moved into Japan. 1. Applicable 2. Not applicable
(8) Reason 1. Study abroad 2. Accompany worker detached abroad 3. Designated activity 4. Marriage abroad
(9) Reason 1. Move into Japan on Reiwa era /Y /M /D 2. Other ( )
(10) First day as dependent 1. Applicable 2. Not applicable 3. Change 9. Reiwa era Year Month Day
(11) Occupation 1. Unemployed 2. Part-timer 3. Pensioner 4. Junior high school student or younger 5. High school/university student (grade) 6. Other ( )
(12) Annual income Yen
(13) Reason 1. Birth 2. Leaving job 3. Decrease in income 4. Living in same household 5. Other ( )
(14) First day as non-dependent 1. Applicable 2. Not applicable 3. Change 9. Reiwa era Year Month Day
(15) Reason 1. Deceased 2. Employment 3. Increase in income 4. Reaching age 75 5. Disability assessed 6. Other ( )
(16) Remarks Employer confirmed relationship ☐
(17) Health Insurance Eligibility Certificate ☐ Need to be issued

Use this form to respectively report dependents' "Applicable," "Not applicable" or "Change." You cannot use one form to mix different reporting.

Declaration regarding dependents (Enter comments about your evidence documents if needed.)

I hereby declare the statement herein is true and correct. Name

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

Enter the workplace code.

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

Circle "Confirmation" if the employer has confirmed that the worker's family member is subject to deduction for dependent under the Income Tax Act.

Enter the date the employer received this report from the worker (Year in Reiwa era / Month / Day.)

Check ☑ in (15) if worker entered the Individual Number in A.(5) and B.(4), and the employer verified their relationship by Family Registry 戸籍謄本 or equivalent official documents.

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

Enter amount of annual income of spouse in Japanese yen.

If you submit this report form together with the "Application to Enroll in EHI/ EPI," enter same date as A. (6) above in B.(9). If not, enter the date when you becomes dependent of the insured person.

If the dependent lives separately, enter amount of money the insured person sends to him/her each time in B.(15) or C.(16) Remarks, and enter how many times a year the insured person plans to send money in the declaration column at the bottom.