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 dependents whose income documents are not attached, are subject to dependent (spouse) deduction under the Income Tax Act.

Date employer received this report — Reiwa era Year Month Day

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

A. Insured worker

(1) Worker's ref. 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) Sex — 1. Male 2. Female

(5) Individual Number (or Basic Pension Number)

(6) Date of enrollment — 5. Showa era 7. Heisei era 9. Reiwa era Year Month Day

(7) Annual income Yen

(8) Address — No need to enter address if you give Individual Number in (5). 〒 —

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 — I hereby report a Category Ⅲ insured person as provided in this form. Reiwa era Year Month Day
(in KATAKANA) (Family name) (Given name)
I, the dependent spouse, hereby entrust my spouse (Category Ⅱ insured person.) the submission of this report. (Check the box) ☐

(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

(6) Common name (in KATAKANA)

(7) Address — 1. Living in same household 2. Different address 〒 —

(8) Phone number — 1. Home 2. Mobile 3. Workplace 4. Other ( )

1.Applicable / 2. Not applicable / 3. Change

(9) First day as dependent (Category Ⅲ) — 9. 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 not-dependent (Not Category Ⅲ) — 9. 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 applicable for overseas special case — 9. Reiwa era Year Month Day

(17) Reason — 1. Study abroad 2. Accompany worker detached abroad 3. Designated activity 4. Marriage abroad 5. Other ( )

(18) First day to be not-applicable for overseas special case — 9. Reiwa era Year Month Day

(19) Reason — 1. Move into Japan on Reiwa era /Y /M /D 2. Other ( )

(20) Health Insurance Eligibiliy Certificate — ☐ Need to be issued 種別 31

(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/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 〒 —

Fill in (7) - (9) only if you live abroad or moved into Japan.

(7) Overseas special case — 1.Applicable / 2. Not applicable

(8) Reason — 1. Study abroad 2. Accompany worker detached abroad 3. Designated activity 4. Marriage abroad 5. Other ( )

(9) Reason — 1. Move into Japan on Reiwa era /Y /M /D 2. Other ( )

1. Applicable / 2. Not applicable / 3. Change

(10) First day as dependent — 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 not-dependent — 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 Eligibiliy 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/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 〒 —

Fill in (7) - (9) only if you live abroad or moved into Japan.

(7) Overseas special case — 1.Applicable / 2. Not applicable

(8) Reason — 1. Study abroad 2. Accompany worker detached abroad 3. Designated activity 4. Marriage abroad 5. Other ( )

(9) Reason — 1. Move into Japan on Reiwa era /Y /M /D 2. Other ( )

1. Applicable / 2. Not applicable / 3. Change

(10) First day as dependent — 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 not-dependent — 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 Eligibiliy 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