Form code			
2	1	0	1

Employees' Health Insurance / Employees' Pension Insurance

Application for Workplace Coverage

Receipt date stamp

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

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)				
Agent of the employer: (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