

Form 1 (Related to Article 4, Article 64, and Supplementary Provision Article 2) (1) (front side)

For submission

(16) Category

3 1 6 0

Labor Insurance
0: Notification of establishment of insurance relationship (continued)
(notification of administrative processing outsourcing)
1: Notification of establishment of insurance relationship (definite term)
2: Voluntary enrollment application form (notification of administrative processing outsourcing)

Director of the Labor Bureau As stated below, I hereby make a notification. (in the case of 31600 or 31601)
Director of the Labor Standards Inspection Off I hereby apply for the insurance stated on the left. (in the case of 31602)
Director of the Public Employment Security Off (c) Employment insurance

*Labor insurance number
Prefecture Administrative jurisdiction Jurisdiction (1) Trunk number Branch number

Business establishment
(17.18) Address < English >
Zip code Address city/ward/county name
Address (continued) town/village name
Address (continued) street/block number
Address (continued) building/apartment name, etc.
(18.20) Name < English >
Name
Name (continued)
Name (continued)
Telephone number (area code) (local code) (number)

(1) Business owner
Address or location
Name
Month Day Year
(2) Business
Location
Zip code
Telephone number
Name
(3) Summary of business
(4) Type of business
(5) Obtained labor insurance
(a) Industrial accident compensation insurance
(b) Employment insurance
(6) Date of establishment of insurance relationship
Month Day Year
(7) Number of persons insured by employment insurance
General/short-term Day-labor persons
(8) Estimated amount of wage bill
thousand yen
(9) Outsource of affairs association
Zip code
Location
Telephone number
Name
Number of representatives
(10) Content of outsourced affairs
(11) Date of business commencement
Month Day Year
(12) Date of abolition, etc. of business
Month Day Year
(13) Contract amount for construction project
yen
(14) Estimated production volume of materials for logging project
cubic meter(s)
(15) Director
Zip code
Address or location
Name
Telephone number

(21) Date of establishment of insurance relationship (in the case of 31600 or 31601)
Date of approval for voluntary enrollment (in the case of 31602) (Japanese era name: 9 for Reiwa)

(22) Date of administrative processing outsourcing (in the case of 31600 or 31602)
*Scheduled date of business completion (in the case of 31601) (Japanese era name: 9 for Reiwa)

(23) Number of regular employees

*Classification of insurance relationship, etc. (in the case of 31600 or 31602)

(24) Number of persons insured by employment insurance (in the case of 31600 or 31602)

*Single insurance reason code (in the case of 31600)

(26) Obtained labor insurance number (in the case of 31600 or 31602)
Prefecture Administrative jurisdiction Jurisdiction (1) Trunk number Branch number

(27) Applied labor insurance number 1
Prefecture Administrative jurisdiction Jurisdiction (1) Trunk number Branch number

(28) Applied labor insurance number 2
Prefecture Administrative jurisdiction Jurisdiction (1) Trunk number Branch number

*Business establishment number of employment insurance (in the case of 31600 or 31602)

*Classification of prefecture (in the case of 31600 or 31602)

*Special code (in the case of 31600 or 31602)

*Jurisdiction (2) (in the case of 31600)

*Business type

*Industry category (in the case of 31600 or 31602)

*Data instruction code

*Classification of retyping

*Revision item (alphanumeric/Kana)
*Revision item (Kanjii)
*Date of reception (Japanese era name: 9 for Reiwa)

(29) Corporation number

Name of business owner (in the case of a corporation, its name and the name of its representative)

I agree to the following
(1) That the Government of Japan will accept the above notification translated into Japanese and inserted on the Japanese form.
(2) That the above signature will replace the signature on the Japanese form.

[Note]

- 1 The characters to be written within the boxes shown as (hereinafter referred to as "character boxes") will be read directly by an optical character reader (OCR), so do not soil this form or fold it more than necessary.
- 2 Leave those columns or character boxes for which you do not have items to be filled in blank, and when you select an item, circle the relevant item. Be sure to write your telephone number in the character boxes for phone number, and do not write in the columns or character boxes marked with *.
- 3 Be sure to use a black ballpoint pen to write clearly within the character boxes, using large characters, and Arabic numerals.
- 4 In column (1), enter the address or location (in the case of a corporation, the location of its principal office) and the name (in the case of a corporation, its name) of business owner. However, in the case of a business owner who has already obtained the approval for grouping of continued businesses, enter the location and name of the designated business for the said grouping.
- 5 In column (2), enter the location and name of the business for which insurance relationship has been established.
- 6 In column (3), enter the specific details of the business, such as the work content (manufacturing process), product name (finished product), or the content of the services provided.
- 7 In column (4), enter the applicable type of business listed in the "Table of Details of Businesses to Which Industrial Accident Compensation Insurance Rates Are Applied" applicable to the business.
- 8 In column (5), if you have already enrolled in an industrial accident compensation insurance or employment insurance, circle the symbol for which you are enrolled.
- 9 In column (6), enter the date when the business becomes a business for which an industrial accident compensation insurance or employment insurance is applied.
- 10 In the "general/short-term" column in column (7), enter the average number of persons insured by employment insurance per month in that fiscal year (total number of general insured persons and specially insured persons in short-term employment), and in the "day-labor" column, enter the number of day laborers.
- 11 In column (8), the prospective amount of total wages pertaining to the workers employed during the period from the date the insurance relationship is established to the end of the insurance year. If there is a fraction less than 1,000 yen in the total amount of wages, round it down and enter it.
- 12 Fill in columns (9) and (10) when labor insurance affairs are outsourced to a labor insurance affairs association.
- 13 In column (11), enter the date of commencement of the business only when voluntary enrollment is applied for.
- 14 In column (12), enter the (scheduled) date of abolition of a definite term business.
- 15 In column (13), in the case of a construction project, enter the amount of the contract fee (if any of the items of Article 13, paragraph (2) of the Regulation for Enforcement of the Act on the Collection, etc. of Insurance Premiums of Labor Insurance apply, the amount calculated in accordance with the provisions of each item).
- 16 In column (14), in the case of a logging project, enter the estimated production volume of materials.
- 17 In column (15), enter the address or location and name of the orderer of the construction.
- 18 In the last digit of column (16), enter the applicable number.
- 19 From column (17) to column (20), enter the location and name of the principal office pertaining to the business for which insurance relationship has been established, using the specified notation.
- 20 In column (21), enter the date of column (6).
- 21 In column (22), when submitting the form as a "notification of administrative processing outsourcing", enter the date of administrative processing outsourcing, and when submitting it as "notification of establishment of insurance relationship (definite term)", enter the scheduled date of business completion.
- 22 In column (23), enter the expected number of average workers employed per day in the insurance year (number obtained by dividing the annual total number of employed workers (including temporary and day laborers) by the prescribed number of working days) (if there is a fraction after the decimal point, round it down).
- 23 In column (24), fill in the total number of persons including the number of "general/short-term" and the number of "day-labor" in column (7).
- 24 In column (26), if the business to be notified changes from individual enrollment to outsourced enrollment, from an administrative affairs association to another administrative affairs association, or from outsourced enrollment to individual enrollment, enter the original labor insurance number.
- 25 Fill in column (27) as follows:
 - a. For a business of single application, among businesses that have already been assigned a labor insurance number, enter the labor insurance number for the business under the same administrative jurisdiction (if there are two or more such businesses, enter the labor insurance numbers for the two main businesses among them, using column (28) as well).
 - b. For a business of dual application, for the business under another administrative jurisdiction, enter the labor insurance number for the business (if there are two or more such businesses, enter the labor insurance numbers for the two main businesses among them, using column (28) as well).
- 26 In column (29), if a corporation number is specified, enter the specified corporation number.

* A person who is eligible to be insured by employment insurance need to submit a "notification of acquisition of qualification to be insured by employment insurance" pertaining to the relevant person to the relevant Public Employment Security Office.

Form 6 (Related to Article 24, Article 25, and Article 33) (A) (1)

Standard character style 0 1 2 3 4 5 6 7 8 9

Read (3) "Notes on Filling Out the Form" carefully before filling out the form. Please use the above-mentioned "standard character style" when filling in the OCR boxes.

Labor Insurance Estimated/Increased Estimated/Final Insurance Premiums Declaration Form
Act on Asbestos Health Damage Relief General contribution

Continued Business (including bulk definite term business)

For submission

I hereby declare as follows.

Category 3 2 7 0 0, *Revision item number, *Input collection code, *Various classifications, Month Day Year, (Address) Zip code 102-8307, Chiyoda-ku, Kudan-minami 1-2-1, Kudan dai3goudouchousha 12F

Table with 7 columns: Classification, Calculation period (From, Month, Day, Year to, Month, Day, Year), (8) Insurance premium/general contribution calculation base amount, (9) Insurance or premium general contribution rate, (10) Final insurance premium/general contribution amount ((8) x (9)). Rows include Labor insurance premium, For industrial accident compensation insurance, For employment insurance, and General contribution.

Table with 4 columns: Classification, (12) Estimated amount of insurance premium base amount, (13) Insurance premium rate, (14) Estimated/increased estimated insurance premium amount ((12) x (13)). Rows include Labor insurance premium, For industrial accident compensation insurance, and For employment insurance.

(15) Zip code of business owner, (16) Telephone number of business owner, (17) Application for deferred payment Number of payments

(18) Declared estimated insurance premium amount, (19) Declared estimated insurance premium amount, (20) Balance, (21) Increased estimated insurance premium amount, (30) Intention to appropriate, (31) Corporation number

Table with 7 columns: (a) Estimated insurance premium amount, (b) Amount appropriated for labor insurance premium, (c) Deficiency, (d) Labor insurance premium for this period, (e) Amount appropriated for general contribution, (f) Amount of general contribution, (g) Amount paid in this period. Includes sub-periods for 2nd and 3rd periods.

(26) Carried labor insurance, (27) Special business, (28) Business (a) Location, (b) Name, Zip code, Telephone number, (a) Address, (b) Name, (c) Name, Indication of date of preparation/submission agent/administrative agent, Name, Telephone number

I agree that the Government of Japan will accept the above declaration translated into Japanese and inserted on the Japanese form.

Notice of Receipt



Labor Insurance

Treasury money

(Example)

\	0	1	2	3	4	5	6	7	8	9
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© Follow the example and write the numbers using a black ballpoint pen, pressing firmly, making sure to write within the character boxes.

30840

Name of agency

*Agency number

Collection account

Insurance premium income and general contribution income

Special account for labor insurance

0847

Jurisdiction of Ministry of Health, Labour and Welfare

6118

Reiwa

Fiscal year

Administrative jurisdiction (1)	Trunk number	Branch number
Prefecture		
Subprefecture		
Jurisdiction (2)		

*CD

1

*Policy received

All Part

Incorporated in the current fiscal year's revenue from May 1st of the following fiscal year

*Accounting year (Japanese era name: 9 for Reiwa)

Japanese era name: year (Heisei)

*Collecting year (Japanese era name: 9 for Reiwa)

Japanese era name: year (Heisei)

*Date of receipt (Japanese era name: 9 for Reiwa)

Japanese era name: year (Heisei) - month (Heisei) - day (Heisei)

*Classification of receipt

Institution of receipt

Classification of certification

*Collection

*Data instruction code

*Amount for which policy has been received

yen

Purpose of payment

1. Reiwa

Estimated for the fiscal year

Period

2. Rate

Increased estimated: 1

Decreased estimated: 2

3. Reiwa

Fiscal year

(Address) Zip code

(Name)

(Mr./Ms.)

Breakdown

Labor insurance premium

General contribution

Amount paid (Total amount)

Address

Zip code

102-8307

Chiyoda-ku, Kudan-minami, 1-2-1, Kudan dai3goudouchousha 12F

We have received the above-mentioned total amount.

Date of receipt, etc.

(To be sent to the government office)

Place of payment

Bank of Japan (head office/branch/agency or revenue agency), competent prefectural labor bureau, competent labor standards inspection office

© Read the notes on the back side of (3) carefully and fill in the information within the bold frame.

© This form will be machine processed, so do not soil or fold it.

[Notes on Filling Out the Form]

- 1 The characters to be written within the boxes shown as (hereinafter referred to as "character boxes") will be read directly by an optical character reader (OCR), so do not soil this form or fold it more than necessary.
- 2 Leave those columns or character boxes for which you do not have items to be filled in blank, and when you select an item, circle the relevant item. Do not fill in the columns or character boxes marked with *.
- 3 Be sure to use a black ballpoint pen to write clearly within the character boxes, using large characters, and Arabic numerals, following the standard character style at the upper right of the form.
- 4 In column (1), enter the assigned labor insurance number.
- 5 In column (2), when submitting the form as a declaration form of increased estimated insurance premium, enter the date on which the estimated amount of insurance premium base amount is increased.
- 6 In columns (3) and (24), when declaring the final insurance premium and general contribution, if there is (1) abolition of business, (2) change from individual enrollment to outsourced enrollment (including the case where the outsourcing is transferred from one administrative affairs association to another administrative affairs association), (3) change from outsourced enrollment to individual enrollment, (4) suspension of employment of workers (excluding cases falling under (1)), or (5) other fact, enter the date of the event and circle the relevant item.
- 7 In column (4), at the time of annual renewal, when submitting this form as a declaration form of final insurance premium/estimated insurance premium/general contribution (hereinafter referred to as "declaration form for annual renewal"), enter the total number of workers employed on the last day of each month belonging to the insurance year immediately preceding the relevant insurance year (if there is a wage cut-off day, the wage cut-off day immediately preceding the last day of each month) divided by 12 (for businesses in which a labor insurance relationship has been established in the middle of the immediately preceding insurance year, the number of months that fall after the month in which the labor insurance relationship has been established and that belong to the immediately preceding insurance year).
For businesses that handle cargo in docks, ships, quays, wharves, stations, or warehouses, and businesses that are deemed to be a business pursuant to the provisions of Article 7 of the Premiums Collection Act, enter the average number of workers employed per day in the immediately preceding insurance year (the number of total employed workers divided by the number of scheduled working days during the immediately preceding insurance year).
- 8 Enter in column (5) the average number of persons insured by employment insurance per month in the previous fiscal year, when submitting the form as a declaration form for annual renewal, at the time of annual renewal.
- 9 Fill in columns (8) and (12) as follows:
 - (1) If the amounts of (b) and (e) are the same, fill in only column (a), and if the amounts of (b) and (e) are different, fill in the respective columns of (b) and (e).
 - (2) If the insurance relationship is established only for industrial accident compensation insurance, fill in (b), and if the insurance relationship is established only for employment insurance, fill in (e).
 - (3) In column (8) (f), enter the wage bill that will be the basis for calculating general contribution.
 - (4) If there is a fraction less than 1,000 yen in the amount, round it down.
 - (5) When submitting this form as a declaration form for annual renewal at the time of annual renewal, if the insurance relationship has been established both for industrial accident compensation insurance and employment insurance, compare the amount in (a) or the total amount of (b) and (e) in column (8) with the estimated base amount for calculating insurance premiums for the following insurance year, and if the insurance relationship has been established either for industrial accident compensation insurance or employment insurance, compare the amount in (b) or (e) in column (8) with the estimated base amount for calculating insurance premiums for the following insurance year, and when the estimated base amount for calculating insurance premiums for the following insurance year is between 50/100 and 200/100 in column (8), for (a) through (e) in column (12), enter the amounts from (a) to (e) in column (8), respectively.
- 10 When having filled in (b) and (e) in column (10), enter the total amount thereof in (a).
- 11 In column (11) (f), enter the amount obtained by multiplying the amount of column (8) (f) by the rate of column (9) (f).
- 12 When having filled in (b) and (e) in column (14), enter the total amount thereof in (a).
- 13 Enter any changes in columns (15) and (16) at the time of annual renewal when submitting the form as a declaration form for annual renewal.
- 14 In column (17), enter the number of times of payment when the payment of estimated insurance premium is deferred.
- 15 In column (18), when using this form as a declaration form for final insurance premium and general contribution or declaration form for annual renewal at the time of annual renewal, enter the amount of estimated insurance premium that has already been paid.
- 16 When using this declaration form as a declaration form for increased estimated insurance premium, enter the amount of the declared estimated insurance premium in column (19).
- 17 Transfer the amount entered in (22) (d) to the "labor insurance premium" column of the payment notice, the amount entered in (f) to the "general contribution" column, and the amount entered in (g) to the "amount paid (total amount)" column of the payment notice, respectively.
- 18 In column (25), enter the type of business under the "Table of Industrial Accident Compensation Insurance Rates", or the business under the "Table of Class II Special Enrollment Insurance Premium Rates", or the type of work.
- 19 In column (28), enter the location and name of the business for which insurance relationship has been established.
- 20 In column (29), enter the address (in the case of a corporation, location of its principal office)/name (in the case of a corporation, name of its representative) of the business owner.
- 21 In column (30), if you wish to appropriate the amount of the estimated insurance premium that has already been paid that exceeds the final insurance premium amount to the estimated insurance premium or general contribution for the next insurance year, enter the relevant number.
- 22 Attach this declaration form in paying the special premium of industrial accident compensation insurance as well, and regarding columns (8) through (14), be sure to fill in (b).
- 23 In column (31), if a corporation number is specified, enter the specified corporation number.

* A person who is eligible to be insured by employment insurance need to submit a "notification of acquisition of qualification to be insured by employment insurance" pertaining to the relevant person to the relevant Public Employment Security Office.