Form code										
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Application to Enroll in Employees' Health Insurance / Employees' Pension Insurance Application to enroll in Employees' Pension Insurance for insured persons aged 70 and older



Date	Date of submission: Reiwa era // /M /M /D																					
	Workplace code	* *	-			Workplace number										Receipt date stamp						
Applicant / Employer	Address of workplace	I, the employer, her	reby confirm e	ach worker's I	ndividual Numl	ber (or Basic Pen	ision Numb	er) here is con	rect.													
pplic	workplace	L									La	bour and Social	Security Attor	ney								
ď	Name of employer										Na	ame/ add	ne/ address/ contact number									
	Phone number																					
Insured person 1	(1) Insured person number	(2) Na	ımo l	in KANA characte Family name)	s)		(F	First name)					(3) Date of birth	5. Shows era 7. Helsel era 9. Reiwa era	year	mo	onth	day	Type	1. Male 2. Female 3. Miner	5. Male (pension fund) 6. Female (pension fund) 7. Miner (pension fund)	
	(5) Enrollment category	3 MAA sorondoo (OF I	ividual Number Basic Pension mber)										Date of enrollment	9.Reiwa era	year	me	onth	day	(8) Dependents application	0. No	1. Yes	
	(9) Monthly remuneration amount	(a) (Cash) (c) Total (a)+(b) (b) (In kind)									Yer	(10) Remarks	Circle the appli 1. Worker 2. Enrollme	aged 70 an	d older	vorkplaces	and mor	4 Enrollmo		rkers (specific workplace) worker after retirement		
	(11) Address	Ven										101		Reason: 2. Short-term stay 3. Others ()								
Insured person 2	(1) Insured person number	Name (in KANA characters) (First name) (First name)									(3) • Date of birth	5. Shows era 7. Helsel era 9. Relwa era	year	me	onth	day	Type	1. Male 2. Female 3. Miner	5. Male (pension fund) 6. Female (pension fund) 7. Miner (pension fund)			
	(5) Enrollment category	3 MAA secondos (OF I	ividual Number Basic Pension mber)										Date of enrollment	9.Reiwa era	year	me	onth	day	(8) Dependents application	0. No	1. Yes	
	(9) Monthly remuneration amount	(a) (Cash) (b) (In kind) (c) Total (a)+(b) You You No need to enter address if you give the worker's Individual Number in (6) above.										Yer	(10) Remarks	Circle the applicable item: 1. Worker aged 70 and older 2. Enrollment of worker at two workplaces and more 5. Other (1. Residing out of Japan								
	Address	To need to enter address if you give the worker's individual number in (o) above. The end of Japan Reason: 2. Short-term stay 3. Others ())						
nsured person 3	(1) Insured person number	(2) Na	·ma	(in KANA characters) (Family name) (First name)									(3) • Date of birth	Showa era Helsei era Reiwa era	year	mi	onth	day	(4) Туре	1. Male 2. Female 3. Miner	5. Male (pension fund) 6. Female (pension fund) 7. Miner (pension fund)	
	(5) Enrollment category	2 MAA cocondoo (or I	ividual Number Basic Pension mber)										Date of enrollment	9.Reiwa era	year	mi	onth	day	(8) Dependents application	0. No	1. Yes	
Insure	(9) Monthly remuneration amount	(a) (Cash) (c) Total (a)+(b) Yen (b) (In kind)											(10) Remarks	Circle the applicable item : 1. Worker aged 70 and older 2. Enrollment of part-time workers (specific workplace) 4. Enrollment of re-employed worker after retirement								
	(11) Address	Ven										5. Other () (1. Residing out of Japan Reason: 2. Short-tern stay 3. Others ())										
nsured person 4	(1) Insured person number	(2) Na	·ma	(in KANA characters) (Family name) (First name)									(3) - Date of birth	Shows era T. Helsel era Reiwa era	year	me	onth	day	(4) Type	1. Male 2. Female 3. Miner	5. Male (pension fund) 6. Female (pension fund) 7. Miner (pension fund)	
	(5) Enrollment category	3 MAA sorondoo (OF I	ividual Number Basic Pension mber)										Date of enrollment	9.Reiwa era	year	mi	onth	day	(8) Dependents application	0. No	1. Yes	
Insure	(9) Monthly remuneration amount	(a) (Cash) (c) Total (a)+(b) (b) (in kind) (e) Total (a)+(b)									Yer	(10) Remarks	Circle the applicable Item: 1. Worker aged 70 and older 2. Enrollment of worker at two workplaces and more									
	(11) Address	No need to enter address if you give the worker's individual Number in (6) above. — (in KANA character:											5. Other () Residing out Japan Reason: 2. Short-term stay 3. Others ())			

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) aged 70 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. (Please note that we don't reissue the Employees' Health Insurance certificate (card) in this case.)