

Written pledge for dependent certification

1. I hereby pledge that the information I have provided on this survey form does not contain any false statements.

2. I hereby pledge that the income of the family member subject to certification does not exceed 1.3 million yen per year (1.8 million yen if he or she is a pension beneficiary or person with disability).

3. I hereby pledge that I will promptly undertake the appropriate procedures in the event that the dependent's status changes after certification.

4. I acknowledge that if I fail to submit the required notification or submit a factually inaccurate notification, the eligibility of the dependent will be cancelled retroactively and I will return all medical care expenses and benefits received during such period without any objection.

Date (Y/M/D):

/

/

Code/number of insured person

—

Name of insured person

Dependent Survey Form * Enter all applicable information for family members aged 16 or above subject to certification (excluding students).

Name of person subject to certification	Date of birth	Age	Relationship	Lives together/apart
	(Y/M/D) / /	years		Together · Apart

Marital status

☐ Married

☐ Single

☐ Never married

☐ Divorced

☐ Widowed

(Survivor's pension benefits received? ☐ Y ☐ N Reason:)

Reason for application (Describe the status of person subject to certification.)	Date of reason	Previous health insurer of person subject to certification
<input type="checkbox"/> Obtained eligibility as insured person (began employment)	(Y/M/D) / /	<div><input type="checkbox"/> Social insurance (includes Voluntarily and Continuously Insured Persons)<div><div><input type="checkbox"/> Member of Rakuten KENPO Code: <div></div> Number: <div></div></div><div><input type="checkbox"/> Member of other health insurance society Name of health insurance society: <div></div></div></div></div> <div><input type="checkbox"/> National Health Insurance</div> <div><input type="checkbox"/> Not insured</div> <div><input type="checkbox"/> Other ()</div>
<input type="checkbox"/> Married	(Y/M/D) / /	
<input type="checkbox"/> Left employment	(Y/M/D) / /	
<div>☆Expecting to receive unemployment benefits? <input type="checkbox"/> Y (<input type="checkbox"/> Currently in waiting period <input type="checkbox"/> Benefits currently extended)</div> <div><input type="checkbox"/> N (<input type="checkbox"/> Right to receive benefits waived <input type="checkbox"/> Insufficient insured period <input type="checkbox"/> Not insured by employment insurance)</div>		
<input type="checkbox"/> Reduced income	(Y/M/D) / /	
<input type="checkbox"/> Discontinued self-employment	(Y/M/D) / /	
<input type="checkbox"/> Unemployment benefits ended	(Y/M/D) / /	
<input type="checkbox"/> Newly arrived in Japan (foreign national)	(Y/M/D) / /	
<input type="checkbox"/> Newly taken on as dependent (previously dependent of someone else)	(Y/M/D) / /	
<input type="checkbox"/> Other ()		

Occupation, income, etc. of person subject to certification	Income as of the date of change (start date of dependent status)														
<div>Does the person have income as of the date of change (start date of dependent status)?<div><input type="checkbox"/> Y <input type="checkbox"/> N</div></div> <div>* Complete for all applicable income types.</div> <table><tr><td><input type="checkbox"/> Salary income (including part-time income)</td><td>Annual income Approx. × 10,000 yen</td></tr><tr><td><input type="checkbox"/> Business income Self-employment, agriculture, real estate, dividends, etc.</td><td>Annual income Approx. × 10,000 yen</td></tr><tr><td><input type="checkbox"/> Pension income (e.g., old age pension, survivor's pension, disability pension)</td><td>Annual income Approx. × 10,000 yen</td></tr><tr><td><input type="checkbox"/> Injury and Sickness Allowance, Maternity Allowance, child care leave benefits, etc.</td><td>Start date (Y/M/D) / /</td></tr><tr><td><input type="checkbox"/> Unemployment benefit * In principle, ineligible for dependent certification while receiving unemployment benefits</td><td>Start date (Y/M/D) / /</td></tr><tr><td><input type="checkbox"/> Allowance (Paid by:)</td><td>Monthly amount Approx. × 10,000 yen</td></tr><tr><td><input type="checkbox"/> Other income (Be specific:)</td><td>Annual income Approx. × 10,000 yen</td></tr></table>	<input type="checkbox"/> Salary income (including part-time income)	Annual income Approx. × 10,000 yen	<input type="checkbox"/> Business income Self-employment, agriculture, real estate, dividends, etc.	Annual income Approx. × 10,000 yen	<input type="checkbox"/> Pension income (e.g., old age pension, survivor's pension, disability pension)	Annual income Approx. × 10,000 yen	<input type="checkbox"/> Injury and Sickness Allowance, Maternity Allowance, child care leave benefits, etc.	Start date (Y/M/D) / /	<input type="checkbox"/> Unemployment benefit * In principle, ineligible for dependent certification while receiving unemployment benefits	Start date (Y/M/D) / /	<input type="checkbox"/> Allowance (Paid by:)	Monthly amount Approx. × 10,000 yen	<input type="checkbox"/> Other income (Be specific:)	Annual income Approx. × 10,000 yen	<div><input type="checkbox"/> Unemployed for several years</div> <div><input type="checkbox"/> Left employment last year or during this year (Fill out ①-③ below.)</div> <div>① Date (Y/M/D) of leaving employment: / /</div> <div>② Name of employer: </div> <div>③ Unemployment insurance</div> <div>* If the person is currently receiving benefits, fill out the section at left for Y (with income).</div> <div><div><input type="checkbox"/> Expecting to receive benefits → <input type="checkbox"/> Currently in waiting period <input type="checkbox"/> Benefits currently extended</div><div>* Submit the certificate of eligibility for employment insurance benefits (copies of both sides). * In principle, a family member is not eligible for dependent certification while receiving unemployment benefits. Once receipt of benefits begins, complete the dependent removal procedures.</div><div><input type="checkbox"/> Will not receive benefits → <input type="checkbox"/> Right to receive benefits waived <input type="checkbox"/> Insufficient insured period</div><div><input type="checkbox"/> Receipt of benefits ended → Ended / / (Y/M/D)</div><div><input type="checkbox"/> Discontinued self-employment Date (Y/M/D) of discontinuation: / /</div></div>
<input type="checkbox"/> Salary income (including part-time income)	Annual income Approx. × 10,000 yen														
<input type="checkbox"/> Business income Self-employment, agriculture, real estate, dividends, etc.	Annual income Approx. × 10,000 yen														
<input type="checkbox"/> Pension income (e.g., old age pension, survivor's pension, disability pension)	Annual income Approx. × 10,000 yen														
<input type="checkbox"/> Injury and Sickness Allowance, Maternity Allowance, child care leave benefits, etc.	Start date (Y/M/D) / /														
<input type="checkbox"/> Unemployment benefit * In principle, ineligible for dependent certification while receiving unemployment benefits	Start date (Y/M/D) / /														
<input type="checkbox"/> Allowance (Paid by:)	Monthly amount Approx. × 10,000 yen														
<input type="checkbox"/> Other income (Be specific:)	Annual income Approx. × 10,000 yen														

Support obligor other than the insured person (e.g., father if applying for mother, sibling if applying for both parents, spouse's sibling if applying for parents-in-law)						
Name	Relationship	Age	Annual income	Lives together/apart	Amount of allowance remitted to subject person	Reason for inability of the support obligor to provide for subject person
			Approx. × 10,000 yen	<input type="checkbox"/> Together <input type="checkbox"/> Apart	Monthly amount Approx. × 10,000 yen	
			Approx. × 10,000 yen	<input type="checkbox"/> Together <input type="checkbox"/> Apart	Monthly amount Approx. × 10,000 yen	
			Approx. × 10,000 yen	<input type="checkbox"/> Together <input type="checkbox"/> Apart	Monthly amount Approx. × 10,000 yen	
			Approx. × 10,000 yen	<input type="checkbox"/> Together <input type="checkbox"/> Apart	Monthly amount Approx. × 10,000 yen	

Statements

◆ Documents required to add (certify) dependents

* Other documents may be requested as necessary.

◇ Documents required for all family members subject to dependent certification

- Notification of Health Insurance Dependent Change (increase)
- Dependent Survey Form (not required for students or children under 16; required for nephews/nieces)
- Certificate of residence (original) for all members of the subject person's household: Must have been issued within the past three months (must indicate relationship and resident card no.).
 - * In addition, if the subject person lives apart from the insured, submit a certified copy of the family register (issued within past three months).
- [Non-Japanese nationals only] Copies of both sides of the resident card

◇ Documents required for specific family members subject to dependent certification (in addition to documents above)

Status of the subject person as of the date of change (first day as dependent)			Required document	
Spouse	No income	Unemployed for past several years	①	
		Left most recent job this or last year.	②	
		Closed own business this or last year.	⑨	
		Received unemployment benefits.	⑤	
	Earns income	Currently receiving unemployment benefits	In principle, not eligible as dependent ♦♦3	
		Earns pension income.	① ⑥	
		Earns salary income.	④	
		Earns self-employment income.	⑧	
		Earns salary and pension income.	① ④ ⑥	
		Earns self-employment income and pension income.	⑥ ⑧	
Child * See ♦ 1 below.	Under 16 years of age	Infant, preschool child, elementary school student, junior high school student, high school student	③	
	Aged 16 or older	No income	Student (high school student, college student, daytime vocational school student; excluding preparatory school students)	③ ⑦
			Unemployed for past several years	① ③
			Left most recent job this or last year.	② ③
			Closed own business this or last year.	③ ⑨
			Received unemployment benefits.	③ ⑤
		Earns income	Currently receiving unemployment benefits	In principle, not eligible as dependent ♦♦3
			Earns pension income.	① ③ ⑥ ⑦
			Earns salary income.	③ ④ ⑦
			Earns self-employment income.	③ ⑦ ⑧
			Earns salary and pension income.	① ③ ④ ⑥ ⑦
	Earns self-employment income and pension income.	③ ⑥ ⑦ ⑧		
	Other * See ♦ 2 below.	No income	Unemployed for past several years	① ⑩
			Left most recent job this or last year.	② ⑩
Closed own business this or last year.			⑨ ⑩	
Received unemployment benefits.			⑤ ⑩	
Currently receiving unemployment benefits			In principle, not eligible as dependent ♦♦3	
Earns income		Earns pension income.	① ⑥ ⑩	
		Earns salary income.	④ ⑩	
		Earns self-employment income.	⑧ ⑩	
		Earns salary and pension income.	① ④ ⑥ ⑩	
		Earns self-employment income and pension income.	⑥ ⑧ ⑩	

For family members in the following situations, other documents are required in addition to those indicated at left:

★ Living apart from the insured

- Proof of remittance of allowance (for three or more successive months)
- <<Proof of remittance is not required in the following cases>>
 - When seeking to certify as a dependent a student living apart from his or her parents to attend school
 - When an insured person on unaccompanied employer-assigned job posting seeks to certify his or her spouse and children as dependents

[Allowance amounts]

* Both of the following conditions must be satisfied:

- 1 The allowance amount from the insured person must exceed the subject person's income.
- 2 The allowance amount must be at least 65,000 yen.

Number of family members	Allowance amount
1 person	65,000 yen
2 persons	85,000 yen
3 persons	105,000 yen
For each additional person	+20,000 yen

[Remittance rules]

- The allowance must be remitted through a financial institution.
- * Submit a copy of a passbook, remittance details, etc. (indicating remittance date, amount, remitting party [insured person], and beneficiary).
- * Handing the allowance in cash is not permitted.
- * Exchange of funds through a shared account is not permitted.
- The allowance must be remitted monthly at regular intervals.
- * Remittance of several months' allowance at one time is not permitted.

★ Marriage

- * Certificate of acceptance of marriage report (copy)

★ Foreign national

- Resident card (copies of both sides)

*◆1

In principle, if both spouses provide for the child, the child is regarded to be the dependent of the spouse with higher annual income.
If the annual incomes of both spouses are roughly equivalent, the child is regarded to be the dependent of the spouse primarily responsible for making a living.
If the child is a student, enter the year in school in the space for occupation/school year.

*◆2

Only family members within the third degree of kinship can be named dependents. Conditions for eligibility differ for family members living together with or apart from the insured.
Family members not required to live together with the insured:
Spouse, children, parents, siblings, grandchildren, lineal grandparents, and lineal great grandparents
Family members required to live together with the insured:
Relatives within the third degree of kinship other than those above (e.g., parents in law, aunts and uncles, nephews and nieces)
(For more information, see the "Description" page under "Family membership.")

*◆3

A family member who has left his or her most recent job cannot become a dependent while he or she receives unemployment benefits.
(However, family members receiving unemployment benefits may become dependents if they are under 60 years of age and the daily amount of their base allowance is less than 3,612 yen, or if they are 60 or older and the daily amount of their base allowance is less than 5,000 yen.)

		Where to obtain
①	Tax (tax-exempt) certificate (original)	Municipal office
②	Separation slips 1 and 2 (copies), certificate of income and withholding tax on leaving previous employer (copy), or retirement certificate (original)	Previous employer
③	Spouse's certificate of income and withholding tax (copy) or most recent set of final income tax return documents (copy) * Not required if the spouse is already an insured person of the Society	
④	Salary statements for most recent six months (copies) * Must show company name. * For those employed for less than six months, submit all available salary statements (copies) and the employment contract (copy).	Current employer
⑤	Certificate of eligibility for employment insurance benefits (copies of both sides) * Must be stamped "Payment ended."	Public Employment Security Office
⑥	Most recent pension remittance notice (copy) * Certificates of income and withholding tax for pensions will not be accepted.	Pension office
⑦	Certificate of school attendance (original) * Required only for college students and daytime vocational school students. * Copies of student IDs will not be accepted.	School
⑧	Most recent set of final income tax return documents (copy) * Include income statement, blue return statement, etc.	
⑨	Notice of cessation of business (copy)	
⑩	Tax (tax-exempt) certificates (originals) for other family members living with the subject person * Not required for family members living with the subject person who are under 18 years of age.	Municipal office

* If you have any questions, please contact HR or the person in charge of social insurance at your establishment (company).