

Written pledge for dependent certification

- I hereby pledge that the information I have provided on this survey form does not contain any false statements.
- 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).
- I hereby pledge that I will promptly undertake the appropriate procedures in the event that the dependent's status changes after certification.
- 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): **XXXX** / **XX** / **XX**

Code/number of insured person

XXX — **XXX**

Name of insured person

Taro Kenpo



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
Hanako Kenpo	(Y/M/D) XXXX / XX / XX	XX years	Spouse	<input checked="" type="checkbox"/> Together <input type="checkbox"/> Apart
Marital status	<input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Never married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed (Survivor's pension benefits received? <input type="checkbox"/> Y <input type="checkbox"/> N Reason:)			

Reason for application (Describe the status of person subject to certification.)	Date of reason
<input type="checkbox"/> Obtained eligibility as insured person (began employment)	(Y/M/D) / /
<input type="checkbox"/> Married	(Y/M/D) / /
<input checked="" type="checkbox"/> Left employment	(Y/M/D) XXXX / XX / XX
☆Expecting to receive unemployment benefits? <input type="checkbox"/> Y (<input type="checkbox"/> Currently in waiting period <input type="checkbox"/> Benefits currently extended) <input type="checkbox"/> N (<input type="checkbox"/> Right to receive benefits waived <input checked="" type="checkbox"/> Insufficient insured period <input checked="" type="checkbox"/> Not insured by employment insurance)	
<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 ()	

Previous health insurer of person subject to certification
<input type="checkbox"/> Social insurance (includes Voluntarily and Continuously Insured Persons)
<input type="checkbox"/> Member of Rakuten KENPO Code: _____ Number: _____
<input type="checkbox"/> Member of other health insurance society Name of health insurance society: _____
<input type="checkbox"/> National Health Insurance
<input type="checkbox"/> Not insured
<input type="checkbox"/> Other ()

Occupation, income, etc. of person subject to certification	Income as of the date of change (start date of dependent status)
Does the person have income as of the date of change (start date of dependent status)?	<input type="checkbox"/> Unemployed for several years
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Left employment last year or during this year (Fill out ①-③ below.)
* Complete for all applicable income types.	① Date (Y/M/D) of leaving employment: XXXX / XX / XX
<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	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
	② Name of employer: XXXXXX Co., Ltd.
	③ Unemployment insurance
	* If the person is currently receiving benefits, fill out the section at left for Y (with income).
	<input checked="" type="checkbox"/> Expecting to receive benefits → <input checked="" type="checkbox"/> Currently in waiting period <input type="checkbox"/> Benefits currently extended
	* 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.
	<input type="checkbox"/> Will not receive benefits → <input type="checkbox"/> Right to receive benefits waived <input type="checkbox"/> Insufficient insured period
	<input type="checkbox"/> Receipt of benefits ended → Ended / / (Y/M/D)
	<input type="checkbox"/> Not insured by employment insurance
	<input type="checkbox"/> Discontinued self-employment
	Date (Y/M/D) of discontinuation: / /

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
