Dependent certification record

I hereby certify that the information listed below is true and correct. If there are any discrepancies with the facts, I do not object to the cancellation of certification or the refund of the benefits paid by the health insurance society. Also, if I obtain employment or if my income fluctuates, I will promptly engage in procedures for removing dependents.

To the Executive Head of the Works Human Intelligence Health Insurance Society

Date: Name of insured person

■ Please enter the required information or circle the applicable items for the certified person.

Insurance card	Code		Number		Name of certified person		Relationship		Age	

(1)	Reason why application as a dependent was made	1. Obtained employment at company 2. Got married 3. Quit work and lost all income 4. Income decreased 5. Completed receipt of employment insurance benefits 6. Other [
(2)	Please list the health insurance in which you are currently enrolled	1. National Health Insurance 2. Health insurance provided by employer 3. Other health insurance/mutual aid association 4. Not enrolled *If you circled 1., 2., or 3. above, please enter the name of your health insurance society [ ]
(3)	Are you currently working?	Yes (Go to (7)) / No (Go to (4))
(4)	Did you work during the past year?	Yes (Go to (5)) / No (Go to (7))
(5)	Were you enrolled in employment insurance?	Yes (Go to (6)) [Date of retirement: (Y) (M) (D)] [Reason for retirement:] / No (Go to (7))
(6)	Please list the current status of employment insurance receipt. *If the basic daily amount exceeds 3,612 yen, certification is not possible (5,000 yen for those over 60 years old)	1. Currently receiving pension 2. Currently applying or planning to apply [Date of procedures: (Y) (M) (D)] 3. Currently extending or planning to extend [Reason for extension] 4. Completed receipt [Date of completion: (Y) (M) (D)] 5. Will not receive [Reason:] 6. Other [(Go to (7))
(7)	Do you currently have income?	Yes (Go to (8)) / No (Go to (10))
(8)	Please list your current amount of income.	[Annual income: approx. yen] (Go to (9))
(9)	Please list the details of your income.	1. Salary (part-time income) 2. Real estate income 3. Interest/dividend income 4. Self-employed income 5. Pensions (please circle the type) A. Old age pension B. Survivor's pension C. Personal pension D. Disability pension E. Corporate pension F. *Onkyu* pension G. Other [ ] 6. Social insurance benefits (please circle the type) A. Injury and illness allowance B. Maternity allowance C. Work leave compensation, etc., from industrial accident compensation insurance D. Other [ ] 7. Other [(Go to (10))
(10)	Do you live with the insured person?	Yes / No Reason for living separately [ ] Amount transferred in one month [yen]

*For details of attached documents, please check the documents list for other documents required for dependent certification.

■ If you want to certify a family member such as parents, parents-in-law, siblings (other than spouse/children living together), please complete the following section.

(11)	Does the certified person have a spouse?	No 1. Separation due to death 2. Divorce 3. Not yet married			Yes [Name of spouse:] [Annual income of spouse: yen]		
(12)	■ Please fill in the family structure of the certified person.	Name	Relationship	Age	Household	Annual income	Does the certified person receive any aid?
					Cohabit / Separate	yen	Yes [yen] / No
					Cohabit / Separate	yen	Yes [yen] / No
					Cohabit / Separate	yen	Yes [yen] / No