

Managing director	Clerical supervisor		Person in charge

## Notification of Change of Covered Dependents (Removal)

**Attachment Document (1):** Please attach the insurance card of the dependent to be deleted.

**Attachment Document (2):** To delete a dependent due to the start of receiving employment insurance, please attach a copy of the employment insurance benefit qualification certificate which lists the start date of receiving employment insurance.

Submission date:	9. Reiwa		(Y)		(M)		(D)
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Section for insured person	Code for insurance card		Number for insurance card		Date of birth	5. Showa		(Y)		(M)		(D)
						7. Heisei						
Name	(Furigana)			Address	Postal code							
	(Last name)	(First name)			phone num                    -                    -							

Section for confirming insured person	<input type="checkbox"/>	I wish to issue a certificate of losing qualification
⇒ Mailing address for certificate of losing qualification (not required when the same as the address of the insured person)	Postal code	

Section for dependent	Name	(Furigana)			Date of birth	5. Showa		(Y)		(M)		(D)	Gender	1. Male	2. Female
		(Last name)	(First name)			7. Heisei									
Relationship	Date of removal as a dependent			7. Heisei		(Y)		(M)		(D)	Reason				
				9. Reiwa											

Section for dependent	Name	(Furigana)			Date of birth	5. Showa		(Y)		(M)		(D)	Gender	1. Male	2. Female
		(Last name)	(First name)			7. Heisei									
Relationship	Date of removal as a dependent			7. Heisei		(Y)		(M)		(D)	Reason				
				9. Reiwa											

Section for dependent	Name	(Furigana)			Date of birth	5. Showa		(Y)		(M)		(D)	Gender	1. Male	2. Female
		(Last name)	(First name)			7. Heisei									
Relationship	Date of removal as a dependent			7. Heisei		(Y)		(M)		(D)	Reason				
				9. Reiwa											

Date request received (stamp)

Office address	Postal code
Name of office	
Name of employer	
Telephone number	(                    )

Labor and social security attorney submitting the application on behalf of the insured