

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	0	0	0	2	0	1
		(Y)		(M)		(D)	

Section for insured person	Code for insurance card	100	Number for insurance card	00000	Date of birth	5. Showa 7. Heisei	5	0	1	0	1	1
	(Furigana) Name (Last name)	ケンポ Kempo	(First name)	タロウ Taro	Address	Postal code	123-4567	1-2-3 XXXX, XXXX Ward, Toky				
					Telephone number	〇〇	-	△△△△	-	□□□□		

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	(Furigana) Name (Last name)	ケンポ Kempo	(First name)	イチロウ Ichiro	Date of birth	5. Showa 7. Heisei 9. Reiwa	0	6	0	7	2	2	Gender	1. Male 2. Female
	Relationship	Eldest son	Date of removal as a dependent	7. Heisei 9. Reiwa	0	0	0	2	0	1	Reason	Obtained employment		

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

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

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	