Reason for applying for certification

(1) Retirement of spouse or child (2) Retirement of parent (3) Retirement to part-time position (4) Reduction in income (5)

Marriage (retirement)

(6) Marriage (unemployed, retired several years ago, or working part time) (7) End of employment insurance (8) Joining an organization (unemployed with no income) (9) Joining an organization (part-time work) (10) Other (Reason:

)—Cannot be certified if left blank

Check start (Please proceed by checking yes or no.)

If any corrections are made to the items herein, please use two lines to cross out the mistake and affix a revision seal where the correction was made.

The insured person is providing the ongoing primary support of the applicant based on the reasons above

The insured person is providing the ongoing primary support of the applicant based on the reasons above ☐ Yes The applicant is either a sibling of your parent, sibling The applicant is either your parent, grandparent, spouse (including common-law partners), child, of your spouse's parent, child of your spouse, or a grandchild, or sibling parent or child of a common-law partner ☐ No ☐ No ☐ Yes ☐ Yes Living together sharing household Living together sharing household finances finances ☐ No □ No ☐ Yes ☐ Yes The applicant covers living expenses from your monthly remittance and you are the primary source of ☐ No support ☐ Yes The amount of your remittance is higher than the sum total of the income of the applicant and the income of family living with the applicant (Remittance > Income of applicant + Income of family living with applicant) ☐ No ☐ Yes A person other than you provides assistance to the applicant ☐ Yes □ No The amount of your remittance is higher than the sum total of the income of the applicant, the income of family living with the applicant, and the amount of additional assistance (Remittance > Income of applicant + Income of family living with applicant + Amount of additional ☐ No assistance) ☐ Yes The annual income is less than one half of your annual income ☐ No ☐ Yes The income of the applicant (employment and all other income, including all pension money) is less than 1.3 million yen, or 1.8 million yen if age 60 or older or disabled, and the monthly income is less than 108, 334 yen or 150,000 yen for individuals age 60 or older or individuals receiving a disability pension ☐ No ☐ Yes The applicant is a business operator (sole The applicant may not be certified in some cases. However, please apply by attaching all the required documents proprietorship)

☐ Yes

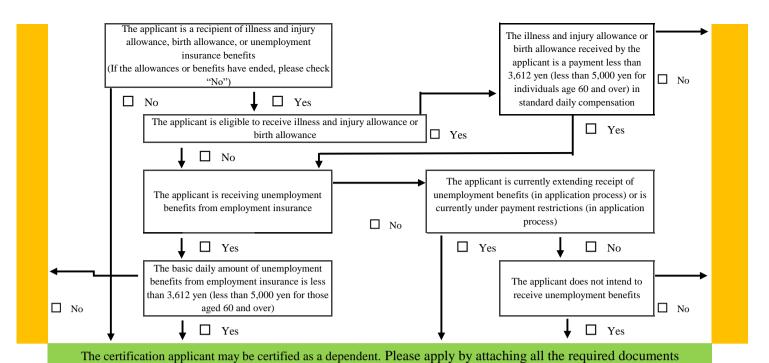
☐ No

The applicant cannot be certified as a health insurance dependent.

The applicant cannot be certified as a health insurance dependent.

Name of

insured



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