

Please make sure to read and agree to the items below when filling out the Dependent Application Record before applying for a dependent.

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.

(This record does not need to be submitted for dependents who are a child by birth or a child in junior high school or younger.)

### ● Regarding Dependents

The mere fact of being a family member does not qualify someone to be a dependent for health insurance purposes. The individual must fulfill certain requirements, such as mainly relying on the insured person's ability to continually maintain and support their livelihood as a dependent.

### ● Standards for Certification of Dependents

The Western Digital Technologies Health Insurance Association comprehensively reviews the items below to determine whether a person qualifies as a dependent.

- (1) The family applicant falls under the scope of dependents defined by the Health Insurance Act
- (2) The insured person is undeniably the primary provider of economic support for the family member (provides at least half of their living expenses)
- (3) There is no other person with a higher priority obligation to support the dependent as well as reasons that make support of the family member unavoidable for the insured person

\*The person with the higher obligation to support the dependent is the father in cases when the mother is applying to become the dependent

- (4) The insured person has the economic ability to provide ongoing support to the family member
- (5) The annual income of the family member applying to become a dependent is less than one half of the insured person's annual income
- (6) The annual income of the family member applying to become a dependent is less than 1.3 million yen (1.8 million yen in the case of someone age 60 or older or who is receiving disability pension)

- The Western Digital Technologies Health Insurance Association makes a determination taking into account the income of each family member when the person with the higher obligation to support the dependent and the family member applying to become a dependent both have income
- (7) member when the person with the higher obligation to support the dependent and the family member applying to become a dependent both have income

\*e.g.: If the family member applying to become a dependent is the mother, the Western Digital Technologies Health Insurance Association verifies and reviews the father's income and the total joint income.

**\*Individuals who are age 18 or older and under age 65 are at an age that allows them to work, and in many cases they can live independently without the economic assistance of the insured person.**

**Accordingly, when applying for a family member who is age 18 or older to become a dependent, the insured person must submit documentation to certify the individual is unable to work and that they are providing support for most of the family member's living expenses.**

**In cases when a parent or child are of working age in particular, the Western Digital Technologies Health Insurance Association considers age, income, reasons for becoming a dependent and other factors to determine whether to certify the individual as a dependent.**

### ● Regarding Records

- This application record does not need to be submitted for dependents who are a child by birth or a child in junior high school or younger.
- The application record is an important evidential document when certifying dependent qualifications, such as the ability for the insured person to continually maintain and support the livelihood of the dependent. Please always fill out the entire application record with correct and factual information.
- If the application record is incomplete or missing any attached documents, the Western Digital Technologies Health Insurance Association cannot accept the application because it cannot determine whether to certify the individual as a dependent.  
If there are any factual discrepancies after certification, the individual may retroactively lose their certification as a dependent.
- Please confirm the addendum for the documents to attach.  
The Western Digital Technologies Health Insurance Association carefully reviews these materials for certification and may request the submission of additional documents depending on the circumstances.

■ The Western Digital Technologies Health Insurance Association uses the information provided herein to fairly certify individuals as dependents by comprehensively understanding the circumstances of support for each individual applying as a dependent.

The personal information collected is not used for any other purpose and is never provided to third parties.

■ The Western Digital Technologies Health Insurance Association reviews the application record and attached documents to then determine the day of dependent certification.

Pursuant to Article 38 of the Ordinance for Enforcement of the Health Insurance Act, the insured person must submit documents within five days when the insured person has or comes to have dependents. Accordingly, the day of dependent certification is generally the date of receipt if the documents are not received within five days.

However, the Western Digital Technologies Health Insurance Association conducts its review taking into account the Notification of Dependents for Health Insurance (Changes). Therefore, please make sure to fill in the date to add the dependent and all other information.

To the Western Digital Technologies Health Insurance Association

## Health Insurance **Dependent Application Record**

I have read and agree to the terms and conditions of the Dependent Application Records, etc. in the addendum for submission with the Dependent Application Record.

If information in the application below is provided under false pretenses, I do not object to retroactive loss of qualification for my dependent from the day my dependent was certified.

If any corrections are necessary to the items herein, I will cross out the mistake with two lines and affix a revision seal where corrections were made.

I will return any medical, healthcare business or other healthcare expenses paid up to that point by the Western Digital Technologies Health Insurance Association as well.

If I obtain employment or if my income fluctuates, I will also promptly contact the Western Digital Technologies Health Insurance Association and undergo any necessary procedures.

(Y)      (M)      (D)

Name of employer \_\_\_\_\_

Insurance card code \_\_\_\_\_ number \_\_\_\_\_ Name of insured person \_\_\_\_\_

**■ Please answer the following questions about the individual applying as a dependent.**

Furigana	Gender	Relationship	Date of birth	Current address
Name			(Y) (M) (D)	

**[1] Please provide the circumstances leading to this application for the individual to become a dependent.**

**Please explain, concretely, the specific reasons for applying for the individual to become a dependent** (status of applicant, circumstances leading to financial assistance, and details on why the insured person must provide financial support rather than someone else with an obligation to provide support)

**Note: The application will be returned if this information is not included.**

**[2] Please include information about the person applying to become a dependent.** (Please circle one applicable item, and ensure that there is no missing information in each section.)

<b>1. Is the individual currently enrolled in health insurance?</b>	No	Name of last insurer ( _____ ) (Y) (M) (D) coverage lapsed
If the individual that is applying is joining the company, please include their last insurer providing them with health insurance before joining the new company.	Yes	Voluntary continuation / National health insurance / Health insurance provided by employer / Mutual benefit association
<b>2. Does the individual apply for a tax exemption for dependents on their income taxes?</b>	Yes	No Reason [required] ( _____ )
<b>3. Is the individual currently working?</b>	No	Reason for resignation Retirement / Marriage / Company circumstances / Childbirth (Due date: (M) (D)) / Other ( _____ ) Date of resignation: (Y) (M) (D)
	Yes	Employer _____ Monthly income _____ yen
<b>4. Is the individual currently receiving any employment insurance (unemployment benefits) if previously working?</b>	Yes	(Tentatively from about (Y) (M) (D) to (M) _____) Basic daily allowance ( _____ yen)
	Currently applying Planning to apply	Tentative date to submit copy of benefit qualification certificate [ (Y) (M) (D) ] (Submit the certificate within two months of the submission date. The dependent application becomes null and void if the certificate is not submitted)
	Currently extending Planning to extend	Reason for extension ( _____ ) Tentative date to submit notification [ (Y) (M) (D) ]
	Benefits ended	Date benefits ended: (Y) (M) (D)
	Will not receive	Reason ( _____ )
Note: A person receiving 3,612 yen in basic daily allowance (5,000 yen for persons age 60 and older) cannot become a dependent.	Not enrolled	

<b>5. Does the individual currently have income?</b>		Salary	No	Yes	Annual income _____ yen
[No / Yes] Annual income ( _____ yen)					( _____ pension) ( _____ yen per year)
**"Income" refers to the salary (including bonuses and transportation expenses). However, pensions and other temporary income (severance pay, prize money, dividends, insurance refunds, inheritance, etc.) is not designated as the income described here. In addition, "income" refers to gross income and not net income. "Annual income" differs from that under tax law and is the estimated income for the next year from the day on which income is earned.	Breakdown	Pension	No	Yes	( _____ pension) ( _____ yen per year) <small>*Pension includes survivor, disability, pension, fund, and occupational accident compensation.</small>
		Other	No	Yes	Dividends / Interest / Real estate income / part-time income / Other ( _____ ) ( _____ yen per month) or ( _____ yen per year)

<b>6. Does the individual live with the insured person?</b>	Living together	
	Living separately	Reason for living separately ( ) Monthly remittance ( yen per month)
<b>7. Does the individual receive national or local government assistance for all or some of the out-of-pocket payments for treatment covered by insurance?</b>	Yes	Please submit copies of any medical certificates or other documents in your possession.
	No	

**[3] Please tell us about family other than the relative applying to become a dependent** (not required if the person to certify is your spouse).

<b>1. Do any family members live with the person applying as a dependent?</b>	No	Yes	Reason that another family member cannot provide support ( )
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**2. Please include information about your other family members to verify whether there is no other person with a higher obligation to support the individual as a dependent.\*** Please also include the relationship from the perspective of the individual applying to become a dependent in the "Relationship" field.

Name	Relationship	Age	Occupation	Annual income	Cohabitation status	Address
					Together / Separate	
					Together / Separate	
					Together / Separate	