

Notification of Change of Covered Dependents (Addition)

常務理事	事務長		担 当

Insured person's code and number		Name of the insured person	<i>Furigana</i>	Date of birth			Gender	Date of acquisition of eligibility			
				(Y)	(M)	(D)	Male	(Y)	(M)	(D)	
Address of the insured person	〒			Telephone	()			Standard monthly remuneration	,000 yen (in thousands of yen)		

Type of change	Name of dependent		Date of birth			Gender	Relationship	Occupation or year in school	Annual expected income (including tax)	Household	Day on which support began			Individual Number	Certificate Eligibility Card
														Reason/Remarks	
Addition	<i>Furigana</i>		(Y)	(M)	(D)	M			yen	Living together	(Y)	(M)	(D)	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	<input type="checkbox"/> Check if required
	(Last name)	(First name)	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>										
Addition	<i>Furigana</i>		(Y)	(M)	(D)	M			yen	Living together	(Y)	(M)	(D)	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	<input type="checkbox"/> Check if required
	(Last name)	(First name)	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>										
Addition	<i>Furigana</i>		(Y)	(M)	(D)	M			yen	Living together	(Y)	(M)	(D)	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	<input type="checkbox"/> Check if required
	(Last name)	(First name)	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>										
Addition	<i>Furigana</i>		(Y)	(M)	(D)	M			yen	Living together	(Y)	(M)	(D)	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	<input type="checkbox"/> Check if required
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Addition	<i>Furigana</i>		(Y)	(M)	(D)	M			yen	Living together	(Y)	(M)	(D)	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	<input type="checkbox"/> Check if required
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Addition	<i>Furigana</i>		(Y)	(M)	(D)	M			yen	Living together	(Y)	(M)	(D)	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	<input type="checkbox"/> Check if required
	(Last name)	(First name)	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>										

事業主の確認	事業所所在地
	事業所名称
	事業主氏名
	電話

Date of submission (Y) (M) (D)

受付日付印

社会保険労務士の提出代行記載欄