

届書コード	届書
2 1 8	

Health Insurance
Welfare Annuity Insurance

Address Change Notification of the Insured Person

事務センター長 所 長	副事務センター長 副 所 長	グループ長 課 長	担当者

(1) Office reference code	(2) Insured person's reference number	(3) Basic pension number in pension notebook	a. Insured person's name	(4) Date of birth	送信
After change	(5) Zip Code (〒)	Address	(Furigana)		
Before change	b. Address				
Date of change (Y/M/D)		送信	c. Remarks		

Sections (9) to (12) are not required if the insured person and spouse have the same address.

Please check the box below if living together.

I am living with the insured person.)

Section for address change of dependent spouse

(6) Basic pension number in pension notebook	(7) Date of birth	(8) Name of spouse	(Furigana) (Last name)	(Furigana) (First name)
After change	(9) Zip Code	(10) Address		(11) Date of change (Y/M/D)
		*Address code	(Furigana)	
Before change	(12) Address			Remarks

© Please do not write in sections marked with an asterisk (*).

事業主の証明	事業所所在地
	事業所名
	事業主氏名
	電話

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

社会保険労務士の提出代行記載欄

年金事務所受付印