

Notification of Exemption from Long-term Care Insurance

常務理事	事務長	担当

To the Western Digital Technologies Health Insurance Association

Submitted on (Y) (M) (D)

Insured person	Code - Number	—	Office and department	Telephone (extension)
	Name			

◎ Please fill in the information below if you are the insured person (individual) or dependent (family member) between age 40 and 64.

Name of individual or family member for insurance exemption	Gender	Relationship	Date of birth	Age	Reason for insurance exemption	*Date for insurance exemption
	M / F		(Y) (M) (D)	years old	1. Living overseas (deleted certificate of 2. Turning 40 during overseas assignment 3. Moving into a special care facility 4. Residence status of less than one year	(Y) (M) (D)
	M / F		(Y) (M) (D)	years old	1. To live overseas (deleted certificate of 2. Turning age 40 during overseas assignment 3. Moving into a special care facility 4. Residence status of less than one year	(Y) (M) (D)
	M / F		(Y) (M) (D)	years old	1. Living overseas (deleted certificate of 2. Turning 40 during overseas assignment 3. Moving into a special care facility 4. Residence status of less than one year	(Y) (M) (D)

[Document Attachments]

- Certificate of Residence <Deleted> including the "departure date (tentative)" (copy) for the individual living overseas or change of residence certificate (copy)
- Certificate of Residence <Deleted> including the "departure date" (copy), or change of residence certificate (copy), or a special process application for an individual turning 40 overseas
- Certificate verifying entry into a special care facility for the individual (copy)
- Documents to verify a short-term residence status for a foreign national (copy)

*Date to include for the date of insurance exemption

*Only attach the documents for the insured person if a dependent plans to join the insured person at a later date and the document attachments cannot yet be submitted, and then submit the document attachment for the dependent when ready.

- The day after departure on the certificate of residence for individuals living overseas (application date)
- Day before the individual's 40th birthday for a person turning 40 overseas (application date)
- Day after entry into a special care facility for the individual (application date)
- Foreign nationals with short-term stay: a. Individuals age 40 or older when joining the company—Day of health insurance eligibility (application date)
b. Individuals under the age of 40 when joining the company—Day before the individual's 40th birthday (application date)

事業所所在地	[上記のとおり相違ないことを証明します。]
事業所名称	
事業主氏名	
電話番号	

社会保険労務士の提出代行記載欄

The personal information included on this application form will only be used within the scope of the purposes stated separately by your employer and the Western Digital Technologies Health Insurance Association.

受付日付印