

Report on Circumstances of Health Insurance Dependent

扶養申請する家族一人につき一枚ご提出下さい。

健康保険 被扶養者状況報告書

Dependent application when adding a child to dependency.

下記の通り報告致します。相違点もありません。
同意の✓をお願い致します。

Insurance card details, applicant information, and reasons for submission. Includes fields for insurance number, name, and relationship to the insured.

* 申請理由が「出生」の場合は、これより下は回答不要です。
それ以外の方はすべて回答をお願い致します。

Income and insurance status section. Includes questions about spouse, other dependents, and various income sources with checkboxes for 'yes' or 'no'.

備考欄 (Remarks) box.

Additional questions regarding child support and business confirmation, including a '事業所確認' checkbox.