

Bosch Health Insurance Society: List of documents to be submitted for certifying dependent eligibility

From July 2021

Please submit all the documents marked with ○ corresponding to the circumstances of the dependent in accordance with the relationship with the primary insured person in addition to submission of "Notification of dependent(s) (transfer)" and "Report on Circumstances of Health Insurance Dependent".

		Documents to be submitted		Relationship of "Person to be added as a health insurance dependent" with the primary insured person													
				Living together or living separately, either will do.						Cohabitation is essential.							
				Spouse	Child		Parent / grandparent	Grandchild, brother or sister		Child by former marriage of spouse		Uncle, aunt, father-/mother-in-law	Nephew or niece				
Below the age of 18	aged 18 or older	Below the age of 18	aged 18 or older		Below the age of 18	aged 18 or older		Below the age of 18	aged 18 or older								
Essential documents to be submitted		Everyone	Everyone	①	Certificate of residence (for all members of a household with description on relationship to head of the household) * 1 Issued within 3 months of the delivery date	○	○	○	○	○	○	○	○	○	○	○	
			Everyone (excluding a full-time high school student)	②	The latest yearly income (taxation / tax exemption) certificate Issued within 3 months of the delivery date	○	○	○	○	○	○	○	○	○	○	○	○
		Without income	Retired person	③	Employment Insurance Subscriber → Certificate of the unemployed - 1 Certificate of the unemployed - 2	○	○	○	○	○	○	○	○	○	○	○	○
				④	Employment Insurance Non-subscriber → Copy of retirement certificate	○	○	○	○	○	○	○	○	○	○	○	○
			End of employment insurance * 2	⑤	All pages copy of employment insurance qualification certificate	○	○	○	○	○	○	○	○	○	○	○	○
		With income	Close of self-employed business, etc.	⑥	Copy of close of business	○	○	○	○	○	○	○	○	○	○	○	○
			Salary income from part-time job, side job, etc.	⑦	Notice of payment * 3	○	○	○	○	○	○	○	○	○	○	○	○
			Income from self-employed business, real estate, dividends, etc.	⑧	Copies of the latest final return & the profit and loss statement	○	○	○	○	○	○	○	○	○	○	○	○
		Documents that applicable person submits (Please submit these documents together with the essential documents.)	Receiving pension (including survivor's pension / invalid pension)	⑨	Copy of the latest pension transfer notice	○	○	○	○	○	○	○	○	○	○	○	○
			Student (Student enrolled in a high school or upper including correspondence course / evening course high)	⑩	Copy of student ID card	○	○	○	○	○	○	○	○	○	○	○	○
			Person living separately (except for a student)	⑪	Certificate of sending money as an allowance * 4 (Who send whom how much?)	○	○	○	○	○	Certifying as dependent is not possible.						
			Disabled person	⑫	Copy of disability certificate (Name, date of birth and severity)	○	○	○	○	○	○	○	○	○	○	○	○
			Adopted child	⑬	Certificate of family register Issued within 3 months of the delivery date	○	○	○	○	○	○	○	○	○	○	○	○
			In case of transferring dependent state to that with our society after having lost qualification at other health	⑭	Copy of Health insurance qualification loss certificate	○	○	○	○	○	○	○	○	○	○	○	○
			Foreign national (In case of being born in other than Japan)	⑮	Copy of passport (Pages with visa description /stamps are also necessary.)	○	○	○	○	○	○	○	○	○	○	○	○
⑯	Copy of residence card	○		○	○	○	○	○	○	○	○	○	○	○			

* 1 **Regarding the Certificate of Residence:**
 -When submitting an application for a common-law spouse, please confirm that the Certificate of Residence indicates the relationship as "Unregistered spouse."
 -When submitting a nickname for the name, please confirm that the Certificate of Residence indicates "Nickname."

* 2 ①Certificate of residence and ② Income (taxation / tax exemption) certificate is not necessary if the person, who exited once from state of health insurance dependent after certified resignation for receiving employment insurance, enters the state of dependent again.

* 3 Salary payment certificate of Bosch Health Insurance Society has the designated form "Notice of payment". Please submit it upon filling the content of certification and getting a seal(s) at workplace.

* 4 Please submit copy of passbook, money transfer slips (file copy), copy of registered postal cash envelope, etc. for certifying the remittance. (The proof of three months in a row is necessary.) Hand delivery is not approved as the proof.

If the person has multiple income such as salary, pension, etc., please submit all documents.

Our health insurance society may ask for submission of a necessary document(s) in addition to the above documents. (Please pay the acquisition fee of the submitted document(s) at own expense.)