

Example of a Completed Form

Health Insurance Dependent Status Confirmation Response Form

Note: Only the names of survey respondents are printed on the form.
Please check all the boxes that apply, and fill in the amount, situation, etc.

Policyholder	Health insurance card (code)-(number) 9999-9999999	Policyholder	ケンポ タロウ KENPO Taro	Phone (daytime contact)	☎ 090-9999-9999
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Survey respondents	Full name ケンポ ハナコ KENPO Hanako	Relationship Wife	Date of birth January 3, 1981	Certification date April 1, 2008	
	(1) Country of residence <input checked="" type="checkbox"/> Japan <input type="checkbox"/> Outside Japan	(2) Are you a student aged 22 or under (i.e., born on or after April 2, 2001)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(3) Income for 2022 (Jan. to Dec.) <input type="checkbox"/> None <input checked="" type="checkbox"/> Employment income (including commuting allowance) (Includes pay from part-time/casual work) 900,000 yen/year <input type="checkbox"/> Pension (old-age, disability, survivor, public officer, etc.) _____ yen/year <input type="checkbox"/> Self-employment _____ yen/year <input type="checkbox"/> Real estate, transfer, inheritance _____ yen/year <input type="checkbox"/> Interest, dividends _____ yen/year <input type="checkbox"/> Other () _____ yen/year		
	(4) Living together or separately <input checked="" type="checkbox"/> Living together <input type="checkbox"/> Living separately (for studies) <input type="checkbox"/> Living separately (for work) <input type="checkbox"/> Living separately (for other reason) ↳ Remittances above a certain amount are required.	(5) Persons not meeting the qualification conditions (fill in both (a) & (b)) Reason <input type="checkbox"/> Excess income <input type="checkbox"/> Started employment (a) → (b) <input type="checkbox"/> Living separately <input type="checkbox"/> Other ()		<input type="checkbox"/> Health insurance card has been returned Date returned: MM / YYYY <input checked="" type="checkbox"/> Dependent removal procedures not completed (b)	Notes Procedures must be completed no later than November 20, 2023 (The procedures are described on page 10.)

Survey respondents	Full name ケンポ ケイコ KENPO Keiko	Relationship Mother	Date of birth February 14, 1951	Certification date April 1, 2008	
	(1) Country of residence <input checked="" type="checkbox"/> Japan <input type="checkbox"/> Outside Japan	(2) Are you a student aged 22 or under (i.e., born on or after April 2, 2001)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(3) Income for 2022 (Jan. to Dec.) <input type="checkbox"/> None <input checked="" type="checkbox"/> Employment income (including commuting allowance) (Includes pay from part-time/casual work) 100,000 yen/year <input checked="" type="checkbox"/> Pension (old-age, disability, survivor, public officer, etc.) 1,000,000 yen/year <input type="checkbox"/> Self-employment _____ yen/year <input type="checkbox"/> Real estate, transfer, inheritance _____ yen/year <input type="checkbox"/> Interest, dividends _____ yen/year <input type="checkbox"/> Other () _____ yen/year		
	(4) Living together or separately <input type="checkbox"/> Living together <input type="checkbox"/> Living separately (for studies) <input type="checkbox"/> Living separately (for work) <input checked="" type="checkbox"/> Living separately (for other reason) ↳ Remittances above a certain amount are required.	(5) Persons not meeting the qualification conditions (fill in both (a) & (b)) Reason <input type="checkbox"/> Excess income <input type="checkbox"/> Started employment (a) → (b) <input checked="" type="checkbox"/> Living separately <input type="checkbox"/> Other ()		<input type="checkbox"/> Health insurance card has been returned Date returned: MM / YYYY <input checked="" type="checkbox"/> Dependent removal procedures not completed (b)	Notes Procedures must be completed no later than November 20, 2023 (The procedures are described on page 10.)

Guide to Completing this Form

- ☎ Please ensure you provide a phone number where you can be contacted in the daytime. Note: We may contact you if the form is not complete.
- ⓑ For current country of residence, please check the applicable box.
- ⓒ For income status, please check all the applicable boxes. If the person has any income for 2022, please fill in the amount.
- ⓓ For current status regarding "Living together or separately," please check the applicable box.
- ⓔ Persons not meeting the qualification conditions are asked to please check the applicable box then ensure that removal procedures are completed no later than the due date, if they have not yet been completed.