

October 2025

Nissan Motor Health Insurance Society

ALL MEMBERS PLEASE SUBMIT

To all policyholders and dependents

## 2025 Health Insurance Dependent Status Confirmation (Verification)

Thank you very much for your understanding and support for the Society's initiatives. Every year Nissan Motor Health Insurance Society surveys dependent family members about their dependent status.

We would appreciate it if you could complete the attached Response Form and submit it with the necessary certification documents.

Please be aware that an outside company, OACS, is conducting this survey on behalf of the Society and that any inquiries or reminders will come from OACS directly.

Thank you for your cooperation.

## Survey respondents

- (1) Dependents aged 19 or over certified by December 31, 2024 whose annual income for 2024 as informed to the Society by local government meets the following criteria <Criteria> **If under 60 years, 1,200,000 yen or more. If 60 years or more, or those who meet the eligibility requirements for disability employees pension, 1,700,000 yen or more.**
  - (2) Those living separately, regardless of income
  - (3) Those for whom the local government could not provide information
- Note: Family members whose names are not printed on the Response Form (including those turning 75 by the end of March 2026) do not need to complete the survey this time.

## Documents to be submitted

1. Health Insurance Dependent Status Confirmation Response Form (hereinafter, referred to as "Response Form")
  2. Certification documents
- Note: The documents to be submitted cannot be returned to you, so please attach copies, as necessary.

## Submission deadline

Documents must arrive by **October 31, 2025 (Friday)**

## Where to submit documents

**Outsourcee:** Nomura Fudosan Shinjuku Minami-guchi Building 7F, 2-4-9 Yoyogi, Shibuya-ku, Tokyo 151-0053  
**Dependent Status Confirmation Survey Officer,**  
**Nissan Motor Health Insurance Society, OACS K.K.**  
 Note: Please submit the documents directly by mail using the return envelope enclosed in the set of survey documents.

## Notes

- ⚠️ Anyone who has been determined to have fallen outside the certification criteria as the result of a review will have their dependent status invalidated as of 1 December 1, 2025 or retroactively to the date on which the reason for the invalidation occurred.
- ⚠️ Please note that if you provide a false response, or you do not submit the Response Form or Certificate, under Article 50, Paragraph 9 of the Enforcement Regulations of the Health Insurance Act ("In the case of verification or renewal, a policyholder's certificate that has not been verified or renewed shall be invalid"), the dependent status will be invalidated retroactively. In such an event, please be aware that the bill for the health insurance portion of any expenses for medical attention received after the date of loss of dependent status will be at your own cost.

## Personal information handling

The personal information we receive is only used for health insurance business purposes and is not used for any other purpose.

## Inquiries

Nissan Motor Health Insurance Society's Dedicated Call Center for the Dependent Status Confirmation Survey

**Japanese** Phone : 03-4335-7096 Weekday 9:00~17:00  
 Japanese Only

**English** Phone : 03-4335-7097 Weekday 9:00~17:00  
 English Only

Note: For the English version of this guide, please go to the Nissan Motor Health Insurance Society website, then Insurance Card Procedures, and 5. Conducting Dependent Verification Surveys

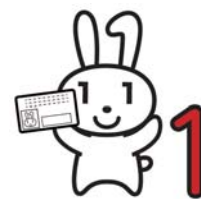


Question		Answer	
About the Response Form and the required documents	Q.17	I live separately from the survey respondent (the dependent) because I have taken up a post away from home on company orders. Do I need to submit remittance certificates?	If you have taken up a post away from home on company orders, you do not need to submit remittance certificates. Please check the box Living separately (for work) at (4) Living together or separately in the Response Form.
	Q.18	The survey respondent lives in a special nursing home for the elderly, separately from the policyholder. What documents should I submit?	Please provide documents confirming remittances or the costs borne.
	Q.19	I am actually living separately from the policyholder, but does it mean we are living together if the move has not been registered on the residence certificate?	No, you are living separately. If the reason for living separately is "Other," please submit documents proving any allowances. (Proof of allowances is not required if the reason for living separately is related to school or you have taken up a post away from home on company orders.)
	Q.20	I send allowances as lump sums and cannot submit remittance certificates for each month. What should I do?	In principle, the Society deems that a dependent relies for their living expenses on allowances sent each month. If you are sending allowances as lump sums, please submit remittance certificates confirming the last three months worth of payments. Note: If you are sending lump sums, please write in the number of months the lump sums are for in a blank space on the remittance certificate (e.g. ".....months worth.")
	Q.21	The Response Form has been lost. What should I do?	Please contact us via the call center. The Society will send you another form.
	Q.22	A temporary increase in my income, so it has exceeded the threshold for certification. What should I do?	If your income in 2024 exceeds the certification threshold due to company reasons, you will be eligible for the "Annual Income Barrier and Support Enhancement Package". Please contact the call center before submitting the required documents. Medical professionals who were engaged in novel coronavirus vaccination services during 2024 should contact the call center before submitting the required documents. ※Special exception for income verification for medical personnel engaged in new coronavirus vaccination services ended at the end of March 2024. Note: The Society will decide whether to uphold certification or not after checking the submitted documents.
Removal procedures	Q.23	My insurance card number has changed due to SP, transfer, the voluntarily-continued insured, etc. What should I do?	Please cross out the old number using double lines and write in the new number before submitting.
	Q.24	I have completed the survey respondent removal procedures and I have returned my health insurance card (eligibility confirmation letter). Do any documents still need to be submitted?	Because of the time it takes for data processing, a Response Form may reach you even if you have already completed those procedures. Please fill in the applicable part(s) of the field at "Persons not meeting the qualification conditions" in the Response Form for the applicable survey respondent, and submit the Response Form only.
	Q.25	A family member has started a employment and is in middle of a probationary period, so he/she has not been enrolled in health insurance. Is it okay not to perform the removal procedure?	Even during a probationary period, if monthly income is 108,334 yen (150,000 yen if 60 years or older) or more, please complete the dependent removal procedures. Please enroll in National Health Insurance (Kokumin Kenko Hoken) yourself until enrolling in the company's health insurance.
	Q.26	What should I do if I find out that a dependent does not meet the certification criteria?	Please read Dependent Family Member Removal Procedures on page 10 before completing the procedures to remove that dependent family member by the due date. - If you need a certificate of loss of dependent status, an application is required. - In regard to the Response Form, please fill in the applicable part(s) of the field at "Persons not meeting the qualification conditions" and submit the Response Form only.

## NOTICE

**Please use your My Number Card as your health insurance card when you receive a medical examination.**

Note: Please prepare your My Number Card and register to use your insurance card, as your insurance card will no longer be available after December 2, 2025.



Process up to Submission

**(1) Please check whether the survey respondents meet the eligibility criteria.**

- Please read Certification Criteria for Dependents on page 3 before confirming they meet the eligibility criteria.
- If a dependent does not meet the eligibility criteria, you must complete the separate dependent removal procedures. Please read Dependent Family Member Removal Procedures on page 10 before completing the procedures to remove a dependent.

**(2) Please fill in the necessary information in the Response Form.**

- Please check the information in the policyholder and survey respondent fields in the attached Response Form and fill in the necessary information.

**(3) Please prepare the required documents (certification documents) for all survey respondents.**

If the relationship of the survey respondent (to the policyholder) is **spouse** (wife or husband) or **child**

- Please read the Required Documents Chart (1) on page 4 before preparing the certification documents listed for the stream that applies to the survey respondent.

If the relationship of the survey respondent (to the policyholder) is **not spouse or child**

- Please read the Required Documents Chart (2) on page 6 before preparing the certification documents listed for the stream that applies to the survey respondent.

**(4) Please submit the Response Form and the required documents.**

- Please use the enclosed return envelope for submission.
- Please do not put any documents in the return envelope other than dependent survey documents.  
(Please submit a notification of change of details and your insurance card to the health insurance contact person at your workplace.)
- Submitted documents cannot be returned, so please attach copies, as necessary.
- Please note that you may be asked to submit additional documents after the documents you submit have been checked.

**Which family members may be recognized as “dependents”**

“The Society may recognize relatives as dependents if they are within the third degree of relationship from the policyholder (unlike “relative” under the Civil Code), and **they must mainly rely on the policyholder's income for their living expenses**. For some relatives, there is an additional requirement that **they live together** with the policyholder.”

**Requirement for residence in Japan**

“Having residence in Japan (having a Japanese residence certificate)” is a requirement that was added to the Health Insurance Act on April 1, 2020 in regard to certification of dependents.

**Exceptions**

- Family members residing overseas and accompanying employees posted overseas from Japan
  - Family members studying overseas from Japan
- See the Nissan Motor Health Insurance Society website for details.

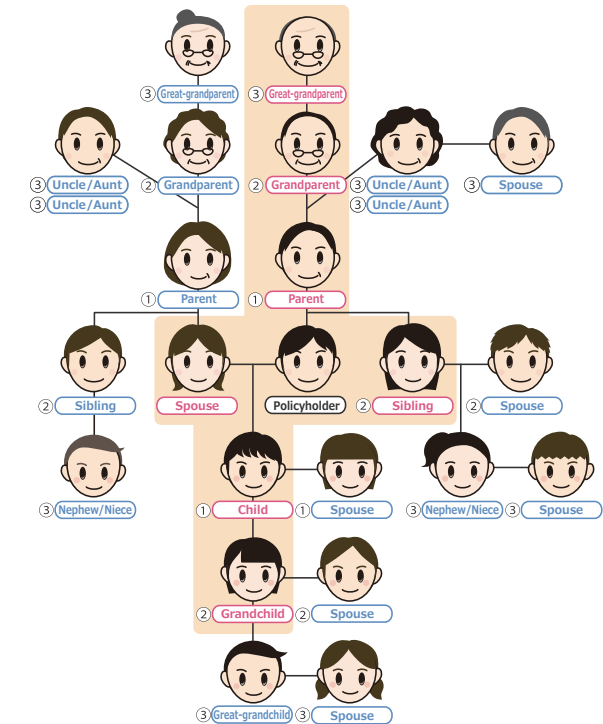
**Definition of “living together”**

If the policyholder and the dependent(s) are listed on the same residence certificate and live in the same residence, the Society considers them to be “living together.” Therefore, if the households separated, they will be treated as living separately.

Relatives within the third degree of relationship (chart)

Whether living together or separately	① 1st degree of relationship
Living together is a requirement if not	② 2nd degree of relationship
	③ 3rd degree of relationship

Note: “Spouse” includes de facto spouse.

**Income criteria for relatives subject to certification**

According to official notice from the Ministry of Health, Labour and Welfare, the following criteria (1) and (2) must be met.

**(1) Income (Total payment amount Note: Includes commuting allowance, etc.)**

Dependent's age, etc.	Annual income	Monthly amount (wages, pensions, etc.)
<b>If under 60</b>	Under 1,300,000 yen	Under 108,334 yen
<b>If 60 or over</b>	Under 1,800,000 yen	Under 150,000 yen
<b>If meeting the eligibility requirements for disability employees pension</b>	Under 1,800,000 yen	Under 150,000 yen

Please read Q.22 on page 12 if your income increased temporarily due to COVID-19 epidemic and company reasons, and it exceeded the set criterion.

**(2) Household relationship to policyholder, income, and allowances**

If the dependent and the policyholder <b>are living together</b>	The dependent's income is <b>under half</b> the policyholder's <b>annual income</b> .
If the dependent <b>is living separately</b> from the policyholder	The dependent's income is <b>under half</b> the policyholder's <b>annual income</b> and is <b>under the amount of the allowance</b> from the policyholder.

"If a dependent no longer meets the above certification criteria for dependents, please read Dependent Family Member Removal Procedures on page 10 before completing the procedures to remove that dependent family member. **Dependent removal procedures will also be required if the dependent has enrolled in health insurance at his/her place of employment.**

If there is a delay in these procedures, the Society may make a claim for reimbursement of medical expenses, etc. dating back to the date of removal."

# Required Documents Chart (1)

If the survey respondent is a spouse or a child of the employee

Please check the chart below for the documents to be submitted and submit all the applicable documents.

Start

Has the survey respondent enrolled in new health insurance due to employment, etc.?

No

Yes

Does he/she fall outside the Certification Criteria for Dependents on page 3?

No

Yes

Is the survey respondent a student aged 22 or under (i.e., born on or after April 2, 2003)?

No

Stream Z

Dependent removal procedures are required.

\*Please refer to Q22 on page 12 before proceeding with the deletion procedure.

Do the survey respondent and the policyholder (employee) live together or separately? (If the survey respondent is a student or the policyholder has taken up a post away from home on company orders, please go to "Living together.")

Living together

Living separately

Has the survey respondent had any income since January 2024?

Is the policyholder sending remittances? (Please see the Nissan Motor Health Insurance Society website regarding the necessary remittance amount[s].)

Yes

Has the survey respondent had any income since January 2024?

Yes

No

Yes

No

Yes

No

Stream X

Stream A

Stream B

Stream C

Stream D

Stream Z

Dependent removal procedures are required.

Please submit the Response Form with the following documents attached. Obtain from

**Stream A**

**Resident Register Certificate [copy] for all members of the survey respondent's household (Certificate showing the family relationships)**

\*1 If you are assigned to work away from home due to company orders, please submit not a resident certificate but a copy of your "Certificate of Single Assignment".

\*2 If your family member are student, please submit not a resident certificate but a copy of him/her "Student ID card" or "Certificate of Enrollment".

P.8 - 1

\*1 P.8 - 3

\*2 P.9 - 8

**2025 Income Certificate [copy]**

P.8 - 2

**Stream B**

**Required**

**Resident Register Certificate [copy] for all members of the survey respondent's household (Certificate showing the family relationships)**

\*1 If you are assigned to work away from home due to company orders, please submit not a resident certificate but a copy of your "Certificate of Single Assignment".

\*2 If your family member are student, please submit not a resident certificate but a copy of him/her "Student ID card" or "Certificate of Enrollment".

P.8 - 1

\*1 P.8 - 3

\*2 P.9 - 8

Together with the required documents listed above, please submit all the applicable documents listed below.

**All applicable documents**

If he/she had employment income in 2024 (Jan. to Dec.)

**Certificate of income and withholding tax for 2024 [copy]**

**2025 Income Certificate [copy]**

**Wages/salary statements for 2024(all) [copies]**

**Wages/salary statements for the last three months [copies]**

Any one of these

P.8 - 4

If he/she has pension income

**Most recent Pension Bank Transfer (Revised) Notice [copy]**

P.9 - 5

If he/she has had income apart from employment or pension since January 2024

**Complete set of 2024 tax return forms [copies]**

Note: If a tax return was not filed, please submit documents confirming income and expenses.

P.9 - 6

**Stream C**

**2025 Income Certificate [copy]**

P.8 - 2

**Remittance Certificates (copies) for the last three consecutive months of remittances in 2025**

(Please see the Nissan Kenpo website for the required remittance amounts.)

P.9 - 7

**Stream D**

**Required**

**Remittance Certificates [copy] for the last three consecutive months of remittances in 2025**

(Please see the Nissan Kenpo website for the required remittance amounts.)

P.9 - 7

Together with the required documents listed above, please submit all the applicable documents listed below.

**All applicable documents**

If he/she had employment income in 2024 (Jan. to Dec.)

**Certificate of income and withholding tax for 2024 [copy]**

**2025 Income Certificate [copy]**

**Wages/salary statements for 2024 (all) [copies]**

**Wages/salary statements for the last three months [copies]**

Any one of these

P.8 - 4

If he/she has pension income

**Most recent Pension Bank Transfer (Revised) Notice [copy]**

P.9 - 5

If he/she has had income apart from employment or pension since January 2024

**Complete set of 2024 tax return forms [copies]**

Note: If a tax return was not filed, please submit documents confirming income and expenses.

P.9 - 6

**Stream X**

**Copy of student card or certificate of student status Document confirming name and expiry date (If the expiry date of the student card is on the back, copies of both sides are required.)**

P.9 - 8

**Stream Z Stream Y**

**Please reply to this survey by submitting the Response Form only, in the return envelope.**

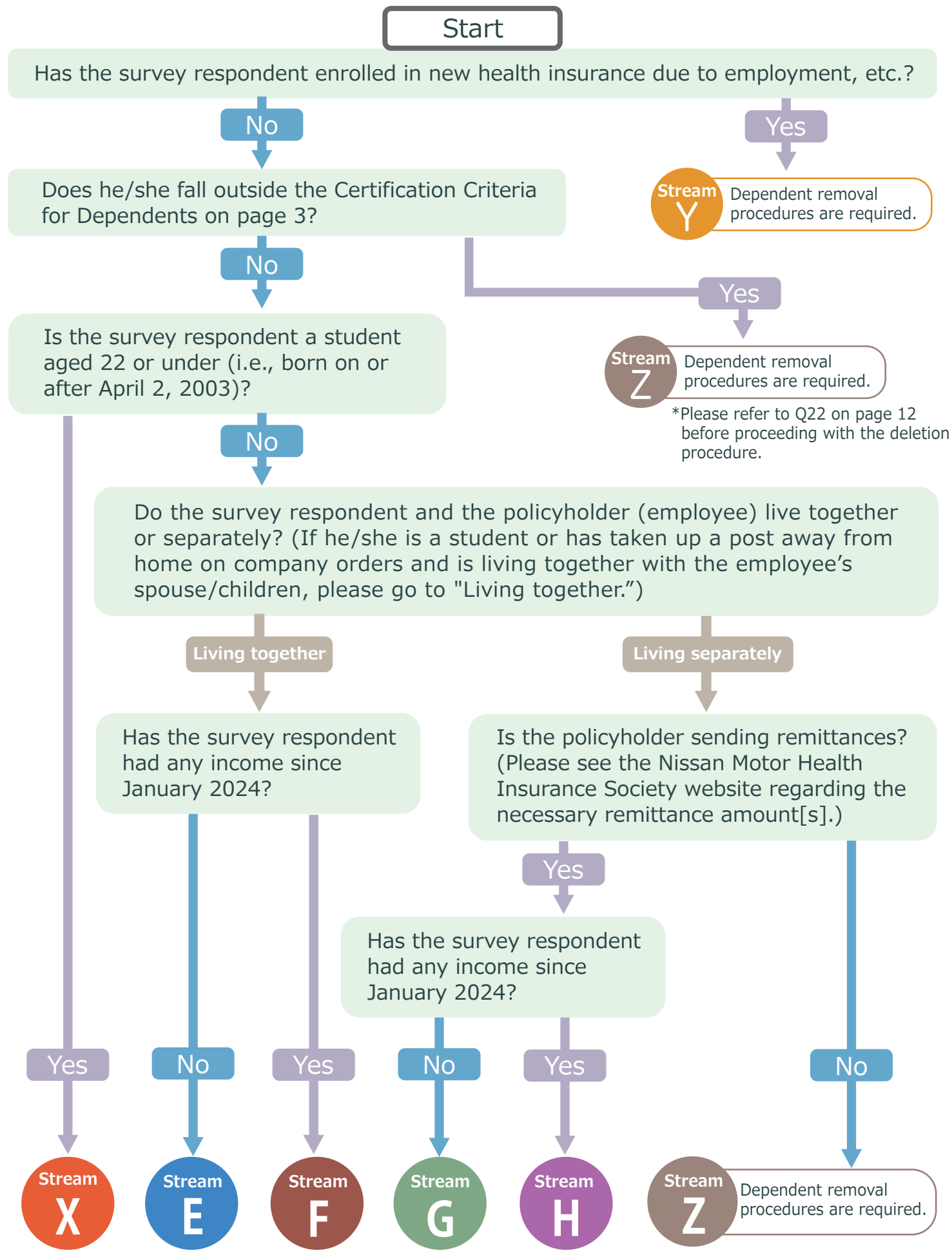
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(After submitting the Response Form, please ensure you complete the dependent removal procedures by October 31, 2025. The procedures are described on page 10.)

Enclosed

If the survey respondent is **not** a spouse or a child of the employee

Please check the chart below for the documents to be submitted and submit all the applicable documents.



Please submit the Response Form with the following documents attached. Obtain from

|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| Stream E | <b>Resident Register Certificate [copy] for all members of the survey respondent's household (Certificate showing the family relationships)</b><br>*1 If you are assigned to work away from home due to company orders , please submit not a resident certificate but a copy of your "Certificate of Single Assignment".<br>*2 If your family member are student , please submit not a resident certificate but a copy of him/her "Student ID card" or "Certificate of Enrollment".                                                                                                                                                                                         | P.8 - 1<br>*1 P.9 - 8<br>*2 P.8 - 3 |
|          | <b>2025 Income Certificate [copy]</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | P.8 - 2                             |
| Stream F | <b>Resident Register Certificate [copy] for all members of the survey respondent's household (Certificate showing the family relationships)</b><br>*1 If you are assigned to work away from home due to company orders , please submit not a resident certificate but a copy of your "Certificate of Single Assignment".<br>*2 If your family member are student , please submit not a resident certificate but a copy of him/her "Student ID card" or "Certificate of Enrollment".<br>+ Together with the required documents listed above, please submit all the applicable documents listed below.                                                                        | P.8 - 1<br>*1 P.9 - 8<br>*2 P.8 - 3 |
|          | <b>All applicable documents</b><br>If he/she had employment income in 2024 (Jan. to Dec.) } <b>Any one of these</b><br>Certificate of income and withholding tax for 2024 [copy]<br>2025 Income Certificate [copy]<br>Wages/salary statements for 2024 (all) [copies]<br>+<br>Wages/salary statements for the last three months [copies]<br>If he/she has pension income }<br>Most recent Pension Bank Transfer (Revised) Notice [copy]<br>If he/she has had income apart from employment or pension since January 2024 }<br>Complete set of 2024 tax return forms [copies]<br>Note: If a tax return was not filed, please submit documents confirming income and expenses. | P.8 - 4<br>P.9 - 5<br>P.9 - 6       |
| Stream G | <b>2025 Income Certificate [copy]</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | P.8 - 2                             |
|          | <b>Remittance Certificates (copies) for the last three consecutive months of remittances in 2025</b><br>(Please see the Nissan Kenpo website for the required remittance amounts.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | P.9 - 7                             |
| Stream H | <b>Remittance Certificates [copy] for the last three consecutive months of remittances in 2025</b><br>(Please see the Nissan Kenpo website for the required remittance amounts.)<br>+ Together with the required documents listed above, please submit all the applicable documents listed below.                                                                                                                                                                                                                                                                                                                                                                           | P.9 - 7                             |
|          | <b>All applicable documents</b><br>If he/she had employment income in 2024 (Jan. to Dec.) } <b>Any one of these</b><br>Certificate of income and withholding tax for 2024 [copy]<br>2025 Income Certificate [copy]<br>Wages/salary statements for 2024 (all) [copies]<br>+<br>Wages/salary statements for the last three months [copies]<br>If he/she has pension income }<br>Most recent Pension Bank Transfer (Revised) Notice [copy]<br>If he/she has had income apart from employment or pension since January 2024 }<br>Complete set of 2024 tax return forms [copies]<br>Note: If a tax return was not filed, please submit documents confirming income and expenses. | P.8 - 4<br>P.9 - 5<br>P.9 - 6       |
| Stream X | <b>Copy of student card or certificate of student status</b> Document confirming name and expiry date (If the expiry date of the student card is on the back, copies of both sides are required.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | P.9 - 8                             |
| Stream Y | <b>Please reply to this survey by submitting the Response Form only, in the return envelope.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Enclosed                            |
| Stream Z | (After submitting the Response Form, please ensure you complete the dependent removal procedures by October 31, 2025. The procedures are described on page 10.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |





**Please do not put Dependent Family Member Removal Procedure documents in the enclosed return envelope.**

**For Stream Y**

**Documents to be submitted [Please submit (1) to (3).]**

**(1) Notification of Change of Health Insurance Dependents**

**[Obtain from]**



You can find this on the Nissan Motor Health Insurance Society website.

Search for Nissan-Kenpo ⇒ Go to Health Insurance Procedures, then



4. When removing a family member as a dependent (procedure)

**(2) Nissan Kenpo health insurance card or eligibility confirmation letter for health insurance**

**(3) Copy of documents indicating the enrollment date for other health insurance.**

**For Stream Z**

**Documents to be submitted [Please submit (1) to (3).]**

**(1) Notification of Change of Health Insurance Dependents**

**[Obtain from]**



You can find this on the Nissan Motor Health Insurance Society website.

Search for Nissan-Kenpo ⇒ Go to Insurance Card Procedures, then



4. When removing a family member as a dependent (procedure)

**(2) Nissan Kenpo health insurance card or eligibility confirmation letter for health insurance**

**(3) The following attached documents depending on the reason for removal**

| Reason for removal                         | Attached documents (copies are OK)                                                                        |
|--------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| Excess income                              | No attached documents                                                                                     |
| Living separately                          | A document that shows the day you started living separately                                               |
| Marriage                                   | A document that shows the date of marriage or a document that shows the day you started living separately |
| Divorce                                    | A document that shows the date of divorce                                                                 |
| Became an employment insurance beneficiary | Proof of employment insurance beneficiary status (Ensure you submit a copy.)                              |



**Submission deadline October 31, 2025 (Friday)**

**Where to submit documents**

|                                          |                                                   |
|------------------------------------------|---------------------------------------------------|
| <b>Nissan Motor, Nissan Motor Kyushu</b> | Family Member Details Office, HR SC, Headquarters |
| <b>Affiliated companies</b>              | Health insurance contact person at your workplace |

\*Please contact Nissan Health Insurance if you have the voluntarily-continued insured

|                                                    | Question                                                                                                                                                          | Answer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| About the survey                                   | Q.1 Why is this survey being conducted?                                                                                                                           | This survey is conducted under Article 50 of the Enforcement Regulations of the Health Insurance Act for the purposes of maintaining fair certification of dependents as well as ensuring the appropriateness of insurance benefits. This survey is therefore necessary to ensure all details have been provided to the Society and to prevent deterioration of the Society's finances owing to certification as a dependent of any person who should not be certified as a dependent.                                                                                                                                |
|                                                    | Q.2 What if the required documents are not submitted by the due date?                                                                                             | Please note that if, without good reason, there is no response to repeated requests from the Society, and the Response Form or certification documents are not submitted, the status of the dependent(s) will be invalidated as of December 1, 2025, under the Enforcement Regulations of the Health Insurance Act. In such an event, please be aware that the bill for the health insurance portion of any expenses for medical attention received after the date of loss of dependent status will be at own cost.                                                                                                   |
|                                                    | Q.3 What kind of company is OACS K.K.?                                                                                                                            | OACS K.K. specializes in projects and research related to the health insurance business, and has staff with expert knowledge and experience in dependent status surveys. OACS K.K. also has Privacy Mark certification and has signed a contract with Nissan Motor Health Insurance Society concerning the protection of personal information.                                                                                                                                                                                                                                                                        |
| About the Response Form and the required documents | Q.4 The policyholder has already resigned/retired. Do documents still need to be submitted?                                                                       | Please write "Policyholder resigned/retired in [month]" in the remarks field in the Response Form and submit the Response Form only. (If the policyholder resigns/retires in or after December, he/she is still a survey respondent, so please submit the documents.) If Q.23 applies to you, the method of response is different. Please check together.                                                                                                                                                                                                                                                             |
|                                                    | Q.5 Costs are incurred to obtain a residence certificate. Does the Society bear those costs?                                                                      | The expenses and transport costs you incur to obtain certification documents are all at own cost. We ask for your understanding and cooperation for the purposes of fair dependent status verification.                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                    | Q.6 Response Form(s) for my dependent family member(s) was/were not enclosed. Why would that be?                                                                  | Response Forms only for survey respondents are enclosed. Anyone whose name is not printed on the Response Form does not need to complete the survey this time. Please read about survey respondents on page 1.                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                    | Q.7 I don't have a certificate of income and withholding tax for 2024. What should I do?                                                                          | Please either ask your workplace to reissue the certificate, or submit your 2025 income certificate or copies of all your wages/salary statements for 2024.                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                    | Q.8 About the wages/salary statements for the last three months, the only statement I can't find is the August one. Are the July and September statements enough? | Please submit wages/salary statements for the three most recent months that you have (in this case August is excluded, so they would be the June, July, and September statements).                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                                    | Q.9 I don't receive paper wages/salary statements. What should I do?                                                                                              | Print out online statements confirming the relevant months, gross wages/salary pay, commuting allowance, etc. Note: If the respondent's name does not appear on the statement to be printed, please write the name in a blank space.                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                    | Q.10 I am a student and I work part-time. Do I need to submit wages statements or a certificate of income and withholding tax, etc.?                              | Students aged 23 years or over (i.e., born on or before April 1, 2003) are required to submit a certificate. If you are a student aged 22 years or under (i.e., born on or after April 2, 2003) please submit a copy of your student card or certificate of student status.                                                                                                                                                                                                                                                                                                                                           |
|                                                    | Q.11 If I have wages income from a part-time job, do you base the determination on gross pay (before taxes) or net pay (after taxes)?                             | The determination is based on gross pay (before taxes). The Society also treats commuting allowances as income.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                    | Q.12 How should I fill in my income for 2024 in the Response Form?                                                                                                | If you have had any wages/salary or pension income during 2024, please enter the amount of gross income before tax deductions. If you are self-employed or have other income, please enter the amount of sales.                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                    | Q.13 Is income from self-employment determined on the basis of the amount of earnings?                                                                            | Under the Health Insurance Act, income from self-employment is "total income less any 'directly necessary expenses'". For certification as a dependent, the necessary expenses deducted from total income are limited to the expenses without which the business would not be viable (i.e., "directly necessary expenses"), unlike the necessary expenses accepted under the Income Tax Act. The amount of earnings as it appears on your tax return is not necessarily deemed to be income. Note: Please see the Society's website for information about the "directly necessary expenses" that the Society accepts. |
|                                                    | Q.14 I have lost my most recent Pension Bank Transfer (Revised) Notice. What should I do?                                                                         | If you have lost the notice, please ask the issuer (e.g., Japan Pension Service) to issue a Bank Transfer (Revised) Notice and submit it. (The same applies to disability pensions and survivor pensions.)                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                    | Q.15 Does income include disability pension, public officer pension, and survivor pension? If I am receiving one of these, what documents should I submit?        | Income includes all pensions. Please submit the most recent Pension Bank Transfer Notice for all the pensions you are receiving. However, this does not include personal pensions from life insurance policies.                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                    | Q.16 What is a remittance certificate?                                                                                                                            | A "remittance certificate" is "a document confirming the details of a remittance." Specifically, this could be a copy of a receipt (bank transfer notice), a copy of a bankbook page showing a transaction between a payer and payee, or similar. Please submit remittance certificates for the last three months (clearly showing who paid whom, when, and how much).                                                                                                                                                                                                                                                |

# 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<br>KENPO Taro | Phone (daytime contact) | <b>A</b> 090-9999-9999 |
|--------------|---------------------------------------|--------------|--------------|-----------------------|-------------------------|------------------------|

|                    |                                            |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                |               |                                                                                                         |                    |               |
|--------------------|--------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------------------------------------------------------------------------------------|--------------------|---------------|
| Survey respondents | Full name                                  | ケンポ ハナコ<br>KENPO Hanako                                                                                                                                                                                                                                                                         | Relationship                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Wife                                                                                                                                                                           | Date of birth | January 3, 1981                                                                                         | Certification date | April 1, 2008 |
|                    | <b>B</b> (1) Country of residence          | <input checked="" type="checkbox"/> Japan<br><input type="checkbox"/> Outside Japan                                                                                                                                                                                                             | <b>C</b> (2) Are you a student aged 22 or under (i.e., born on or after April 2, 2003)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>(3) Income for 2024 (Jan. to Dec.)</b>                                                                                                                                      |               |                                                                                                         |                    |               |
|                    |                                            | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                                                                                          | <input type="checkbox"/> None<br><input checked="" type="checkbox"/> Employment income (including commuting allowance) (Includes pay from part-time/casual work) <b>900.000</b> yen/year<br><input type="checkbox"/> Pension (old-age, disability, survivor, public officer, etc.) _____ yen/year<br><input type="checkbox"/> Self-employment _____ yen/year<br><input type="checkbox"/> Real estate, transfer, inheritance _____ yen/year<br><input type="checkbox"/> Interest, dividends _____ yen/year<br><input type="checkbox"/> Other ( ) _____ yen/year |                                                                                                                                                                                |               |                                                                                                         |                    |               |
|                    | <b>D</b> (4) Living together or separately | <input checked="" type="checkbox"/> Living together<br><input type="checkbox"/> Living separately (for studies)<br><input type="checkbox"/> Living separately (for work)<br><input type="checkbox"/> Living separately (for other reason)<br>↳ Remittances above a certain amount are required. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>E</b> Persons not meeting the qualification conditions (fill in both <b>a</b> & <b>b</b> )                                                                                  |               | Notes                                                                                                   |                    |               |
|                    |                                            | <b>Reason</b><br><input type="checkbox"/> Excess income<br><input type="checkbox"/> Started employment <b>a</b> → <b>b</b><br><input type="checkbox"/> Living separately<br><input type="checkbox"/> Other ( )                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Health insurance card has been returned<br>Date returned: MM / YYYY<br><input type="checkbox"/> Dependent removal procedures not completed → <b>b</b> |               | Procedures must be completed no later than October 31, 2025. (The procedures are described on page 10.) |                    |               |

|                    |                                            |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                           |               |                                                                                                         |                    |               |
|--------------------|--------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------------------------------------------------------------------------------------|--------------------|---------------|
| Survey respondents | Full name                                  | ケンポ ケイコ<br>KENPO Keiko                                                                                                                                                                                                                                                                          | Relationship                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Mother                                                                                                                                                                                    | Date of birth | February 14, 1951                                                                                       | Certification date | April 1, 2008 |
|                    | <b>B</b> (1) Country of residence          | <input checked="" type="checkbox"/> Japan<br><input type="checkbox"/> Outside Japan                                                                                                                                                                                                             | <b>C</b> (2) Are you a student aged 22 or under (i.e., born on or after April 2, 2003)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>(3) Income for 2024 (Jan. to Dec.)</b>                                                                                                                                                 |               |                                                                                                         |                    |               |
|                    |                                            | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                                                                                          | <input type="checkbox"/> None<br><input checked="" type="checkbox"/> Employment income (including commuting allowance) (Includes pay from part-time/casual work) <b>100.000</b> yen/year<br><input checked="" type="checkbox"/> Pension (old-age, disability, survivor, public officer, etc.) <b>1,000.000</b> yen/year<br><input type="checkbox"/> Self-employment _____ yen/year<br><input type="checkbox"/> Real estate, transfer, inheritance _____ yen/year<br><input type="checkbox"/> Interest, dividends _____ yen/year<br><input type="checkbox"/> Other ( ) _____ yen/year |                                                                                                                                                                                           |               |                                                                                                         |                    |               |
|                    | <b>D</b> (4) Living together or separately | <input type="checkbox"/> Living together<br><input type="checkbox"/> Living separately (for studies)<br><input type="checkbox"/> Living separately (for work)<br><input checked="" type="checkbox"/> Living separately (for other reason)<br>↳ Remittances above a certain amount are required. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>E</b> Persons not meeting the qualification conditions (fill in both <b>a</b> & <b>b</b> )                                                                                             |               | Notes                                                                                                   |                    |               |
|                    |                                            | <b>Reason</b><br><input type="checkbox"/> Excess income<br><input type="checkbox"/> Started employment <b>a</b> → <b>b</b><br><input checked="" type="checkbox"/> Living separately<br><input type="checkbox"/> Other ( )                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Health insurance card has been returned<br>Date returned: MM / YYYY<br><input checked="" type="checkbox"/> Dependent removal procedures not completed → <b>b</b> |               | Procedures must be completed no later than October 31, 2025. (The procedures are described on page 10.) |                    |               |

### Guide to Completing this Form

- A** 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.**
- B** For current country of residence, please check the applicable box.
- C** For current status, please check all the applicable boxes. If the person has any income from January to December 2024., please fill in the amount.
- D** For current status regarding "Living together or separately," please check the applicable box.
- E** 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.

