**FAOs** 

| PLEASE READ THIS FIRS |
|-----------------------|
|-----------------------|

|                    | Question |   | Answer  |
|--------------------|----------|---|---|
| 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.   |
| required o         | 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.   |
| and the re         | Q.19     | I am actually living<br>separately from the<br>policyholder, but does it<br>mean we are living<br>together if the move has<br>not been registered on<br>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.)   |
| Form               | 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.")   |
| nse                | 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.  |
| ut the Response    | Q.22     | A temporary increase in my income, so it has exceeded the threshold for certification. What should I do?  | If your income in 2023 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 2023 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. |
| About              | Q.23     | My job number has changed<br>due to SP, transfer, the<br>voluntarily-continued<br>insured, etc. What should I<br>do?  | Please cross out the old number using double lines and write in the new number before submitting.   |
| dures              | Q.24     | I have completed the survey respondent removal procedures and I have returned my health insurance card. 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.   |
| Removal procedures | Q.25     | A family member has started employment and is in the middle of a probationary period, so he/she has not been issued a health insurance card. Is it all right not to complete procedures to remove a dependent during their probationary period? | 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 the workplace issues a health insurance card.   |
|                    | 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.

October 2024

**Nissan Motor Health Insurance Society** 

To all policyholders and dependents

**ALL MEMBERS PLEASE SUBMIT** 

**2024 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, 2023 whose annual income for 2023 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 a disability pension recipient, 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 2025) 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, 2024 (Thursday)

Where to submit documents Outsourcee: NMF Shinjuku Minami-quchi 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.

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, 2024 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

Phone: 03-4335-7096

Weekday  $9:00 \sim 17:00$ 

Japanese Only

**English Only** 

Phone: 03-4335-7097

Weekday  $9:00 \sim 17:00$ 



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 PLEASE READ THIS FIRST

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.

## **Criteria for Dependent Certification**

## 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"

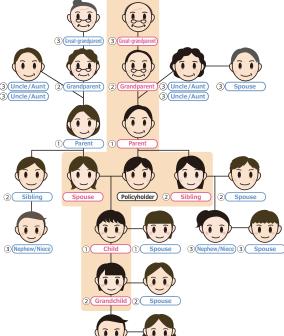
If the policyholder and the dependent(s) are listed on the same residence certificate and live in the same residence, the Society considers them to be "living together." Therefore, if the households separated, they will be treated as living separately.



1 1st degree of relationship 2 2nd degree of relationship

3 3rd degree of relationship

Living together is a requirement if not 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.) |
|-----------------------------------|----------------------------|--|--|
| If under 60                       | Under <b>1,300,000</b> yen |  | Under 108,334 yen                      |
| If 60 or over                     | Under <b>1,800,000</b> yen |  | Under 150,000 yen                      |
| If receiving a disability pension | Under <b>1,800,000</b> 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 | The dependent's income is <b>under half</b> the policyholder's  |
|---------------------------------------|---|
| are living together                   | annual income.  |
| If the dependent                      | The dependent's income is <b>under half</b> the policyholder's annual income and is under the amount of the |
| is living separately                  | annual income and is under the amount of the  |
| from the policyholder                 | allowance 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

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."

Yes

No

## **Required Documents Chart (1)**

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

No

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

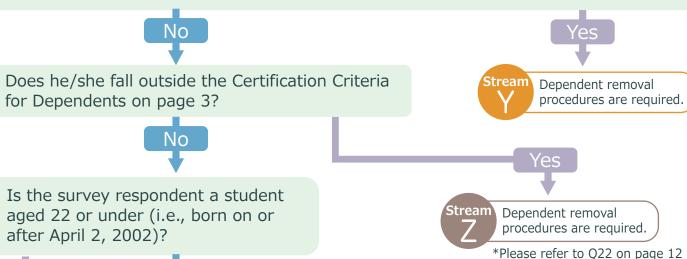
before proceeding with the deletion

procedures are required.

procedure.

## Start

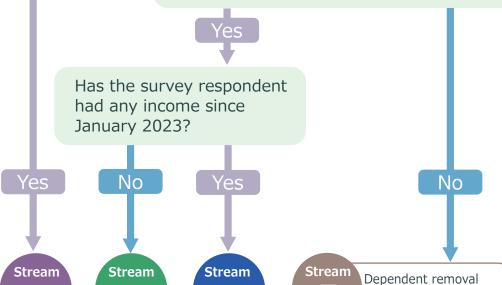
Has the survey respondent enrolled in new health insurance due to employment, etc.?



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.")

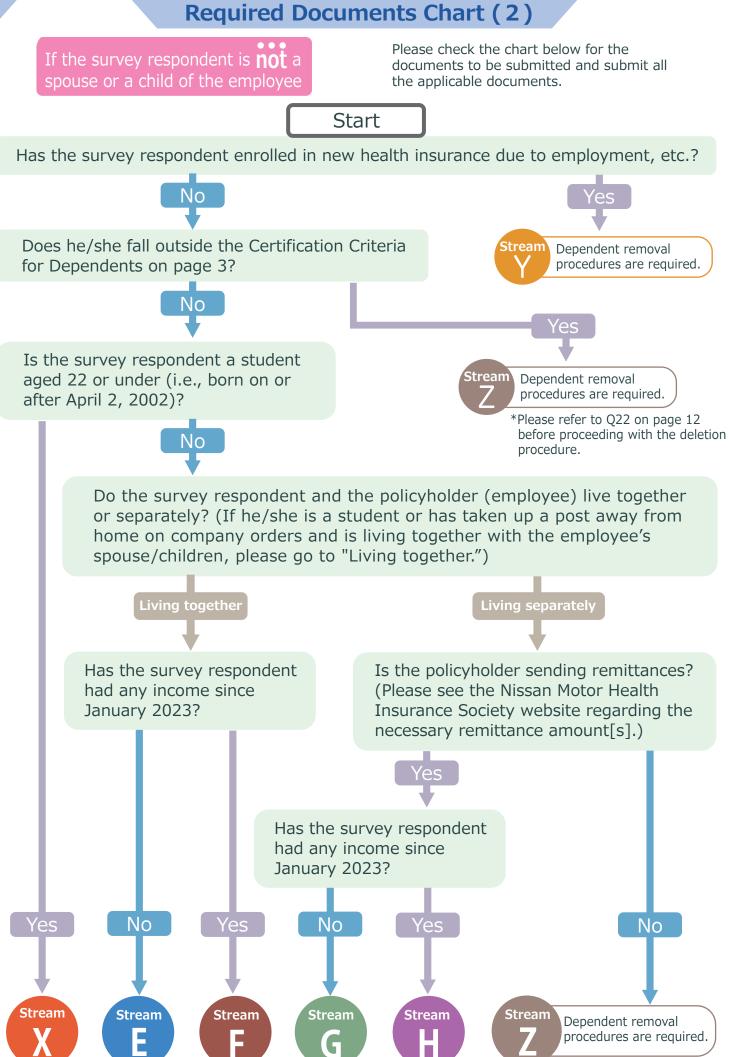


Has the survey respondent Is the policyholder sending remittances? (Please see the Nissan Motor Health had any income since January 2023? Insurance Society website regarding the necessary remittance amount[s].)



Please submit the Response Form with the following documents attached.

|            | case sustinctine response form with the following accuments accuments  |                                    |
|------------|--|------------------------------------|
|            |  | Obtain from                        |
| Stream A   | Resident Register Certificate [copy] for all members of the survey respondent's household (Certificate showing the family relationships) Resident Register Certificate is not required if a certificate showing that the person has taken up a post away from home or a copy of his/her student card or certificate of enrollment is attached.                                 | P.8 - 11<br>*P.8 - 31<br>*P.9 - 8  |
| St         | 2024 Income Certificate [copy]   | P.8 - 2                            |
|            | Resident Register Certificate [copy] for all members of the survey respondent's household (Certificate showing the family relationships) Resident Register Certificate is not required if a certificate showing that the person has taken up a post away from home or a copy of his/her student card or certificate of enrollment is attached.                                 | P.8 - 11<br>* P.8 - 3<br>* P.9 - 8 |
|            | Together with the required documents listed above, please submit all the applicable documents listed below.  |                                    |
| Stream B   | If he/she had employment income in 2023 (Jan. to Dec.)  Certificate of income and withholding tax for 2023 [copy] 2024 Income Certificate [copy] Wages/salary statements for 2023 (all) [copies]  Wages/salary statements for the last three months [copies]   | P.8 -4                             |
|            | If he/she has pension income  Most recent Pension Bank Transfer (Revised) Notice [copy]  If he/she has had income  Complete set of 2023 tay return forms [copies]  | P.9 - 5                            |
|            | If he/she has had income apart from employment or pension since January 2023  Complete set of 2023 tax return forms [copies]  Note: If a tax return was not filed, please submit documents confirming income and expenses.   | P.9 -6                             |
| m C        | 2024 Income Certificate [copy]   | P.8 - 2                            |
| Stream C   | Remittance Certificates (copies) for the last three consecutive months of remittances in 2024 (Please see the Nissan Kenpo website for the required remittance amounts.)   | P.9 - 7                            |
|            | Remittance Certificates [copy] for the last three consecutive months of remittances in 2024 (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.  |                                    |
| Stream D   | If he/she had employment income in 2023 (Jan. to Dec.)  Certificate of income and withholding tax for 2023 [copy] 2024 Income Certificate [copy] Wages/salary statements for 2023 (all) [copies]  Wages/salary statements for the last three months [copies]   | P.8 -4                             |
| <b>o</b> , |  | P.9 -5                             |
|            | If he/she has pension income  Most recent Pension Bank Transfer (Revised) Notice [copy]  If he/she has had income apart from employment or pension since January 2023  Most recent Pension Bank Transfer (Revised) Notice [copy]  Complete set of 2023 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                             |
| StreamY    | Please reply to this survey by submitting the Response Form only, in the return envelope.  | Enclosed                           |
| ream Z     | (After submitting the Response Form, please ensure you complete the dependent removal procedures by October 31, 2024. The procedures are described on page 10.)  | Enclosed                           |



|                 | Please submit the Response Form with the following documents attached.   | Obtain from                         |
|-----------------|--|-------------------------------------|
| n E             | Resident Register Certificate (copy) for all members of the survey respondent's household (Certificate showing the family relationships)  1. If the survey respondent is a student, a Resident Register Certificate is not required if a copy of his/her student card or certificate of  | P.8 - 1<br>*1 P.9 - 8               |
| Stream          | enrollment is attached.  2. If the employee has taken up a post away from home and the survey respondent is living with the employee's spouse/children, he/ she shall be deemed to be "living together," so please submit a Resident Register Certificate and a document verifying that the employee has taken up a post away from home.   | *2 P.8 -3                           |
|                 | 2024 Income Certificate [copy]   | P.8 - 2                             |
|                 | Resident Register Certificate (copy) for all members of the survey respondent's household (Certificate showing the family relationships)  1. If the survey respondent is a student, a Resident Register Certificate is not required if a copy of his/her student card or certificate of enrollment is attached.  2. If the employee has taken up a post away from home and the survey respondent is living with the employee's spouse/children, he/ she shall be deemed to be "living together," so please submit a Resident Register Certificate and a document verifying that the employee has taken up a post away from home. | P.8 - 1<br>*1 P.9 - 8<br>*2 P.8 - 3 |
|                 | Together with the required documents listed above, please submit all the applicable documents listed below.  |                                     |
| Stream F        | If he/she had employment income in 2023 (Jan. to Dec.)  If he/she has If he/she has the last three months [copies]  If he/she has the last three months [copies]  If he/she has the last three months [copies]  Mages/salary statements for the last three months [copies]   | P.8 -4                              |
|                 | If he/she has pension income  Most recent Pension Bank Transfer (Revised) Notice [copy]  If he/she has had income complete set of 2023 tax return forms [copies]   | P.9 -5                              |
|                 | If he/she has had income apart from employment or pension since January 2023  Complete set of 2023 tax return forms [copies]  Note: If a tax return was not filed, please submit documents confirming income and expenses.   | P.9 -6                              |
| פר              | 2024 Income Certificate [copy]   | P.8 - 2                             |
| Stream          | Remittance Certificates (copies) for the last three consecutive months of remittances in 2024 (Please see the Nissan Kenpo website for the required remittance amounts.)   | P.9 - 7                             |
|                 | Remittance Certificates [copy] for the last three consecutive months of remittances in 2024 (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.  |                                     |
| Stream H        | If he/she had employment income in 2023 (Jan. to Dec.)  If he/she has pension income  If he/she has pension income  Certificate of income and withholding tax for 2023 [copy]  Wages/salary statements for 2023 (all) [copies]  Wages/salary statements for the last three months [copies]  If he/she has pension income  Most recent Pension Bank Transfer (Revised) Notice [copy]  Complete set of 2023 tax return forms [copies]  Note: If a tax return was not filed, please submit documents confirming income and expenses.  | P.8 -4                              |
| <b>0</b> ,      | 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 2023  Complete set of 2023 tax return forms [copies]  Note: If a tax return was not filed, please submit documents confirming income and expenses.   | P.9 -6                              |
| ×               | 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  | P.9 - 8                             |
| Stream X        | both sides are required.)  |                                     |
|                 | Please reply to this survey by submitting the Response Form only,  |                                     |
| Stream Y Strean | both sides are required.)  | Enclosed                            |

removal procedures by October 31, 2024. The procedures are described on page

(10.)

Submitted documents cannot be returned, so please attach copies, as necessary.

令和6年6月1日 発行



- Only one per household
- No Individual Numbers should be visible. (If visible, please cover them up, for example by blackening them out with an oil-based marker pen.)
- All household members must be listed and their relationship (to the head of the household) must be indicated.
- Issue date must be on or after May 1, 2024.

**Obtain from: Local government office** 



**Obtain from: Local government office** 

Document verifying that the employee has taken up a post away from home (Wages/salary statements [Living away from home allowance], letter of appointment, verification of workplace) [copies]



**Obtain from: Workplace** 



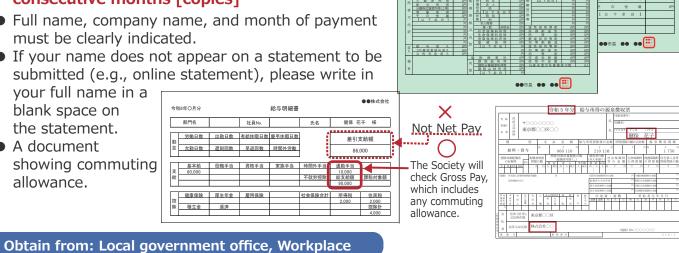
証用番号 第二日

住 民 票

Certificate of income and withholding tax for 2023 [copy] 2024 Income Certificate [copy] Wages/salary statements for 2023 (all) [copy]

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

- Full name, company name, and month of payment must be clearly indicated.
- If your name does not appear on a statement to be submitted (e.g., online statement), please write in
- your full name in a blank space on the statement.
- A document showing commuting allowance.

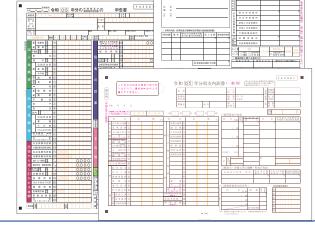


Most recent Pension Bank Transfer (Revised) Notice [copy] • Issue date must be on or after May 30, 2024. All benefits received, including old-age, disability, survivor, corporate, public officer, and other pensions. • The Society will confirm the pension payment OThe Society will 健保 三子 様 者氏名が必要です confirm the Pension amount, not the amount transferred after Payment Amount deductions. 年金振込通知書 • A copy of the part of the notice X Not the Amount 日本年金機構 that shows the full name of the beneficiary. Transferred after

Obtain from: Japan Pension Service, corporate pension plan, etc.

## Complete set of 2023 tax return forms [copies]

- All documents to be submitted at the time of application are required, including Schedule 1, Schedule 2, and itemized statement of income and expenses.
- If lost, please ask the tax office to release the documents before submitting them.
- If a tax return was not filed, please submit documents that confirm income and expenses for 2023. Note: Resident tax (municipal tax, prefectural tax) declaration, accounts, etc.



**Obtain from: Tax office** 

### Remittance certificates for the last three consecutive months in 2024 [copies]

- Copies of bankbook pages or transaction statements confirming (1) the source of the remittances, (2) recipient, (3) remittance dates, and (4) amounts are required.
- If submitting copies of bankbook pages, they must show the account name (e.g., bankbook cover), transfer dates, and amounts.
- Basically, there need to be regular monthly remittances.
- Remitting money by hand cannot be verified as having taken place, so it will not be recognized as remittance.



**Obtain from: Financial institution** 

Please use a highlighter to show the relevant remittance amount entries in the policyholder's bankbook pages [copy].

Please black out any



ご利用明細票

お取扱日 店番 お取引内容

 $1\,2\,3\,4\,5\,6\,7$ 

- ゆうちょ銀行

# Copy of student card or Copy of certificate of student status

 Document confirming name and expiry date. (If the expiry date is on the back, copies of both sides are required.)



在学証明書 ○○○学部○○○学科 上記の考は、○○○○大学に在学中であることを証明する

**Obtain from: School** 

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  $\Rightarrow$  Go to Insurance Card Procedures, then

- 4. When removing a family member as a dependent (procedure)
- (2) Nissan Kenpo health insurance card
- (3) Copy of your health insurance card from your place of employment or a document that shows the date you enrolled in social 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
- (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, 2024 (Thursday)

### Where to submit documents

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

<sup>\*</sup>Please contact Nissan Health Insurance if you have the voluntarily-continued insured

|              |      | Question  | Answer  |
|--------------|------|---|---|
| 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.  |
| About the su | 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, 2024, 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." 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. |
| Ab           | 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.  |
|              | 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.   |
| S            | 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.  |
| documents    | Q.7  | I don't have a certificate of income and withholding tax for 2023. What should I do?  | Please either ask your workplace to reissue the certificate, or submit your 2024 income certificate or copies of all your wages/salary statements for 2023.   |
| required doc | 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<br>wages/salary statements.<br>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.  |
| and the      | Q.10 | I am a student and I work<br>part-time. Do I need to<br>submit wages statements<br>or a certificate of income<br>and withholding tax, etc.?                   | Students aged 23 years or over (i.e., born on or before April 1, 2002) are required to submit a certificate. If you are a student aged 22 years or under (i.e., born on or after April 2, 2002) please submit a copy of your student card or certificate of student status.   |
| se Form      | 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.   |
| Response     | Q.12 | How should I fill in my income for 2023 in the Response Form?   | If you have had any wages/salary or pension income during 2023, 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.   |
| About the Re | 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.  |
| Abo          | Q.14 | I have lost my most recent<br>Pension Bank Transfer<br>(Revised) Notice. What<br>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<br>disability pension, public<br>officer pension, and survivor<br>pension? If I am receiving<br>one of these, what                        | 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.   |

showing who paid whom, when, and how much).

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

documents should I submit?

Q.16 What is a remittance

certificate?

#### 〒999-9999

住所情報※※※※※※※※※※※※※※ \*\*\*\*\*\*\* \*\*\*\*

被保険者名※※※※※※※ 様

Control number 9999 (9/9) **Nissan Motor Health Insurance Society** 



Must be received by for submittal Thursday, October 31, 2024

## **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.

| icac               |   | tes that apply, and fill in                      | ,  | ,   |   |  |                                 |
|--------------------|---|--|--|---|---|--|---------------------------------|
| Policyholder       | Health<br>insurance card<br>(code)-(number) | 999-9999999                                      | Policyholder   | ケンポ タロウ<br>KENPO Taro   | Phone<br>(daytime contact)  |  |                                 |
|                    |   |  |  |   |   |  | _                               |
|                    | ケンポ<br>VENDO                                | ハナコ  | dilys  | Date of birth   | 1   | С  | Certification date              |
|                    | KENPO                                       | Hanako   | Relationship Wife  | January 99,   | 9999  | Jan  | uary 99, 9999                   |
|                    | (1) Country of residence                    | (2) Are you a student aged 22                    |  | (3) In  | come for 2023 (Jar  | n. to Dec.)                                    |                                 |
|                    |   | or under (i.e., born on or after April 2, 2002)? | None   |   |   |  |                                 |
|                    |   | April 2, 2002):                                  | None   | http://www.new.new.new.new.new.new.new.new.new.                   |   |  |                                 |
|                    |   | □ V  | I ·  | t income (including commuting allov                               |   | part-time/casual work)                         | , , , ,                         |
| ıts                | ∐ Japan                                     | Yes  | 1  | old-age, disability, survivor,                                    | public officer, etc.)   |  | yen/year                        |
| der                |   |  | ☐ Self-emplo   | pyment  |   |  | yen/year                        |
| onc                | Outside Japan                               | ☐ No   | ☐ Real estat   | e, transfer, inheritance  |   |  | yen/year                        |
| sbo                |   |  | ☐ Interest, o  | lividends   |   |  | yen/year                        |
| ē                  |   |  | ☐ Other  |   | (   | )  | yen/year                        |
| Survey respondents | (4) Living tog                              | gether or separately                             | Persons n  | ot meeting the qualification                                      | conditions (fill in b   | ooth <b>3</b> & <b>5</b> )                     | Notes                           |
| Ž                  | ☐ Living togethe                            | er   | Reason   | ) _   | Hoalth incurance  | and has  |                                 |
| S                  | ☐ Living separat                            | ely (for studies)                                |  | _   | Health insurance of been returned                                   | laru nas                                       |                                 |
|                    | ☐ Living separat                            | , ,  | ☐ Excess i   | ncome   | Date returned: MN   | 4 / YYYY_                                      |                                 |
|                    |   | ely (for other reason)                           | ☐ Started e  | employment a  | <b>)</b>  |  | Procedures must be completed    |
|                    | _ ,   | inces above a certain                            | ☐ Living se  | eparately   📗   | Dependent remov   |  | no later than October 31, 2024. |
|                    | ,   | are required.                                    | ☐ Other(   | , ,   | procedures not co   | mpleted (                                      | The procedures are described    |
|                    |   |  | Other (  | , J   |   | C  | on page 10.)                    |
|                    |   |  |  |   |   |  |                                 |
|                    | ケンポ   |  | diye   | Date of birth   | 1   | C  | Certification date              |
|                    | を<br>KENPO                                  | Keiko  | Relationship Mother  |   |   |  | ruary 99, 9999                  |
|                    | (1) Country of residence                    | (2) Are you a student aged 22                    |  | (3) In  | come for 2023 (Jar  | n. to Dec.)                                    |                                 |
|                    |   | or under (i.e., born on or after April 2, 2002)? | ☐ None   |   |   |  |                                 |
|                    |   |  | Employmen  | t income (including commuting allov                               | vance) (Includes pay from   | part-time/casual work)                         | yen/year                        |
| S                  | ☐ Japan ☐ Yes                               |  | Pension (old-age, disability, survivor, public officer, etc.)                |   |   |  | yen/year                        |
| int                |   | _  | ☐ Self-emplo   |   | ,   |  | yen/year                        |
| respondents        | Outside Japan                               | □ No   | I  | e, transfer, inheritance  |   |  | yen/year                        |
| 200                |   |  | ☐ Interest, o  |   |   |  | yen/year                        |
| est                |   |  | Other  | lividerius  | (   | )  | yen/year                        |
|                    | (4) Lining to be                            |  |  |   | (6.11)  | )<br>''  |                                 |
| V e                |   | gether or separately                             | Persons not meeting the qualification conditions (fill in both ② & ⑤)  Notes |   |   |  |                                 |
| Survey             | ☐ Living togethe                            |  | <u>Reason</u>  | ]   🗆   | Health insurance of   | card has                                       |                                 |
| 0)                 | ☐ Living separat                            | ely (for studies)                                | ☐ Excess i   | ncome   | been returned  Date returned: MN                                    | 4 / 2000/                                      |                                 |
|                    | <ul><li>Living separat</li></ul>            | ely (for work)                                   | ☐ Started o  | employment a  |   | <u>'1 /                                   </u> |                                 |
|                    |   | ely (for other reason)                           |  |   |   |  | Procedures must be completed    |
|                    |   | inces above a certain                            |  | ☐ Living separately ☐ Dependent removal no later than October 31, |   |  | no later than October 31, 2024. |
|                    | amount                                      | are required.                                    | ☐ Other(   | )   | procedures not completed (The procedures are desconded on page 10.) |  |                                 |
|                    |   |  |  | <u> </u>  |   |  |                                 |

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

**Inquiries** 

Phone: 03-4335-7096 Weekday 9:00~17:00

English

Phone: 03-4335-7097 Weekday 9:00~17:00

## **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<br>insurance card<br>(code)-(number) | 999-9999999   | Policyholder  | ケンポータロウ<br>KENPO Taro   | Phone<br>(daytime contact)              | <b>A</b> 0                                     | 90-9999-9999   |  |
|--------------------|---|---|---|---|---|--|--|--|
|                    |   |   |   |   |   |  |  |  |
|                    | ケンポ   |   | diysu   | Date of birth   |   |  | Certification date   |  |
|                    | KENPC                                       | ) Hanako  | Wife Wife   | January 3, 19   | 981                                     |  | April 1, 2008  |  |
|                    | B (1) Country of residence                  | (2) Are you a student aged 22                       |   | (3) Inc   | ome for 2023 (Jar                       | n. to Dec.)                                    |  |  |
|                    |   | or under (i.e., born on or after April 2, 2002)?    | r ☐ None  |   |   |  |  |  |
|                    |   |   | ✓ Employmer   | nt income (including commuting allowa                         | nce) (Includes pay from                 | part-time/casual wor                           | <sub>rk)</sub> 900,000 <sub>yen/year</sub>                   |  |
| Survey respondents | <b>☑</b> Japan                              | ☐ Yes   |   | old-age, disability, survivor, p                              |   |  | yen/year   |  |
| g                  |   |   | ☐ Self-empl   | oyment  |   |  | yen/year   |  |
| por                | ☐ Outside Japan                             | <b>✓</b> No   | ☐ Real estat  | te, transfer, inheritance                                     |   |  | yen/year   |  |
| lsə                |   |   | ☐ Interest,   | dividends   |   |  | yen/year   |  |
| ) \( \frac{1}{2}   |   |   | ☐ Other   |   | (                                       | )  | yen/year   |  |
| IVE                |   | gether or separately                                | E Persons r   | not meeting the qualification of                              | conditions (fill in b                   | oth <b>3</b> & <b>b</b> )                      | Notes  |  |
| Su                 | Living together                             | er  | Reason  | ] □ ⊦   | lealth insurance o                      | card has                                       |  |  |
|                    | <ul><li>Living separat</li></ul>            | tely (for studies)                                  | ☐ Excess  | incomo  | een returned<br>ate returned: MN        | 4//  |  |  |
|                    | Living separat                              | , ,   | ☐ Started   | employment a  |   | <u>'1/                                    </u> |  |  |
|                    | '   | tely (for other reason)                             | ☐ Living s  |   | Dependent remov                         | le le  | Procedures must be completed no later than October 31, 2024. |  |
|                    | , , , , , , , , , , , , , , , , , , ,       | ances above a certain tare required.                | ☐ Other(  |   | procedures not co                       |  | (The procedures are described on page 10.)                   |  |
|                    |   |   | 1   |   |   |  |  |  |
|                    | ケンポ<br><b>VENDO</b>                         |   | diysu   | Date of birth   |   |  | Certification date   |  |
|                    | KENPC                                       | ) Keiko   | Mother  | February 14, 1  | .951                                    |  | April 1, 2008  |  |
|                    | B (1) Country of residence                  | (2) Are you a student aged 22                       |   | (3) Inc   | ome for 2023 (Jar                       | n. to Dec.)                                    |  |  |
|                    |   | or under (i.e., born on or after<br>April 2, 2002)? | r ☐ None  |   |   |  |  |  |
|                    |   |   | Employment income (including commuting allowance) (Includes pay from part-time/casual work) |   |   |  |  |  |
| LS                 | ☑ Japan                                     | ☐ Yes   | ✓ Pension (   | Pension (old-age, disability, survivor, public officer, etc.) |   |  |  |  |
| len.               |   |   | ☐ Self-employmentyen/year   |   |   |  |  |  |
| ouc                | ☐ Outside Japan                             | <b>√</b> No   | ☐ Real estat  | te, transfer, inheritance                                     |   |  | yen/year   |  |
| sbo                |   |   | ☐ Interest,   | dividends   |   |  | yen/year   |  |
| <u>a</u>           |   |   | ☐ Other   |   | (                                       | )  | yen/year   |  |
| Survey respondents | ( )   | gether or separately                                | Persons r   | not meeting the qualification o                               | conditions (fill in b                   | ooth <b>②</b> & <b>⑤</b> )                     | Notes  |  |
| Sur                | Living togethe                              |   | <u>Reason</u>   |   | lealth insurance o                      | card has                                       |  |  |
| 0)                 | Living separat                              | , ,   | ☐ Excess  |   | een returned<br>ate returned: <u>MN</u> | 4 / YYYY                                       |  |  |
|                    | ☐ Living separat                            | , ,   | ☐ Started   | employment a  |   |  |  |  |
|                    | '   | tely (for other reason) ances above a certain       | ☑ Living s  |   | Dependent remov                         | al   | Procedures must be completed no later than October 31, 2024. |  |
|                    |   | t are required.                                     | ☐ Other(  |   | rocedures not co                        |  | (The procedures are described                                |  |

### **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.
- 6 For current status, please check all the applicable boxes. If the person has any income from January to December 2023., please fill in the amount.
- **D** 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.