

Form code
2 2 0 0

Application to Enroll in Employees' Health Insurance / Employees' Pension Insurance
Application to enroll in Employees' Pension Insurance for insured persons aged 70 and older



Date of submission: Reiwa era /Y /M /D

Make sure to enter the workplace code and workplace number.

Please enter correct information carefully; the information you enter in this form is important to determine workers' health insurance benefits and pension benefits.

Applicant/ Employer	Workplace code	Workplace number	Receipt date stamp	
	I, the employer, hereby confirm each worker's Individual Number (or Basic Pension Number) here is correct.			
	Address of workplace Enter the workplace information including address.			
	Name of workplace	Labour and Social Security Attorney Name/ address/ contact number		
Name of employer	Circle applicable category for enrollment in (5). 1. Worker to be enrolled in the Employees' Health Insurance and the Employees' Pension Insurance (excluding Seamen's Insurance) 3. Worker seconded from a mutual aid association to public finance corporation 4. Worker as a voluntary and continuous insured person under the Seamen's Insurance			Circle applicable type of insured persons in (4): 1. for male, 2. for female, 3. for miners, 5. for male covered by pension fund, 6. for female covered by pension fund, and 7. for miners covered by pension fund.
Phone number				

Insured person 1	(1) Insured person number	(2) Name (Family name)	(3) Date of birth	(4) Type
	(5) Enrollment category	(6) Individual Number (or Basic Pension Number)	(7) Date of enrollment	(8) Dependents application
	(9) Monthly remuneration amount	(a) (Cash) Yen (b) (In kind) Yen (c) Total (a)+(b)	(10) Remarks	Circle the applicable item: 1. Worker aged 70 and older 2. Enrollment of worker at two workplaces and more
	(11) Address	No need to enter address if you give the worker's Individual Number in (6) above. (in KANA characters)		

Insured person 2	(1) Insured person number	(2) Name (Family name)	(3) Date of birth	(4) Type
	(5) Enrollment category	(6) Individual Number (or Basic Pension Number)	(7) Date of enrollment	(8) Dependents application
	(9) Monthly remuneration amount	(a) (Cash) Yen (b) (In kind) Yen (c) Total (a)+(b)	(10) Remarks	Circle the applicable item: 1. Worker aged 70 and older 2. Enrollment of worker at two workplaces and more 3. Enrollment of part-time workers (specific workplace) 4. Enrollment of re-employed worker after retirement 5. Other ()
	(11) Address	No need to enter address if you give the worker's Individual Number in (6) above. (in KANA characters)		

Insured person 3	(1) Insured person number	(2) Name (Family name)	(3) Date of birth	(4) Type
	(5) Enrollment category	(6) Individual Number (or Basic Pension Number)	(7) Date of enrollment	(8) Dependents application
	(9) Monthly remuneration amount	(a) (Cash) Yen (b) (In kind) Yen (c) Total (a)+(b)	(10) Remarks	Circle the applicable item: 1. Worker aged 70 and older 2. Enrollment of worker at two workplaces and more 3. Enrollment of part-time workers (specific workplace) 4. Enrollment of re-employed worker after retirement 5. Other ()
	(11) Address	No need to enter address if you give the worker's Individual Number in (6) above. (in KANA characters)		

Insured person 4	(1) Insured person number	(2) Name (Family name)	(3) Date of birth	(4) Type
	(5) Enrollment category	(6) Individual Number (or Basic Pension Number)	(7) Date of enrollment	(8) Dependents application
	(9) Monthly remuneration amount	(a) (Cash) Yen (b) (In kind) Yen (c) Total (a)+(b)	(10) Remarks	Circle the applicable item: 1. Worker aged 70 and older 2. Enrollment of worker at two workplaces and more 3. Enrollment of part-time workers (specific workplace) 4. Enrollment of re-employed worker after retirement 5. Other ()
	(11) Address	No need to enter address if you give the worker's Individual Number in (6) above. (in KANA characters)		

To workplaces covered by the Employees' Health Insurance managed by the EHI Association (KYOKAI KENPO)

If you are filing this form only to enroll the worker(s) aged 70 and older in the Employees Pension Insurance, please circle 1. and 5. in column (10), and enter "該当届のみ" in Japanese in () parenthesis in 5. (Please note that we don't reissue the Employees' Health Insurance certificate (card) in this case.)