## (Tentative translation of "SHIKAKU SHUTOKU TODOKE") Only for reference: Do not use this English form.

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	n: Reiwa	era /	Υ	/M	/D			o enter th				<b>2</b> ]e	ease en	nter	cor	rect	info	orm	atic	on _			
	Workplace code			1		Workplac	1.00	and wo	orkplace r	umber.				refully;								Receipt date	e stamp	
Applicant / Employer		I, the employer, hereby confirm each worker's Individual Number (or Basic Pension Number) here is correct.										enter in this form is important to determine workers' health												
	Address of workplace	<b>T</b>										i	insurance benefits and pension benefits.											
	Name of workplace																							
	workplace													and Social Security Attorney					Circle applicable type of insured persons in (4):					
	Name of employer Phone numbe	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 as a voluntary and continuous insured person under the Seamen's Insurance										auure	oon act num		1. 5. 6.	<ol> <li>for male, 2, for female, 3, for miners,</li> <li>for male covered by pension fund,</li> <li>for female covered by pension fund, and</li> <li>for miners covered by pension fund.</li> </ol>								
	(1)	4. WOIKEI	( <b>-</b> /	In KANA characters)									(3)	5. Showa		year	mon	h	day	(4)	1			
Insured person 1	Insured person number	EHI-EPI 3. MAA secondee 4. Seamen's Ins. vol-	Name	(Family nar	Enter t employ	yer confirm	r's 12-digits Individual Number in (6), only med the workers' identification. er the worker's 10-digits Basic Pension Nu							Date of birth	era 7. Heisei era 9. Reiwa era						Туре	1. Male 2. Female 3. Miner	<ol> <li>Male (pension fund)</li> <li>Female (pension fund)</li> <li>Miner (pension fund)</li> </ol>	id)
	(5) Enrollment category		(6) Individual Number (or Basic Pension Number)	Ú.	which is printed in his/her Pension Handbook: please alig the left in the (6) column.							1 A A	n Date of enrollment	9.Reiwa era		year	mon	th	day	Dependents application	0. No	1. Yes/		
	(9) Monthly remuneration	(a) (Cash)				(c) Total (a)+(b)						,	(1 F	(10) Remarks	1. We		d 70 and (	older at two wor	kplaces a		3. F indic 4. F the F	le applicable number in (8) to cate whether or not you attach Report of Dependents.		
	amount (11)											Yen te c	of enrollment	nt in (7) and the				(		1. Residing out of Japan				
	Address	T (in KANA characters)									eration amou							eason: 2. Short-term stay 3. Others ( )						
Insured person 2	(1) Insured person number		(2) Name	(in KANA c (Family nar	<sup>me)</sup> You Num	nber in (6).	ed to enter the address if you give the worker's Individ ddress, please give full information including prefectu						3) of birth	5. Showa era 7. Heisei era 9. Reiwa era		year	mon	th	day	(4) Type	1. Male 2. Female 3. Miner	<ol> <li>Male (pension fund)</li> <li>Female (pension fund)</li> <li>Miner (pension fund)</li> </ol>	id)	
	(5) Enrollment category	EHI+EPI     MAA secondee     A. Seamen's Ins. vol-	(6) Individual Number (or Basic Pension Number)		the	the name of the apartment building, i characters.			ding, toget	ogether with address in KANA			-	f	9.Reiwa era		year	mon	th	day	(8) Dependents application	0. No	1. Yes	;
	(9) Monthly remuneration	con											(1 F	Remarks 1. Worker aged 70 and older 4. Enrollment					4. Enrollment of	of part-time workers (specific workplace) of re-employed worker after retirement er ( )				
	amount (11) Address	Von reed to enter address if you give the worker's Individual Number in (6) above. T										,	Yen		1. Residing out of Japan Reason: 2. Short-term stay 3. Others ( )									
Insured person 3	(1) Insured person number		(2) Name	(in KANA c (Family nar			(First name)							<sup>3)</sup> Date of birth	5. Showa era 7. Helsei era 9. Reiwa era		year	mon	th	day	(4) Type	1. Male 2. Female 3. Miner	<ol> <li>Male (pension fund)</li> <li>Female (pension fund)</li> <li>Miner (pension fund)</li> </ol>	id)
	(5) Enrollment category	EHI-EPI     MAA secondee     A. Seamen's Ins. vol-	(6) Individual Number (or Basic Pension Number)											n) Date of enrollment	9.Reiwa era		year	mon	th	day	(8) Dependents application	0. No	1. Yes	;
	(9) Monthly remuneration amount	aon										I	F	<sup>0)</sup> Remarks	Circle the applicable item: 3. Enrollment of part-tim arks 1. Worker aged 70 and older 4. Enrollment of re-emp 2. Enrollment of worker at two workplaces and more 5. Other (						of re-employed wa			
	(11) Address	IV (in KANU)     Yen     Yr       No need to enter address if you give the worker's individual Number in (6) above.     T										Yen	en 1. Residing out of Japan Reason: 2. Short-term stay 3. Others (											
Insured person 4	(1) Insured person number		(2) Name	(in KANA c (Family nar	haracters) me)		(First name)							<sup>3)</sup> Date of birth	5. Showa era 7. Heisei era		year	mon	th	day	(4) Type	1. Male 2. Female 3. Miner	<ol> <li>Male (pension fund)</li> <li>Female (pension fund</li> <li>Miner (pension fund)</li> </ol>	id)
	(5) Enrollment category	EHI-EPI     MAA secondee     A. Seamen's Ins. vol-	(6) Individual Number (or Basic Pension Number)											<sup>7)</sup> Date of enrollment	9. Reiwa era 9. Reiwa era		year	mon	th	day	(8) Dependents application	0. No	1. Yes	;
	(9) Monthly remuneration amount	oon (a) (Cash) (b) (In kind)	Yen									<u> </u>												
	(11) Address	No need to enter address if you give the worker's Individual Number in (6) above. T(in KANA characters)											. 611	1. Residing out of Japan Rescon: 2. Short-term stay 3. Others (								)		
_																								

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.)