

(Sample for Eligible Dependent Allowance Application)

Eligible Dependent Allowance Application  
(or Dependent Family Members Application)

Group Leader	Chief (in charge of benefits)	Chief (in charge of Mutual Aid Association)	Group Member (in charge of benefits)	Group Member (in charge of Mutual Aid Association)
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Membership Card Number (Membership Number)		Number of Reissues	Name in Katakana Member's name	Sex	Male Female	Birth Date	The day you became spouseless		The day you got a spouse				
1 2 3 4 5 6 7 8			Hirodai Ichiro		① 2	5 6 . 1 2 . 2 1	Heisei		Heisei				
		Faculty (Office) Name of your group	Graduate school of OO (Extension 1 2 3 4)										
Name in Katakana	Sex	Relationship	Birth Date	Occupation	Estimated annual income	Address in Katakana Address (Only for those who live separately)	Recognition of the dependent family member	In charge of salary	Seal of the person	Date and reason he/she satisfied /lost the requirements for dependency	Decision	Reason	Categories (Mutual Aid Association/Dependent Allowance) (Circle the category(ies) below appropriate for the dependent's recognition/cancelation.)
Name of the dependent to be recognized(or canceled)													
ヒロダイハナコ	Male 1 Female 2	Spouse	57. 1. 2	Unemployed	0	If applying for the dependent allowance, please write "Yes".	Yes			Employed on April 1, Reiwa2	Recognition1 Cancel2		Mutual Aid Association Dependent Allowance
Hirodai Hanako													
ヒロダイサブロウ	Male 1 Female 2	First-born son	20. 5. 10		0		Yes			Employed on April 1, Reiwa2	Recognition1 Cancel2		Mutual Aid Association Dependent Allowance
Hirodai Saburo													
ヒロダイヨシコ	Male 1 Female 2		30. 5. 5	Unemployed	876, 400	3-1 3chome OO, chou, OO, gun, Yamaguchi-ken	Yes			Employed on April 1, Reiwa2	Recognition1 Cancel2		Mutual Aid Association Dependent Allowance
Hirodai Yoshiko													

I hereby declare as above.

Reiwa 2 Year 4 Month 5 Day

Leave this section blank.

Circle this category if applying for dependent status with the Mutual Aid Association (dependent status for health insurance).

Circle this category if applying for the dependent allowance.

To the Director of the Hiroshima University Branch of the Ministry of Education,  
Culture, Sports, Science and Technology Mutual Society of Health Insurance  
The President of Hiroshima University

Reporter

Address 5-5 3chome OO, Hi

Name Hirodai Ichiro

1. This application form also serves as the application form for the provision/change of the amount/cancelation of the dependent allowance. (Private information on this form and the attached documents will only be used for the necessary procedures of salary transfer or statistical research, and will not be offered or published to any third party.) Therefore, for both the "Mutual Aid Association" and "Dependent Allowance" dependent-related categories, for persons that satisfied/lacked the qualification for dependency, or for any change to his/her circumstances as a dependent, or for any change to your spouse's circumstances, please submit this application promptly.

For the dependent allowance, if you submit the application form more than 15 days after the date of occurrence, you may miss the dependent allowance for that month. (For the recognition of the dependent by the Mutual Aid Association, if you submit the application form more than 30 days after the date of occurrence, the dependent will not be recognized as of the date of occurrence.)

2. For the "The day you became spouseless"/"The day you got a spouse" fields, please write the date of occurrence whether or not the person is under your support.

3. For the "Estimated annual income" field, please write the amount of the person's estimated regular income such as earned income, asset income, etc.

4. For the "Categories (Mutual Aid Association/Dependent Allowance)" field, please circle the category(ies) that are appropriate for the dependent's recognition.

5. If the person has already previously been recognized as a dependent family member, and now wishes to be recognized as a dependent, please submit the application form after receiving a seal from the person in charge of salary on it.

Now, if the person is already recognized as a dependent family member by the Income Tax Law, please write in the field "Recognition of the dependent family member".

4. For "the reason the person satisfied/lacked the requirements for dependent", please write a detailed and specific reason.

7. Please do not fill in boxes with a ※ mark.

Filling in the Original Sheet	Reception date of faculty (Year/Month/Day)	Receptionist
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The date of receipt and the reception seal are necessary.