

Statement on Dependency
扶養の申立書

1 Dependent's name etc.

1 被扶養者の氏名等	Name 氏名	Sex 性別	Date of Birth 生年月日	Relationship 続柄	Marital Status 配偶者の有無	Living with the member or not 同居区分
	広 大 花 子	Female 女	S・H・R 〇〇年 3月 6日 (〇〇 歳)	妻	有 無	同居 別居

2 Dependent's income etc.

2 被扶養者の収入状況等

The dependent is receiving _____ yen annually in public pension benefits (including old age, disability and survivor's pensions). Does the dependent have any other source of income? (Yes/No)

無職無収入で、The dependent has no occupation or other source of income.

公的年金収入 (遺族・障害年金含む) が、年間 _____ 円の収入が、
その他の収入が _____ 円 (ある/なし)。
As described in the Statement Regarding Employment Insurance (on the reverse side)

雇用保険にかかっているが、
 雇用保険による収入が _____ 円。
The dependent is receiving unemployment benefits. The daily amount of allowance is _____ yen.

事業・農業・資産等の収入が、
_____ 円。
The dependent earns _____ yen annually as income from business, agriculture, property, etc.

パート・アルバイト等 (個人年金を含む。) による収入が、
月額 **80,000 円** × 12 月 = 年間推計収入額 **960,000 円** です。

別居のため、I send _____ yen to the dependent every month, since we live separately. (Expected annual amount transferred: _____ yen)
※The annual contribution for the dependent's support from the member needs to account for at least one third of the total of the dependent's annual income and the contribution from the member.

※組合員の年送金額等は、
 その他 (Other (Specify)) _____

3 Do you have dependent(s) whom you are obliged to support?

3 扶養義務者の状況

氏名	続柄	年齢	同居・別居の別	職業	年間収入額
Name	Relationship	Age	Living with the member or not	Occupation	Annual income
<input type="checkbox"/> 有 (右記の)	Yes (as listed in the table on the right)				
<input checked="" type="checkbox"/> 無	No				
組合員の年間収入額 (円)	Annual income of the member (yen)				円

4 組合員が扶養(生計を維持)しなければならない具体的な理由

平成〇年〇月〇日に結婚し、パートタイムで働いているが、収入が少ないため、私が扶養しなければならない。

4 Provide full details of the reason why you need to support the dependent's living.

5 Health insurance program that the dependent was previously enrolled in

5 被扶養者の前加入健康保険名

Name of health insurance society: 健康保険名 **全国健康保険協会〇〇支部** (本人 ・ 家族の扶養)

Member / A family member's dependent

※ 扶養義務者は除 (注) 概

※ Dependents whom a person is obliged to support by Japanese law include his/her spouse, children, parents, siblings, etc. However, the dependent(s) whom you have listed in the Notification Regarding Dependents and the dependent(s) who has/have been already approved for dependency status by the Mutual Aid Association shall be excluded.

Note: Be sure to place a check mark (✓) in each box (□) that applies.

上記のとおり、認定を受けようとするものは、主として私の収入により生計を維持していることにより、
I hereby declare that the above-named dependent for whose dependency status I am applying for approval is supported mainly by my income.
I also declare that if the approved dependent has an income that exceeds the maximum amount specified for dependent qualification (108,333 yen/month, or 1,300,000 yen/year; or 1,800,000 yen/year for dependents aged 60 or over who are receiving an old-age pension and for dependents who are receiving a disability pension), or if I am no longer the primary support provider for the dependent, I will immediately notify the Association accordingly.
給者又は、延滞なく届け出ることを併せて申し立てます。

Reiwa (Year) (Month) (Day)

To: Branch Manager
MEXT Mutual Aid Association, Hiroshima University
文部科学省共済組合広島大学支部長 殿

令和 **〇〇** 年 **4** 月 **4** 日

Name of the Member
組合員氏名 広 大 太 郎

雇用保険にかかる申立書
Statement Regarding Employment Insurance

私が扶養する _____ は、
(The name of the dependent), whom I support,

(続柄: _____、生年月日 _____ 年 _____ 月 _____ 日)
(Relationship: _____; Date of birth: (Year) (Month) (Day))

別添のとおり、平成 _____ 年 _____ 月 _____ 日付けで退職しました。
became unemployed as of Heisei (YY) (MM) (DD), as shown in the attachment.

雇用保険法に基づく失業等給付について、下記のとおり申し立てます。
I hereby declare that regarding the benefits for unemployment etc. stipulated by the Employment Insurance Act of Japan, the above-named dependent is under one of the following conditions:

記
(Circle the one that applies.)

1. 雇用保険の被保険者となっていないため、受給資格がありません。
1. The dependent is not a qualified recipient, since he/she has not been enrolled in the employment insurance program.
2. 受給手続きを行っていないため、今後も受給しません。
2. The dependent has not applied and will not apply for unemployment benefits.
3. 別添の「雇用保険受給資格者証」の写しのとおり、現在受給手続き中のため、待機期間満了後、受給開始したことを速やかに申し出ます。
3. The dependent's claim for unemployment benefits is currently being processed as shown in the attached photocopy of his/her unemployment benefits qualified recipient's identification card. When he/she starts receiving the benefits after the waiting period expires, I will immediately report this accordingly to the Association.
4. 受給手続きを行っていませんが、今後手続きする予定です。その際には速やかに申し出ます。
4. The dependent has not applied for unemployment benefits, but plans to file a claim in the future. When he/she takes the procedure for filing a claim, I will immediately report this accordingly to the Association.

令和 _____ 年 _____ 月 _____ 日
Reiwa (Year) (Month) (Day)

文部科学省共済組合広島大学支部長 殿
To: Branch Manager, MEXT Mutual Aid Association Hiroshima University

申立者 _____ 所属 _____
Member Affiliation

氏名 _____
Name