

(記入例)健康保険 被扶養者(異動)届

Table with 4 columns: 常務理事, 事務長, 担当, 担当

* 太枠内のみご記入ください。

Main form for health insurance dependent person registration. Includes fields for date (令和6年12月3日), registration number (99), name (健保 太郎), birth date (昭和55年12月1日), and address (東京都中央区京橋99-99-99).

Table for recording dependent persons. Includes sections for spouse (配偶者が退職し無収入となったため) and children (お子様が生まれたため). Each entry includes name, birth date, gender, marital status, and reason for dependency.

Confirmation section (確認欄) with a checkbox and text: '必ず確認の上、チェックを入れてください。' and 'この届出については、①又は②の要件を満たしたものである。'

Table for dependent spouse information (配偶者がデクセリアルズ健保の被保険者の場合). Includes spouse's annual premium (360万円) and name (健保 花子).

Business owner confirmation section (事業主の確認) with a large red box containing the text '事業主の証明欄'.

Social Insurance Laborer Confirmation section (社会保険労務士の証明欄) with a large red box containing the text '社会保険労務士の証明欄'.

受付日付印

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Table with 4 columns: 常務理事, 事務長, 担当, 担当

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Main form for health insurance dependent person registration. Includes fields for date of submission (令和6年12月3日), insured person details (Kenbo Tarou), birth date (昭和55年12月1日), and address (東京都中央区京橋99-99-99).

Table for dependent person registration details. Includes columns for type of change (increase/decrease), name, birth date, gender, marital status, and reason for registration. Includes a note about income exceeding 130,000 yen.

Confirmation section (確認欄) with a checkbox and text: 'この届出については、①又は②の要件を満たしたものである。' and two numbered conditions.

Spouse information section (配偶者がデクセリアルズ健保の被保険者の場合). Includes fields for spouse's annual income (360万円) and insured person details (Kenbo Hanako).

Business owner confirmation section (事業主の確認). Includes fields for business address, name, and phone number, with a large red box for the signature.

Social Insurance Laborer registration section (社会保険労務士記載欄). Includes fields for name and address, with a large red box for the signature.