

List of Documents Required for Dependent Authorization: List B
(for persons to whom List A does not apply)

	Documents to submit/attach	Persons who need not cohabit with the insured person						Persons required to cohabit with the insured person			Notes
		Spouse	Parents	Children	Siblings	Grandchildren	Grandparents	Nephews, nieces	Parents-in-law	Uncles Aunts	
Documents required	Dependent (Change) Notice for Health Insurance System (two pages: original and duplicate): Print this form from the IBM Japan Health Insurance Association website *Only page 1 is required for Voluntarily and Continuously Insured Persons or those in the Special-Case Retired Persons Medical Care System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If you name a child as a dependent and both spouses work, enter the income amounts for both spouses under section ⑧, "Annual income of husband & wife, respectively when both are working," on the Dependent (Change) Notice for Health Insurance System (no certifying documents are required). *In principle, the family member will be a dependent of the spouse who earns the higher income.
	Dependent Status Notice (not required upon birth of a child): Print this form from the IBM Japan Health Insurance Association website.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Most recent certificate of income/taxation (tax exempt) certificate issued by the local government office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The certificate of income is used to check for any income (with the amounts indicated) other than salary. A certificate of income and withholding tax issued by the employer or taxation certificate issued by a tax office is not acceptable.
	Certificate of Loss of Eligibility for Health Insurance (original)/National Health Insurance card (copy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	See the Dependent Status Notice.
Other required documentation Documentation of livelihood relationship	Former employees (not receiving employment insurance benefits) Any of the following: separation slips I and II (copies), notice of loss of eligibility for employment insurance (copy), and retirement certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If a family member plans to receive 1.3 million yen/year or more from employment insurance (unemployment insurance) after leaving employment (1.8 million yen/year or more if aged 60 or above), he or she may not be certified as a dependent while receiving such benefits (he or she may be certified as a dependent for only the period of restricted benefits). If a certificate of eligibility for employment insurance benefits is unavailable at the time the application is submitted, submit copies of separation slips I and II as substitute. Submit the certificate of eligibility for employment insurance benefits as soon as you receive it.
	Former employees (receiving employment insurance benefits) Certificate of eligibility for employment insurance benefits (copy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Current employees Payslips (copies)/certificate of anticipated income amount	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Copies of payslips must be submitted for every pay period within the most recent three months. Otherwise, the certificate of anticipated income amount (for the period of one year after the date of certification) must bear the employer's seal. If the amount of income decreases due to an amendment of the contract, submit the amended employment contract (notice of employment conditions) or other equivalent document.
	Persons filing income tax returns for personal business income, real estate income, dividend income, etc. Income tax return (copy) Details of revenues and expenditures/blue return final settlement report/details of expenses (for submittal to the Health Insurance Association) *Not required from those earning only dividend income, salary income, or pension income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Copy of details of revenues and expenditures/blue return final settlement report submitted to the tax office If neither is available, submit the Health Insurance Association's expense details form.
		Persons who have discontinued personal businesses Notice of discontinuation of personal business (copy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Pension recipients Most recent notice of pension remittance (copy) *Public pension (old age, survivors', disability), corporate pension, personal pension, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Also applies to nontaxable income, including survivors' pension and disability pension. Includes all benefits received in pension form, including corporate and personal pensions.
	Persons living apart from the insured person Copies of documentation of remittance of allowance clearly indicating the remitter and recipient of remittance and remittance amount (e.g., bank remittance, cash registered mail)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Submit documentation of the monthly remittance of allowance for the most recent three months, such as copies of bank remittance notices. *Not required in cases of unaccompanied job posting
	Documentation of family relation, cohabitation with insured person, non-Japanese citizenship, etc.	Certified copy of certificate of residence (for all household members)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Official copy (extract) of family register, original source of reestablished family register		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	For adoptive parents or children, submit an official copy (extract) of the family register or notification of adoption; for a common-law spouse, submit a certificate or residence indicating "wife (not registered)" and "husband (not registered)" and official copies of the family registers for both spouses.
Certificate of receipt of marriage registration/notification of adoption		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Persons with disabilities Physical disability certificate (copy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

○: Submission required in all cases △: Attachment required for the persons in question

Note 1: Depending on dependent status, additional documents may be required.

Note 2: Submit original documents if "copy" is not specified.

Note 3: Make sure the document submitted was issued within the past three months when submitting any of the following documents: official copy (extract) of family register, certificate of residence, certificate of income (taxation/tax exempt certificate).