

生計依存関係調書

Survey Form of Livelihood Dependency on Insured Person

年 月 日提出/Date submitted (Y/M/D): / /

被保険者氏名 (記号) (番号)
 Insured person's name (Code) (No.)

1. 家族構成 (同居・別居にかかわらず、被保険者・認定申請家族を含む家族全員)
Family members (entire family, including insured person and family member(s) you are applying to have certified as dependent(s), whether they live with you or separately)

認定申請家族には○印を付けてください。

Enter a circle in this column next to the family member for whom the application for certification is being submitted.

↓	氏名 Name	続柄 Relationship	年齢 Age	職業 Occupation	勤務先 Employer	年収 (総支給額) Annual income (total amount paid)	配偶者の有無 Married?	同居・別居 Lives together/Lives separately	別居の場合の住所 Address if living separately
		本人/Self				千円 thousands of yen	有・無 Y/N		
						千円 thousands of yen	有・無 Y/N	同・別 Together/Separately	
						千円 thousands of yen	有・無 Y/N	同・別 Together/Separately	
						千円 thousands of yen	有・無 Y/N	同・別 Together/Separately	
						千円 thousands of yen	有・無 Y/N	同・別 Together/Separately	
						千円 thousands of yen	有・無 Y/N	同・別 Together/Separately	
						千円 thousands of yen	有・無 Y/N	同・別 Together/Separately	
						千円 thousands of yen	有・無 Y/N	同・別 Together/Separately	
						千円 thousands of yen	有・無 Y/N	同・別 Together/Separately	
						千円 thousands of yen	有・無 Y/N	同・別 Together/Separately	

※上記のご家族のうちで配偶者がいない場合は、その理由および該当日 (年 月 日)

If no spouse is named above for the insured person, indicate that the insured person has never married or was married but is currently single. If the latter, explain why currently single and provide specific dates (Y/M/D): / /

未婚・離婚・死亡・その他 () Never married/Divorced/Widowed/Other ()

※認定申請家族と別居している理由

Reason for living separately from the family member for whom the application for certification is being submitted: _____

2. 認定申請家族について/About the family member for whom the application for certification is being submitted

扶養するに至った年月日、経過および理由について/Date he or she became dependent on you for his or her livelihood and background of and reasons for this dependence

年	月	日より/Starting	/	/	(Y/M/D)

申請前の職業等について/Previous employment and other information

職業 Occupation		退職 (廃業) 年月日 Date of leaving employment/closing business (Y/M/D)	年 月 日 / /
勤務先 Employer		退職 (廃業) 事由 Reason for leaving employment/closing business	定年・自己都合・会社都合・ () Mandatory retirement age/Personal reasons/Employer's reasons/()

雇用保険失業給付について Unemployment benefits under employment insurance			
申請前の職業等での雇用保険加入状況 Did the previous employer provide employment insurance?	加入 ・ 未加入 Y / N	※未加入の場合は、雇用保険未加入の旨を記載した退職証明書が必要です。 If "N," you must provide retirement certificate indicating that the previous employer did not provide employment insurance.	
加入（失業等の給付受給）の場合 If "Y" (receiving benefits for unemployment, etc.)	基本手当日額 Base allowance daily amount:	円 ・ 給付日数 yen: days paid:	日 days
収入について（認定申請家族が親の場合は、ご両親両方の収入についてご記入ください。） Income (if the family member for whom the application for certification is being submitted is a parent, enter incomes for both parents)			
年金・恩給等受給の有無 Receiving benefits from pension, public employees' pension, etc.	有 ・ 無 Y / N	年金・恩給等以外の収入の有無 Income other than pension, public employees' pension, etc.	有 ・ 無 Y / N
有の場合、年金の種類と受給額 If "Y," type of pension and amount of benefits		有の場合、収入の種類と金額（年収）（円） If "Y," type of income and amount (annual): (yen)	
年金等の受給者・種類 Recipient/type of pension, etc.	年金の受給額 Amount of pension benefits received	家賃収入・不動産収入・利子収入・農業収入・株の配当・ Rent income/Real estate income/Interest income/Agricultural income/Stock dividends/ 相続収入・贈与収入・給与収入・ Inheritance income/Gift income/Salary income/ その他（ ） Other ()	
父・母 Father/Mother	年金 pension	年額 thousands of yen/year	パート、アルバイト Part-time employment 時給（円） ・ 日の労働時間（時間） Hourly wage (yen); hours worked per day (hours) 月の労働日数（日） ・ 手当等（円） Days worked per month (days); allowances, etc. (yen)
父・母 Father/Mother	年金 pension	年額 thousands of yen/year	
父・母 Father/Mother	年金 pension	年額 thousands of yen/year	
父・母 Father/Mother	年金 pension	年額 thousands of yen/year	
父・母 Father/Mother	年金 pension	年額 thousands of yen/year	
住居について/Residence			
持ち家/Own ・ 借家/Rent（家賃月額円）/(Rent: yen/month)			

3. 認定申請家族の生計費（月額）の負担状況について/Support of (monthly) cost of living of family member for whom application for certification is being submitted

※認定申請家族が親の場合は、ご両親両方への負担状況についてご記入ください。

If the family member is a parent, enter specific information on how you and other persons support both parents.

同居の場合/Living together with insured person		別居の場合/Living separately from insured person		
負担者の氏名 Name of payer of monthly cost of living for the family member	負担額 Amount paid	負担者の氏名 Name of payer of monthly cost of living for the family member	負担額又は送金額 Amount paid or remitted	送金方法 Remittance method
	円/yen		円/yen	金融機関振込 Remittance through financial institution 現金書留 Cash registered mail その他/Other ()
	円/yen		円/yen	
	円/yen		円/yen	
	円/yen		円/yen	
	円/yen		円/yen	
合計（1ヶ月の生計費） Total (monthly cost of living for the family member)	円/yen	合計（1ヶ月の生計費） Total (monthly cost of living for the family member)	円/yen	