

記入例
Example of completed form

提出される日をご記入ください。
Enter the date the form was submitted.

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): 2008 / 4 / 5

被保険者氏名 Insured person's name Taro Kempo (記号) (Code) 123 (番号) (No.) 4567

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O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.

保険証上部に記載の記号・番号をご記入ください。
Enter the code and number shown at the top of your health insurance card.

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 Address if living separately
Taro Kempo	本人/Self	42	Company employee	Pharmaceutical	8,360 thousands of yen	有・無 Y/N		
<input type="radio"/> Kentaro Kempo	Father	67	None		1,220 thousands of yen	有・無 Y/N	同居・別居 Together/Separately	cho, Chuo-ku, Osaka
<input type="radio"/> Hanako Kempo	Mother	65	None		380 thousands of yen	有・無 Y/N	同居・別居 Together/Separately	Same as above
Momoko Kempo	Wife	40	None		thousands of yen	有・無 Y/N	同居・別居 Together/Separately	
Ichiro Kempo	Eldest son	14	Junior high school student		thousands of yen	有・無 Y/N	同居・別居 Together/Separately	
Jiro Kempo	Second son	11	Elementary school student		thousands of yen	有・無 Y/N	同居・別居 Together/Separately	
Hanako Tokugawa	Elder sister	45	None		thousands of yen	有・無 Y/N	同居・別居 Together/Separately	cho, Chuo-ku, Kobe
Yoko Kenpo	Younger sister	40	Company employee	Transportation	3,000 thousands of yen	有・無 Y/N	同居・別居 Together/Separately	cho, Itami
					thousands of yen	有・無 Y/N	同居・別居 Together/Separately	
					thousands of yen	有・無 Y/N	同居・別居 Together/Separately	

被保険者および認定申請家族と認定申請家族を中心に1親等以内のご家族の状況についてご記入ください。
Enter information on the insured person, the family member(s) for whom the application for certification is being submitted, and relative(s) within one degree of consanguinity of the family member(s).

※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: My father is prone to sickness, and his mental/physical condition makes relocation difficult. For this reason, it would be impractical for him to live with me.

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 2006 / 6 / 3 (Y/M/D)

While my parents had survived on pension benefits after my father's retirement, their medical care costs increased after my father was hospitalized last year. For this reason, I began remitting funds for their livelihood, including support for living costs.

認定申請家族を扶養する状況になった経過・理由等について、なるべく詳しくご記入ください。
In as much detail as possible, provide background information and the reasons the family member became dependent, as well as other relevant information.

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

職業 Occupation	Company employee	退職 (廃業) 年月日 Date of leaving employment/closing business (Y/M/D)	年 月 日 2006 / 6 / 3
勤務先 Employer	Chemical Industry Co., Ltd.	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/()

雇用保険の失業等の給付を受けられる場合はご記入ください。
Fill out this section if the family member is eligible to receive unemployment benefits under employment insurance or other benefits.

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 <input checked="" type="radio"/> Y 未加入 <input type="radio"/> 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 <input checked="" type="radio"/> Y 無 <input type="radio"/> N	年金・恩給等以外の収入の有無 Income other than pension, public employees' pension, etc.	有 <input checked="" type="radio"/> Y 無 <input type="radio"/> 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): (100,000 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	
父・母 Father/Mother	Old age pension 年額 1,120 千円 thousands of yen/year	相続収入・贈与収入・給与収入・ Inheritance income/Gift income/Salary income/	
父・母 Father/Mother	Old age pension 年額 380 千円 thousands of yen/year	その他（ Other（ ））	
父・母 Father/Mother	pension 年額 千円 thousands of yen/year	パート、アルバイト Part-time employment	
父・母 Father/Mother	pension 年額 千円 thousands of yen/year	時給（円）・日の労働時間（ Hourly wage (yen); hours worked per day	
父・母 Father/Mother	pension 年額 千円 thousands of yen/year	月の労働日数（日）・手当等（円） Days worked per month (days); allowances, etc. (yen)	
父・母 Father/Mother	pension 年額 千円 thousands of yen/year		
住居について/Residence			
持ち家 <input checked="" type="radio"/> Own ・ 借家/Rent (家賃 月額 円) /Rent: yen/month			

パートやアルバイトでお勤めの場合は、毎月の給与が計算できるように雇用条件についてご記入ください。
If the family member works part-time, enter his or her employment conditions so that his or her monthly salary can be calculated.

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	Taro Kempo	145,000 円/yen	金融機関振込
	円/yen	Kentaro Kempo	101,000 円/yen	Remittance through financial institution
	円/yen	Hanako Kempo	31,000 円/yen	現金書留
	円/yen	Yoko Kenpo	10,000 円/yen	Cash registered mail
			円/yen	その他/Other ()
合計（1ヶ月の生計費） Total (monthly cost of living for the family member)			287,000 円/yen	

※生計費の負担状況
認定申請家族の世帯について、毎月の生活維持に必要な衣食住に関する生活費を誰が、どのくらい負担されているのか、ご記入ください。なお、認定申請家族の負担額については、必ずご記入ください。
* Provision/remittance of cost of living
Here, describe who pays what portion of costs for clothing and food and residential costs needed to sustain the livelihood of the family member's household each month. Be sure to enter the amount paid by the family member himself/herself.

武田薬品健康保険組合/Takeda Health Insurance Society