

# 雇用保険失業給付受給についての確認書

## Unemployment Benefits Receipt Confirmation Form

| 記入日/Date filled out (Y/M/D)                                       | 記号/Code            | 番号/No. | 被保険者氏名/Name of insured person   |
|---|--------------------|--------|---------------------------------|
| XXXX / 5 / 20   | 10                 | 234567 | 健保 太郎/Taro Kempo                |
| 被扶養者として申請する家族の氏名<br>Name of applicant for dependent certification | 健保 花子/Hanako Kempo |        | 続柄<br>Relationship<br>妻<br>Wife |

この度、私の家族(氏名) **健保 花子** が、**〇〇年 4月 30日**付で退職したことに伴い、被扶養者として申請を行います。なお、雇用保険の失業給付受給に関しては、下記(□にチェック)のとおり相違ありません。

I request certification of my family member (name) **Hanako Kempo** as a dependent because he or she has been unemployed since XXXX (Y)/ 4 (M)/ 30 (D). I also certify that the information below is complete and accurate with regard to receipt of unemployment benefits under employment insurance.

1. 勤務期間:

Employment period (Y/M/D): From **XXXX/ 4 / 1** to **XXXX/ 4 / 30** (3 years, 1 months)

2. 退職理由/Reason for leaving employment

- ①  自己都合/Personal reasons (□ 結婚/Marriage □ 出産/Childbirth □ 病気/Sickness □ 定年/Mandatory retirement age □ その他/Other)
- ②  会社都合/Employer's reasons

3. 雇用保険失業給付受給について/Receipt of unemployment benefits under employment insurance

- ①  受給する/Will receive unemployment benefits      ②  未定(不明)/Not sure (unknown)
- ③  受給中(手当日額 a □3,612円以上 → 申請できません b □ 3,611円以下)  
Now receiving unemployment benefits (Daily allowance: a. □ 3,612 yen or higher (in this case, not eligible to be a dependent) b. □ 3,611 yen or less)
- ④  受給を先送り(延長)する(している)/Will postpone/extend (or have postponed/extended) receipt of unemployment benefits
- ⑤  受給しない/Will not receive unemployment benefits
- a  放棄する/Waived [理由を記入/Give reason: \_\_\_\_\_]  
《「雇用保険失業給付放棄についての確認書」を提出》  
<< Submit Unemployment Benefits Waiver Confirmation Form. >>
- b  受給資格がない/Not eligible to receive benefits
- c  雇用保険未加入/Not covered by employment insurance } ※追加で証明書を提出いただく場合があります  
You may be asked to submit additional documentation.
- d  その他/Other [理由を記入/Give reason: \_\_\_\_\_]

4. 雇用保険失業給付以外の収入について (退職一時金を除く)

Does the person whom this request concerns have any income other than unemployment benefits under employment insurance (not including one-time severance pay)?

- ①  収入なし/N
- ②  収入あり/Y (収入の種類/Type of income: **駐車場収入/** 金額/Amount: **50万/** 500,000 円/年(yen/year))

5. 現在の健康保険加入状況/Current health insurance coverage

- ①  国民健康保険/National Health Insurance      ②  他の健康保険の扶養家族/Dependent on other health insurance
- ③  共済組合/Mutual aid association
- ④  任意継続( 年 月分まで保険料支払い済み)/Voluntarily and Continuously Insured Person (premiums paid through (Y)/ (M))
- ⑤  健康保険加入なし/No health insurance coverage

武田薬品健康保険組合 理事長 殿/To: Chairman of the Board, Takeda Health Insurance Society

- 健康保険組合が提出を要請する雇用保険に関する書類(離職票の写し等)は、入手次第速やかに健康保険組合へ提出します。  
Upon receipt, I agree to promptly submit the documents requested by the Health Insurance Society regarding employment insurance (e.g., copies of separation slips).
- 公共職業安定所(ハローワーク)に求職の申込みを行い、雇用保険失業給付(基本手当日額)3,612円以上(60歳以上また障害年金受給者は5,000円以上)を受給する場合は、受給開始日を以って健康保険組合への被扶養者資格抹消の手続きを行います。  
If the applicant applies for employment through a public employment security office (Hello Work) and receive unemployment benefits under employment insurance with a basic daily allowance of 3,612 yen or more (5,000 yen or more if aged 60 or above or a disability pension recipient), I will take the steps necessary to cancel the applicant's dependent eligibility with the Health Insurance Society as of the date the applicant begins receiving benefits.
- 上記2に該当したにもかかわらず、健康保険組合への手続きを行わなかった(もしくは遅れた)場合には、受給開始日(\*)まで遡って被扶養者資格抹消の手続きを行います。また、その間にマイナ保険証または資格確認書を使用して診療を受けた場合の医療費給付費や、保険事業等の健保立替分を返還します。  
If the applicant's situation is the situation described in 2 above and I fail to take the steps to cancel the applicant's dependent eligibility (or delay in doing so), the Society will take the steps necessary retroactive to the start date for receipt of unemployment benefits.\* In addition, during that period, I agree to refund to the Health Insurance Society the amount it has paid for medical care benefits or health activities.

被保険者氏名: **健保 太郎/Taro Kempo**

Name of insured person \_\_\_\_\_

扶養申請者氏名: **健保 花子/Hanako Kempo**

Name of applicant for dependent certification \_\_\_\_\_

(\*) 受給開始日: 給付制限がある場合は「給付制限期間満了日」の翌日、但し給付制限が無い場合は「待期間満了日」の翌日

Start date for receipt of unemployment benefits: The day after the final date of the period of restriction on receipt of benefits if restrictions on receipt of benefits apply. If no restrictions on receipt of benefits apply, the day after the final date of the waiting period.

= 確認書に記載された個人情報、本確認書に係る業務処理の目的にのみ使用し、他の目的には使用いたしません。 =

The personal information you provide on this Confirmation Form will be used solely for purposes of administrative processing related to this Confirmation Form. It will not be used for any other purpose.