

# Investigation of circumstances form (page 1/2)

Insurance card code and no.		Name of insured		Name of individual subject to authorization		Relation	Age
Code	999	No.	999999	健保 太郎	健保 和子	母	51

\* The individual for whom dependent status application is being made will be referred to hereinafter as the individual subject to authorization

\* Submit this form together with the Dependent (Change) Notice. This form is not required in the following cases: (1) Upon the birth of a child; (2) if applying to name an individual under age 18 as a dependent, if you applied for dependent status for your spouse when first such application is made within the Sony Health Insurance Society.  
 \* Please complete the applicable items outlined in bold.

About Health insurance system the individual joined before application. Leave in blank if insurance card code and no. is unknown.

Indicate the name, relationship, and age of the individual subject to this application

## 1. Health insurance system under which the individual subject to authorization has been or is now covered.

(1) Type of health insurance system

<input type="checkbox"/>	(i) National Health Insurance
<input checked="" type="checkbox"/>	(ii) Insured under _____ Health Insurance Society/Social Insurance Office (code: _____; no.: _____)
<input type="checkbox"/>	(iii) Insured under _____ Health Insurance Society/Social Insurance Office (code: _____; no.: _____)
<input type="checkbox"/>	(iv) Not currently insured (date since loss of coverage: _____)

(2) Date of loss of eligibility for health insurance system you joined before application. Indicate "not lost yet" in case it is not lost at the time of application. **H17 / 5 / 1** (Y/M/D)

## 3. When the individual subject to authorization lives apart from you

\* This section does not need to be completed if the individual subject to authorization lives with you.

(1) Amount remitted (\* This amount must exceed the annual income earned by the individual subject to authorization.) **80,000** Yen/month

(2) Please check the applicable item to indicate why the individual subject to authorization lives apart from you.  
 \* In cases (i) to (iii) below, even when the individual subject to authorization has a registered residence apart from yours, he or she is considered as living with you. In such cases, no remittance inspection is required. However, please confirm

**Make sure to indicate amount remitted every month**

<input type="checkbox"/>	(i) The individual subject to authorization is a student (at a university, specialized school, preparatory school, etc.).
<input type="checkbox"/>	(ii) You live alone on assignment (cases in which you live apart from your spouse).
<input type="checkbox"/>	(iii) The individual subject to authorization is a resident at a special home for the elderly or a medical facility for disabled individuals.
<input checked="" type="checkbox"/>	(iv) Reasons other than (i) to (iii) above

## 2. Reason for application

\* Check all applicable items for the past year

	Applicable as of:
(1) You joined the company	___/___/___ (Y/M/D)
(2) The individual subject to authorization has left his or her company • If extending the period of eligibility for unemployment insurance benefits: Submit a copy of the notice of extension of eligibility for unemployment insurance benefits * Submit this form after it is issued by the Public Employment Security Office. * In principle, individuals receiving unemployment insurance benefits are not eligible to become dependents during waiting periods or while receiving benefits. However, individuals receiving daily benefits in the following amounts may apply for eligibility: • Individual under 60: less than 3,562 yen • Individual 60 or above, or receiving a disability pension: less than 4,932 yen	___/___/___ (Y/M/D)
(3) The individual subject to authorization received unemployment insurance benefits after leaving employment but no longer receives such benefits.	___/___/___ (Y/M/D)
(4) The individual subject to authorization has lost eligibility for voluntary continuing health insurance coverage. Submit an original copy of the certificate of loss of eligibility for voluntary continuing health insurance coverage * This document need not be submitted for loss of eligibility for voluntary continuing health insurance coverage under the Sony Health Insurance Society.	___/___/___ (Y/M/D)
(5) The individual subject to authorization marries.	___/___/___ (Y/M/D)
(6) The individual subject to authorization has divorced, or his or her parents have divorced.	___/___/___ (Y/M/D)
(7) The individual subject to authorization has moved in with you.	___/___/___ (Y/M/D)
(8) The individual subject to authorization is no longer self-employed.	___/___/___ (Y/M/D)
<input checked="" type="checkbox"/> (9) The income earned by the individual subject to authorization has decreased.	<b>H17 / 5 / 1</b> (Y/M/D)
(10) The individual under whose insurance coverage the individual subject to authorization was a dependent has lost eligibility for such coverage. * You do not need to complete this document if the individual subject to authorization is a dependent under your insurance policy.	___/___/___ (Y/M/D)
(11) You have joined the Sony Health Insurance Society's medical care system for retirees.	___/___/___ (Y/M/D)
(12) Other ( _____ )	___/___/___ (Y/M/D)

If applying for this reason, make sure to submit together with the income certification

## 4. Information on the spouse of the individual subject to authorization

\* This section does not need to be completed if the individual subject to authorization is your spouse.  
 \* Under the Civil Code, married couples are required to support each other. For

<input type="checkbox"/>	(1) The individual subject to authorization has a spouse who is your dependent under the Sony Health Insurance Society.
<input type="checkbox"/>	(2) The individual subject to authorization has a spouse who is a member of another health insurance society; in such case, does the spouse have an income?: Y N
<input type="checkbox"/>	(3) No spouse; unmarried
<input checked="" type="checkbox"/>	(4) No spouse; spouse deceased (date of death: <b>H2 / 3 / 5</b> [Y/M/D]); receiving survivor pension: <b>Y</b> N
<input type="checkbox"/>	(5) No spouse; divorced (date of divorce: ___/___/___ [Y/M/D]); receiving alimony: Y N

Protection of personal information  
 \* Based on its Privacy Policy, the Society seeks to protect the confidentiality of personal information obtained from its members.  
 \* Nevertheless, the Society may handle personal information on members exceeding the range of the original purposes of use without first obtaining your consent in the following cases:  
 1. When required by law  
 2. When required to protect an individual's life, social standing, or assets under conditions that make it difficult to obtain advance consent from the member  
 3. When required to promote public health or to promote sound child rearing, and conditions make it difficult to obtain advance consent from the member  
 4. When cooperation with the duties of national government bodies, local public bodies, or other parties entrusted by such bodies with such duties is legally required, and efforts to obtain consent from the member may hinder the undertaking of such duties  
 \* When a member wishes to inquire into, revise, or otherwise access his or her own personal information, the Society shall respond as promptly as is reasonably possible upon contact by the member. (Contact information is provided below.)

Sony Health Insurance Society Operation Office  
 Tel. 03-5795-6111; fax 03-5795-610

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# Investigation of circumstances form (page 2/2)

Insurance card code and no.		Name of insured		Name of individual subject to authorization	Relation	Age
Code	999	No.	999999	健保 太郎	健保 和子	母
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## 5. Annual income of the individual subject to authorization (complete all items)

\* Refer to "Methods of Calculating Annual Income" at right when completing this section.  
 Please attach income certification for the individual subject to authorization.  
 Even if the individual subject to authorization earns no income, documents certifying such lack of income must be provided.  
 Please see the attached List of Documents to Attach for details of income certification.  
 \* Annual income refers to the amount of income estimated for the one-year period.

(1) Income from salary	<input checked="" type="radio"/> Y	Annual amount (yen)	600,000
(2) Income from pensions (e.g., employees' pension, national pension, cooperative pension, civil servant pension, disability pension)	<input checked="" type="radio"/> Y	Annual amount (yen)	300,000
(3) Income from business	<input type="radio"/> Y → <input checked="" type="radio"/> N	Annual amount (yen)	
(4) Income from family employment	<input type="radio"/> Y → <input checked="" type="radio"/> N	Annual amount (yen)	
(5) Income from real estate	<input type="radio"/> Y → <input checked="" type="radio"/> N	Annual amount (yen)	
(6) Unemployment insurance benefits received	<input type="radio"/> Y → <input checked="" type="radio"/> N	Annual amount (yen)	
(7) Miscellaneous income (e.g., manuscript fees, royalties, lecture fees, etc.), interest income, dividend income	<input type="radio"/> Y → <input checked="" type="radio"/> N	Annual amount (yen)	
(8) Subsidies received from others (e.g., continuously paid subsidies such as child support and alimony payments)	<input type="radio"/> Y → <input checked="" type="radio"/> N	Annual amount (yen)	
(9) Illness and injury allowances	<input type="radio"/> Y → <input checked="" type="radio"/> N	Annual amount (yen)	
(10) Other income used to pay for living expenses	<input type="radio"/> Y → <input checked="" type="radio"/> N	Annual amount (yen)	
Total (* If the individual subject to authorization has no income whatsoever, enter "0.")			900,000

Circle either "Y" (Yes) or "N" (No) in all the items from (1) to (10)

Calculate and indicate the annual income

Attach the income certification referring to the attached "List of Documents to Attach." Even if there is no income, documents certifying such lack must be provided.

## Methods of Calculating Annual Income

◆ Income from salary

$$\left[ \frac{\text{Total salary paid over the most recent three months}}{3} \right] \times 12 \text{ months} + (\text{bonus amount} \times \text{number of times paid})$$

\* For both salary and bonuses, enter the total amounts paid before deducting taxes. Include transportation costs paid by the company.  
 \* For income from family employment, use the amount declared on the previous fiscal year's income tax return.

◆ Income from pensions and civil servant pensions

Amount paid × number of times paid per year (e.g., six times for old-age pensions, four times for civil servant pensions)

\* Enter total amounts before deduction of long term care insurance premiums.

◆ Income from self-employment, etc.

$$[\text{Sales} - (\text{cost of sales} + \text{expenses}) + \text{depreciation expenses}] + \text{other income from pensions, real estate, etc.}$$

\* Enter amounts declared on the previous fiscal year's income tax return.  
 \* Since depreciation expenses do not involve cash payments, they are generally not included as expenses in the above formula. However, for asset purchases or other cash expenditures, such expenditures alone may be included in expenses.

◆ Unemployment insurance benefits received

$$\text{Basic daily benefit amount} \times 365$$

\* In principle, individuals receiving unemployment insurance benefits are not eligible to become dependents during waiting periods or while receiving benefits.  
 However, individuals for whom (the basic daily benefit amount × 365) < 1.3 million yen (or 1.8 million yen) may apply for eligibility as dependents:

- Individual under 60: less than 3,562 yen
- Individual 60 or above, or receiving a disability pension: less than 4,932 yen

## 6. Other notes

Fill in anything you want to tell the Sony health insurance society upon the application

## 7. Pledge

I hereby certify that the contents of this application are correct.  
 I also consent to the cancellation of dependency status retroactive to its start and the return of any insurance benefits received should the contents of this application prove to differ from actual circumstances.  
 In addition, I pledge to undertake procedures immediately to terminate eligibility as a dependent should the dependent no longer meet the standards thereof.

Name of insured: 健保 太郎 (Seal)

\* If the insured provides his or her signature above, his or her seal need not be affixed.

For use by the Sony Health Insurance Society:

Signature and Seal of the insured person