Investigation of circumstances form (page 1/2)

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

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

Indicate the name, relationship, and age

of the individual subject to this application

* 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 firs About Health insurance system the individual joined before application. Leave in blank if insurance card code and no. is unknown. * Please complete the applicable items outlined in bold. 1. Health insurance system under which the individual subject to authorization has been or is now covered. (1) Type of health insurance system (i) National Health Insurance Health Insurance Society/Social Insurance Office (code: (ii) Insured under (iii) Insured under Health Insurance Society/Social Insurance Office (code: (iv) Not currently insured (date since loss of coverage: __ H17 / 5 / 1 (Y/M/D Date of loss of eligibility for health insurance system you joined before application. Indicate "not lost vet" in case it is not lost at the time of application. 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 (Y/M/D) • 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 eligi • Individual under 60: less than 3,562 yen If applying for this reason, make sure to submit together with the • Individual 60 or above, or receiving a disability pension: less than 4,932 yen income certification (3) The individual subject to authorization received unemployment insurance benefits after leaving /___/<u>(Y/M</u>/D) but no longer receives such benefits. (4) The individual subject to authorization has lost eligibility for voluntary continuing health insurance coverage. / / (Y/M/D) 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. (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) (9) The income earned by the individual subject to authorization has decreased. H17 / 5 / 1 (Y/M/D) (10) The individual under whose insurance coverage the individual subject to authorization was a dependent has ____/___(Y/M/D) lost eligibility for such coverage.

* You do not need to complete this document if the individual subject to authorization is a dependent

(11) You have joined the Sony Health Insurance Society's medical care system for retirees.

under your insurance policy.

(12) Other (

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 80,000 Yen/mont by the individual subject to authorization.) (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 (i) The individual subject to authorization is a student (at a university, specialized school, preparatory school, etc.). (ii) You live alone on assignment (cases in which you live apart from your spouse).

(iii) The individual subject to authorization is a resident at a special home for the elderly or a medical facility for disabled

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

such application is made within the Sony Health Insurance Society.

This section does not need to be completed if the individual subject to authorization is your

Under the Civil Code, married couples are required to support each other. For

- (1) The individual subject to authorization has a spouse who is your dependent under the Sony Health Insurance Society.
- (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
- (3) No spouse; unmarried

individuals.

(iv) Reasons other than (i) to (iii) above

- (4) No spouse; spouse deceased (date of death: H2 / 3/5 [Y/M/D]); receiving survivor pension: N
- (5) No spouse; divorced (date of divorce: ____/__ [Y/M/D]); receiving alimony: Y N

Protection of personal information

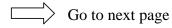
- * Based on its Privacy Policy, the Society seeks to protect the confidentiality of personal information obtained from its members.
- * Nevertheless, the Society may handle personal information on members exceeding the range of the original purposes of use without first obtaining your consent in the following cases:
- 1. When required by law

(Y/M/D)

(Y/M/D)

- 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
- 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



Investigation of circumstances form (page 2/2)

	Insurance card code and no.				Name of insured	Name of individual subject to authorization	Relation	Age
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