

Request for Submission of the Income Declaration for National Health Insurance Premiums

If the householder or any insured member of a household has not declared their income, the income-based-rate premium cannot be calculated, and a premium reduction cannot be applied.

Please submit the enclosed "Income Declaration for National Health Insurance Premiums" by the due date.

[Instruction for Filling in the Form]

- Please write the total income for each household member listed on the form.
- Write the income for the period from January 1 to December 31 of last year.
- If you had no income, be sure to check the applicable item in section (B) "No Income".
- Household members who have declared their income for income tax and municipal and prefectural inhabitants tax do not need to submit this form.
- Please be sure to write your contact information. We may contact you to clarify the information you have provided.

<Example>

Reference. Nb., Name, Date of birth		12345678	
		KANAZAWA Taro	
Content		Date (YYYY/MM/DD) 1955/08/03	
Occu-pation/ Place of work	Circle the applicable item. If "Other" applies, please specify.	Student・Unemployed・Part-time・ Temporary (arubaito)・ Self-employed・Company employee・ Other ()	
(A) Tax decla- ration	Tax filing status with the tax office or municipal office	<input type="checkbox"/> Filed (no further entry required) <input checked="" type="checkbox"/> Not filed <input type="checkbox"/> Moved overseas on or after January 2	
(B) No Income	If you have no income or only non-taxable income*, please check ✓ the box. <small>*Non-taxable income includes disability pension, survivor's pension, survivor's gratuity, injury/illness gratuity, unemployment insurance, sickness allowance, scholarships, etc.</small>	<input checked="" type="checkbox"/> No income <input type="checkbox"/> Only non-taxable income If you check either box, no further entry is required below.	
(C)	Salary	Please enter the amount before the employment income deduction.	Main Salary yen 2nd Salary yen
(D)	Family business worker salary	Please enter the amount before the employment income deduction, along with the business owner's name and your relationship to them.	Fam. Business Worker Salary yen Owner (Relationship)
(E) w/ In co m e	Pension	Please enter the type of pension and the amount received. Do not include non- taxable income such as disability or survivor's pensions.	() Pension/Survivor's pension income yen
(F)	Business, etc.	For income from business, etc. (**), please enter the type of income and the amount after deducting expenses. <small>**Business / Agriculture / Real estate / Dividends / Forest income / Miscellaneous income / Temporary income / Other</small>	() net income yen () net income yen

(A) Tax Declaration

Please indicate whether you have filed a tax return.

If you moved to Japan from overseas on or after January 2, please check ✓ the applicable box.

(B) No Income

If you had no income or only non-taxable income such as survivor's or disability pensions, be sure to check this box.

(C) Salary

If you received wages from an employer, including part-time or temporary work, enter the total amount received, including bonuses and allowances.

(D) Family Business Worker Salary

If you received a family worker salary, enter the amount, the business owner's name, and your relationship to them.

(E) Pension

Enter the type of pension and the amount received.

If you receive a private pension, enter it under section (F) Business, etc., as "private pension income," and enter the income amount minus necessary expenses (for the amount of necessary expenses, please refer to the annual notice from your insurance company).

(F) Business, etc.

If you received income other than employment income or pension income—such as business income—enter the type of income, the income amount, and the income amount after deducting necessary expenses.

If you have taxable income, you may be required to file a municipal/prefectural tax declaration.