



オリンパスけんぽ
Olympus Health Insurance Society

July 2024

To: Insured persons and dependents

Olympus Health Insurance Society

About the FY2024 Health Insurance Dependent Certification Survey

Thank you for your continuing cooperation with Health Insurance Society activities.

The Health Insurance Dependent Certification Survey must be implemented pursuant to Article 50 of the Ordinance for Enforcement of the Health Insurance Act and in accordance with guidance from the Ministry of Health, Labour and Welfare to ensure that dependent certification is conducted fairly and appropriately for all Society insured persons. Note that if the Health Insurance Dependent Certification Survey Form ("Survey Form" hereinafter) and required documents are not submitted by the deadline, the dependent's health insurance card will be invalidated pursuant to this Ordinance. We ask for your understanding and cooperation regarding this survey.

The implementation and administration of the survey are subcontracted to Houken Corporation. Please direct inquiries to the Olympus Health Insurance Society dedicated call center. (Contact information is provided below.)

Details

Survey subjects

- All dependents aged 18 or older (as of April 1, 2024)
 - Dependents whose dependent status must be verified and their family members
 - If a child is a dependent of the insured but the spouse is not (dependents for whom both spouses provide)
 - If a person other than the insured is the priority support obligor of the dependent
- ※Not including those certified on or after January 1, 2024

Documents to submit

- Health Insurance Dependent Certification Survey Form
 - Documentation of dependent eligibility
- ※Submission of additional documents may be requested.
※Prepare the required documents after answering the questions on the Survey Form.

Contact

Olympus Health Insurance Society dedicated call center (Available only in Japanese)

TEL: 0800-800-2291 (toll free) 9:00 am – 5:00 pm Monday-Friday (except holidays)

※ Houken Corporation, the subcontractor, will be appropriately managed and supervised regarding handling of personal information used in its subcontracted operations.

Deadline for submission

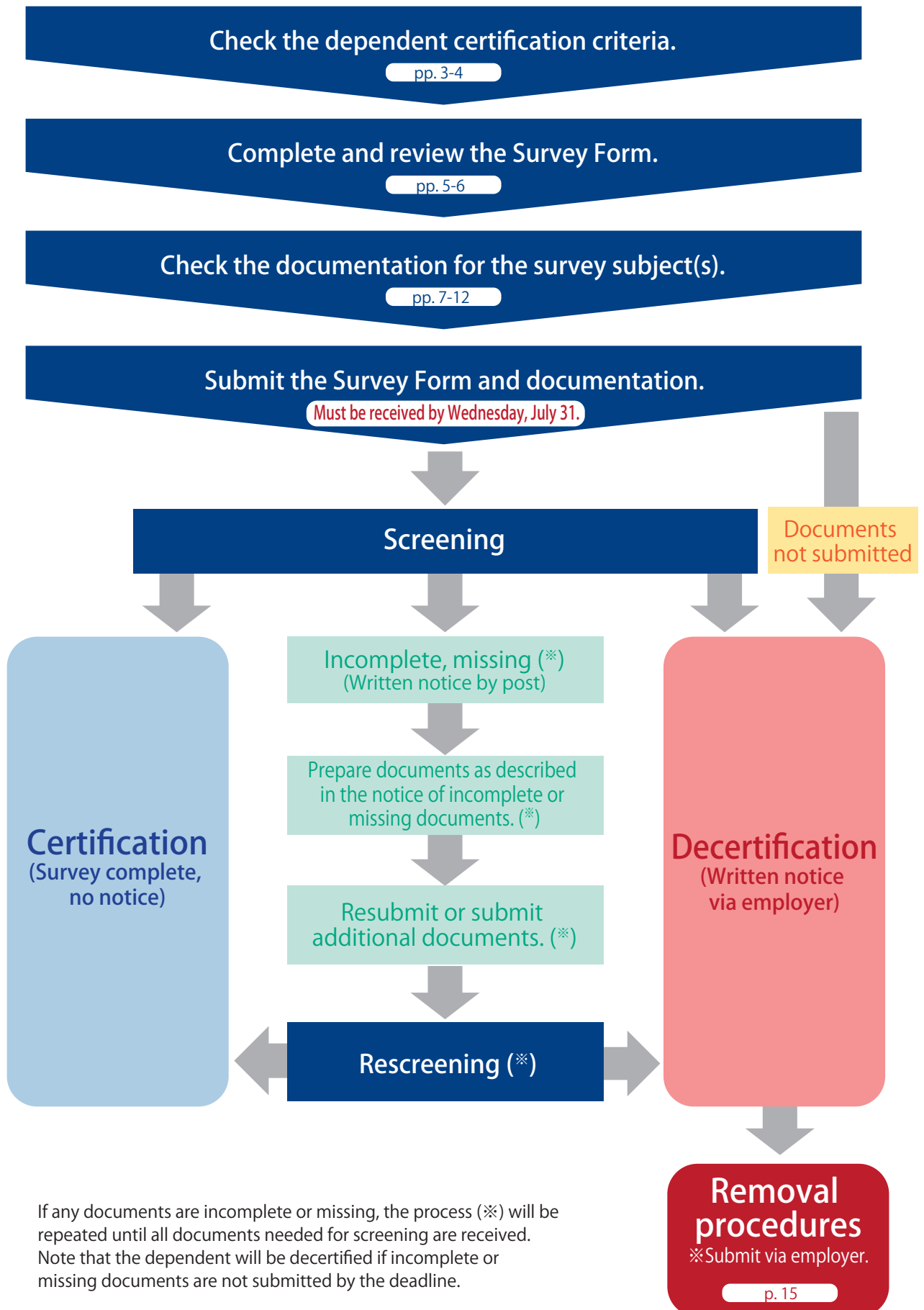
Must be received by Wednesday, July 31, 2024.

- ※Use the enclosed reply envelope.
- ※Do not submit documents directly to your establishment or to the Health Insurance Society.

Notes

- Information on the Survey Form is current as of May 31, 2024.
- Pursuant to Article 50 of the Ordinance for Enforcement of the Health Insurance Act, the relevant dependent's health insurance card will be invalidated if the Survey Form and required documents are not submitted by the deadline.
- Under certain circumstances, you may be asked to submit additional documents.
- The Society will notify you if the survey results indicate a dependent no longer meets the dependent certification criteria. If so, promptly take the steps needed to remove the family member from your list of dependents.
- The Society will later send you an invoice for medical care and other related costs for your former dependent incurred by the Society on and after the dependent's removal day.
- Notes concerning submitted documents:
 - Submitted documents will not be returned.
 - The insured person (or dependent) is responsible for expenses associated with obtaining documents.
 - Submitted documents will be used solely for the purpose of health insurance operations, including the dependent certification survey.

1. Flow of the Dependent Certification Survey



2. Lists of Enclosed Documents

The documents listed below are sent with this pamphlet about the Dependent Certification Survey.

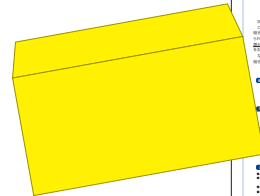
The documents enclosed differ depending on the relationships and status of the dependents. If multiple dependents are subject to the survey, only one copy of the document is provided per household for documents common to all dependents. Make copies or download additional copies from the Health Insurance Society website as needed.

List of application forms for the Dependent Certification Survey and sample completed forms
<https://www.olympus-kenpo.or.jp/info/shirase/fuyou/documents.html>



Common

Title	Copies
Pamphlet (this document)	1 per household
Response to the annual income barriers	
Return envelope	



Individual survey: If the subject dependent is spouse

Title	Copies
Survey Form (for spouse)	1 per person
Report of Remittance	1
Report of Remittance (sample completed form)	1
Certificate of (Planned) Payment of Salary/Bonus ※ Copy if certificates are required from multiple employers.	1 per household
Certificate of (Planned) Payment of Salary/Bonus (sample completed form) ※ Printed on the back of the Certificate of (Planned) Payment of Salary/Bonus	

Individual survey: If the subject dependent is a child

Title	Copies
Survey Form (for child)	1 per person
Report of Living Expenses ※ Printed on the back of the Survey Form	1
Report of Living Expenses (sample completed form)	1
Report of Remittance	1
Report of Remittance (sample completed form)	1
Certificate of (Planned) Payment of Salary/Bonus ※ Copy if certificates are required from multiple employers.	1 per household
Certificate of (Planned) Payment of Salary/Bonus (sample completed form) ※ Printed on the back of the Certificate of (Planned) Payment of Salary/Bonus	

Individual survey: If the subject dependent is other than spouse or a child

(Example: Parent, parent in law, sibling, grandchild, niece/nephew, etc.)

Title	Copies
Survey Form (for other than spouse or child)	1 per person
Report of Living Expenses ※ Printed on the back of the Survey Form	1
Report of Living Expenses (sample completed form)	1
Report of Remittance	1
Report of Remittance (sample completed form)	1
Certificate of (Planned) Payment of Salary/Bonus ※ Copy if certificates are required from multiple employers.	1 per household
Certificate of (Planned) Payment of Salary/Bonus (sample completed form) ※ Printed on the back of the Certificate of (Planned) Payment of Salary/Bonus	

Dependent children for whom the insured provides jointly with other person

If the insured provides for a child but not for his/her spouse or if the insured has no spouse

※ You may need to complete two surveys: the individual survey (if the dependent has a child) and the survey on dependents for whom both spouses provide.
 ※ See p. 4 concerning the survey on dependents for whom both spouses provide.

Title	Copies
Survey Form (if both spouses provide)	1 per household
Certificate of (Planned) Payment of Salary/Bonus ※ Copy if certificates are required from multiple employers.	
Certificate of (Planned) Payment of Salary/Bonus (sample completed form) ※ Printed on the back of the Certificate of (Planned) Payment of Salary/Bonus	

3. Dependent Certification Criteria

Scope of family members certified as dependents

The scope of family members certified as dependents by health insurance consists of family members within the third degree of consanguinity of the insured person (note that this differs from the provisions for family relations under the Civil Code). To be certified as a dependent, a family member must **depend primarily on the income of the insured for his or her livelihood**.

Certain family members must also live with the insured* to be certified as dependents.

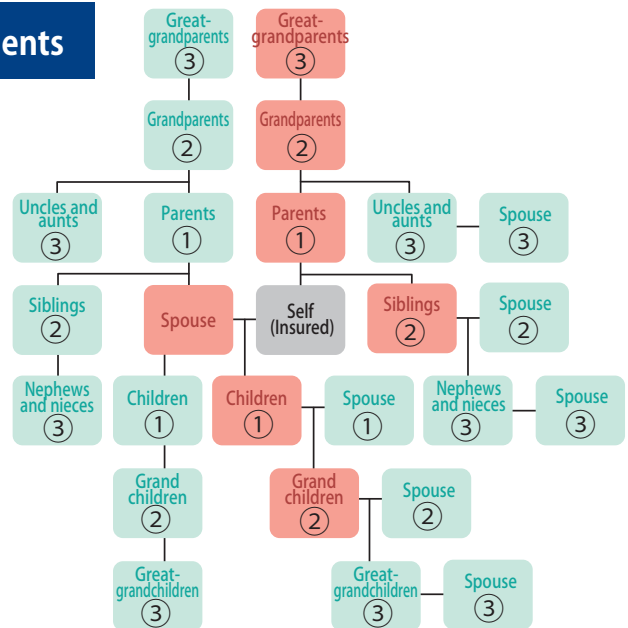
※ Dependents are still regarded as living together if the insured lives elsewhere for reasons related to the insured's employer. Conversely, those living at the same address but in separate households are regarded to live apart.

When a dependent lives apart from the insured

The insured must remit an allowance to the dependent who lives apart to cover his or her monthly living costs with evidenced documents indicating the dates of remittance, the remitting party (name of the insured), the recipient (name of the dependent), and the amounts remitted.

For dependents living apart from the insured to attend school, a certificate of school attendance may be submitted in place of proof of remittance.

Seniors aged 75 or older are covered as insured persons under the Medical Care System for the Advanced Elderly. Thus, they are not eligible for certification as health insurance dependents.



■May live together or apart ①.....1st degree of consanguinity
■Must live together ②.....2nd degree of consanguinity
 ※ "Spouse" may be a common-law spouse. ③.....3rd degree of consanguinity

Priority support obligor

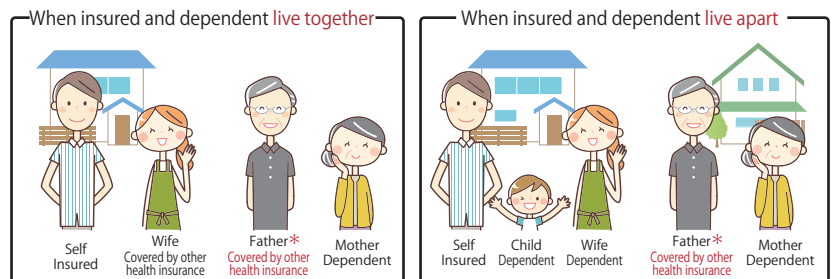
The concept of a priority support obligor applies to dependents.

A survey subject may be certified as a dependent in the absence of any other priority support obligor or if the insured must provide for the subject because the priority support obligor is unable to provide for him or her.

Subject of certification	Subject of survey as priority support obligor (relationship to the insured)
Father or mother	Mother or father
Sibling	Parents, spouse of the sibling, children of the sibling
Grandfather or grandmother	Grandmother or grandfather, parents
Father or mother in law	Mother or father in law, spouse
Grandchild	Child of the insured and the child's spouse (Grandchild's parents)
Nephew/niece	Sibling of the insured and the sibling's spouse (Nephew's/niece's parents)

Example: In the following cases, documentation of income is required for the person denoted by an asterisk (*).

※ The relationships indicated are those to the insured.



See the Health Insurance Society website for more information on dependent certification criteria.

<https://www.olympus-kenpo.or.jp/casestudy/case002-1.html>





Subject's maximum income for certification

Pursuant to notification from the Ministry of Health, Labour and Welfare, **dependents must meet both of criteria ① and ② below.**

① Dependent's income ^{※1}

Dependent's age, etc.	Monthly amount (salary, pension, etc.)	Daily amount (benefits)	Annual income ^{※1}
Under 60 years old	Less than 108,334 yen	Less than 3,612 yen	Less than 1.3 million yen
60 years or older	Less than 150,000 yen	Less than 5,000 yen	Less than 1.8 million yen
Person with a certain degree of disability ^{※2}	Less than 150,000 yen	Less than 5,000 yen	Less than 1.8 million yen

=

② Household relationship to the insured, income, and remittance (allowance)

When insured and dependent live together	Dependent's annual income must be less than 1/2 of annual income of insured.
When insured and dependent live apart	Dependent's annual income must be less than remittance amount from insured. ^{※3}

● Rationale for income criteria (differences from handling under tax law)

A dependent's income must satisfy the following criteria stipulated in the Health Insurance Act: Annual income must be less than 1.3 million yen (1.8 million yen for those aged 60 or older or with a certain degree of disability). As used here, annual income refers to income to be earned during the next one-year period. The most recent income level is used to calculate the annual amount to be earned during this one-year period. Accordingly, the criterion used to determine eligibility for the certification of a dependent who earns salary income is whether the average monthly income amount over the course of the period subject to verification is less than 108,334 yen (150,000 yen for those aged 60 or older or with a certain degree of disability). ^{※4} Note that this differs from annual income as defined under the Income Tax Act (total taxable income from January through December of the previous calendar year). Income for health insurance purposes also includes survivor's pension, disability pension, basic allowance of unemployment benefits (employment insurance), and commuting costs, which are not taxable under tax law. Income of a self-employed person is calculated as follows: Net sales - (cost of sales + direct expenses needed ^{※5}). Note that this differs from the income indicated on income tax returns.

^{※1} Income includes all income, including salary income, business income, income from various pensions, interest and dividend income, real estate income, and employment insurance benefits. In addition, dependents must meet the criteria for both the monthly amount and annual income.

^{※2} Those with a certain degree of disability eligible for disability pension benefits

^{※3} Proof of remittance must be submitted as evidence of the fact of remittance (allowance).

^{※4} A dependent is not necessarily ineligible for certification simply because his or her monthly income was temporarily 108,334 yen or more (150,000 yen or more for those aged 60 or older or with a certain degree of disability).

^{※5} Restricted to expenses recognized by the Health Insurance Society as minimum necessary expenses of doing business.



Dependents for whom both spouses provide

● Rationale regarding handling of dependents for whom both spouses provide

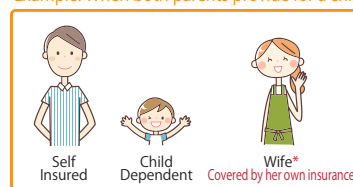
The term "dependents for whom both spouses provide" refers to children whose parents both earn income. Generally speaking, if both spouses work, the children are the dependents of the spouse who earns more.

● How dependents for whom both spouses provide are verified

If the insured person names a child as a dependent but does not name his or her spouse (husband or wife), provide documentation of income for both the insured person and the spouse or documentation indicating that the insured person has no spouse.

In the following cases, the child remains a dependent of the insured person.

Example: When both parents provide for a child.



In the above example, documentation of income is required for the person denoted by an asterisk (*).

Provider status	Documentation
Income of insured > Income of spouse (husband or wife)	2023 certificate of income and withholding tax FY2024 income certificate or tax (tax-exempt) certificate 2023 complete final income tax return (taxpayer's copy)

[※] Even if the spouse earns no income, documentation is required if the spouse is not a dependent of the insured.

● Documentation used in this survey

Annual income of the insured's spouse will be verified based on the above documentation.

[※] In some cases, submission of documentation for the insured may also be requested.



Domestic residence requirement

A family member who does not have an address in Japan may not be named a dependent.

However, those whose livelihoods are recognized to be based in Japan, such as students studying abroad, may be named dependents on an exceptional basis.

Notification must be submitted in such a case.

4. Sample Completed Form

The sections you need to fill out are indicated in blue.
Do not use pencil or erasable pen to fill out the form.



Example: Survey Form (for spouse)

被扶養者資格確認調査書 (配偶者用) オリンパス健康保険組合
※この調査書は提出が必要です。

提出期限 **令和6年7月31日(水)必着**

本紙「調査書」について記入した内容は事実と相違がありません。

記録番号 XXXXX-XXXXXXXXXX

氏名 **健保 健太** [自署]

日中の連絡先 **090-1234-5678**

性別 ☒ 男 ☐ 女

生年月日 **昭和41年7月24日** 年齢 **57** 誕生日 **平成10年1月24日** 住所 **〒151-8543 東京都渋谷区本町1-6-2**

現在の職業 ☒ (1) パート/アルバイト ☐ (2) 会社員 ☐ (3) 自営業(の収入あり) ☐ (4) 学生 ☐ (5) 無職 ☐ (6) 年金受給者 ☐ (7) その他

提出書類 ☒ 「被扶養者資格確認調査書」(本調査書)……必ず下記のすべての質問にチェック、または記入で回答してください。
☒ 「住民票」(原本)……提出する「住民票」は、下記の「必須欄」とハンプレットP7を参照してください。
☒ 証明書類……下記の回答に基づき必要とされた証明書類を提出してください。注意事項等はハンプレットP7~P11を参照してください。

チェック欄 ☒ 必須 ☐ 任意

Q1. 調査対象者は現在、被保険者と同居、または被保険者の会社都合による別居ですか？
☒ はい ☐ いいえ

Q2. 調査対象者は、令和6年7月1日時点で無収入ですか？
☐ はい ☒ いいえ

Q3. 「給与明細書」を提出した期間の収入は平均で月額108,333円以下ですか？
☒ はい ☐ いいえ

Q4. 調査対象者は、令和6年7月1日時点で年金収入がありましたか？
☒ はい ☐ いいえ

Submit the Survey Form together with the required documents.
All questions on the Survey Form must be answered (i.e., checked or answered in writing).

- Submit one Survey Form for each survey subject.
- There are four types of Survey Forms, each with a different number of questions. Answer all questions.
For spouse: Q1-Q2
For child: Q1-Q2
For other than spouse or child: Q1-Q3
If both spouses provide: Q1-Q3

If the family member is no longer a dependent, enter the date on which and the reason(s) why the family member ceased to be a dependent in the remarks field.

Check the current occupation, etc.

If you need to correct any preprinted items, do so in red ink.

Check whether the dependent lives with or apart from the insured.

Submit the following documents for cases in which the dependent works for multiple employers or transferred from or left one or more employers during the most recent six months:

- Working for multiple employers
 - Salary (bonus) details (copy) from all employers for the most recent six months
- Employed for less than six months due to employment transfer
 - Certificate of (Planned) Payment of Salary/Bonus (original) for one year since beginning employment (See the sample completed form.)
- Working for multiple employers and left one or more employers during the most recent six months
 - Continuing employers → Salary (bonus) details (copy) for the most recent six months
 - Employers left → Retirement certificate (See ⑨ on p. 11.)

※ See p. 9 for specific examples.

Example: Survey Form (if both spouses provide)

被扶養者資格確認調査書 (共同扶養用) オリンパス健康保険組合
※この調査書は提出が必要です。

提出期限 **令和6年7月31日(水)必着**

本紙「調査書」について記入した内容は事実と相違がありません。

記録番号 XXXXX-XXXXXXXXXX

氏名 **健保 健太** [自署]

日中の連絡先 **090-1234-5678**

性別 ☒ 男 ☐ 女

生年月日 **昭和41年7月24日** 年齢 **57** 誕生日 **平成10年1月24日** 住所 **〒151-8543 東京都渋谷区本町1-6-2**

現在の職業 ☒ (1) パート/アルバイト ☐ (2) 会社員 ☐ (3) 自営業(の収入あり) ☐ (4) 学生 ☐ (5) 無職 ☐ (6) 年金受給者 ☐ (7) その他

提出書類 ☒ 「被扶養者資格確認調査書」(本調査書)……必ず下記のすべての質問にチェック、または記入で回答してください。
☒ 「住民票」(原本)……提出する「住民票」は、下記の「必須欄」とハンプレットP7を参照してください。
☒ 証明書類……下記の回答に基づき必要とされた証明書類を提出してください。注意事項等はハンプレットP12を参照してください。

チェック欄 ☒ 必須 ☐ 任意

Q1. 配偶者の状況を①~④のいずれか該当する方にチェックしてください。※説明・注意事項等はハンプレットP12を参照してください。

Q2. 被保険者は現在(7月時点)で、下記いずれかの状況に該当していますか？

Q3. お子様については、原則、収入の多い方の扶養とすることになっています。被保険者よりも配偶者(妻または夫)の収入の方が多い場合において、被保険者がお子様を扶養する特別な事情はありますか？

For daily or part-time employment for which no retirement certificate is issued, submit salary details for the most recent six months.

If both the insured and spouse have Olympus Health Insurance Society health insurance cards, enter the code, number, and spouse name (in kana) shown on the health insurance card.

Children certified as dependents by December 31, 2023 are shown.

5. List of Certificates and Reports

After answering the questions on the Survey Form, submit the applicable documents.
For details of certificates and reports, refer to the pages shown in the table of contents.

Title of document (document no.), notes	Where to obtain	Refer to
1 Certificate of residence showing relationships of all household members (original) • Issued within the past three months	Municipal office	p. 7
2 Proof of remittance (copy) for the most recent six months	Financial institution	p. 7
3 Report of living expenses • Showing current status ※ Submit only if required based on your answers to the Survey Form.	On hand	p. 8
4 Income certificate (original) or tax (tax-exempt) certificate (original) • FY2024 document (for January-December 2023)	Municipal office	p. 8
5 Salary (bonus) details (copy) for the most recent six months ※ Certificate of (Planned) Payment of Salary/Bonus (original) for one year since beginning employment if employed for less than six months	Employer	p. 9
6 Most recent notice of pension remittance (copy) or pension amendment notice (copy) • Most recent notice issued during 2024	Japan Pension Service, etc.	p. 10
7 Final income tax return (copy) and income statement (blue return statement) (copy) with indication of receipt by tax office • For 2023	Tax office	p. 10
8 Certificate of school attendance (original) • Issued within the past three months ※ "Student" refers to a person attending a school or preparatory school as defined in the School Education Act.	School attended	p. 11
9 Any of the following showing the employment departure date: certificate of income and withholding tax (copy), separation slip 2 (copy), certificate of eligibility for employment insurance benefits (copy), retirement certificate (original), etc. • Must show the employment departure date. ※ Submit the certificate of eligibility for employment insurance benefits (copy) if receiving unemployment benefits under employment insurance after leaving employment.	Former employer, Public Employment Security Office, etc.	p. 11
10 Documentation of the priority support obligor's income	Municipal office, employer, Japan Pension Service, tax office, etc.	p. 11
11 Documentation of spouse's income for dependents for whom both spouses provide	Employer, tax office, etc.	p. 12
12 Documentation of the insured's income for dependents for whom both spouses provide		

Notes:

- If it is not possible to have a document prepared without showing the Individual Number, mask the number so that it cannot be read.
- When submitting copies of documents, prepare clear and complete copies.
- When submitting documents in a foreign language, attach a Japanese translation signed by the translator.
- You may be asked to submit additional documents not described in the pamphlet or Survey Form for confirmation purposes during the review process.
- Contact the call center if your situation is not described in the pamphlet or Survey Form.

6. Documentation

Documentation is categorized by required documents. Review the notes below before preparing the documents.

Important Notes on documents to submit

Prepare documents that do not show Individual Numbers ("My Numbers").

If you were issued a document showing the Individual Number by mistake, mask the number so that it cannot be read—for example, by covering it using an oil-based marker.

1 Certificate of residence showing relationships of all household members (original)

When Issued within the past three months

Purpose To verify whether the insured and the survey subject live together or apart and whether the survey subject lives together with another priority support obligor (see p. 3)

- Submit a certificate of residence showing the household head.
(The address of the permanent domicile is not necessary; mask out before submission.)
- One certificate of residence showing all household members will suffice if there are multiple survey subjects in the household.

Where to obtain, issuer, etc.

Municipal office

Obtain a certificate of residence showing all household members, including the dependent(s).



住 民 票									
住 所		●●●市●●●町●丁目●番地●							
世帯主		●● ●●							
1	氏名	●● ●●	住民票コード	【省略】					
	住所を定めた日	平成●●年●●月●●日	性別	男	続柄	●● ●●			
	住民となった日	平成●●年●●月●●日	届出の年月日	昭和●●年●●月●●日					
2	氏名	●● ●●	住民票コード	【省略】					
	住所を定めた日	平成●●年●●月●●日	性別	女	続柄	●● ●●			
	住民となった日	平成●●年●●月●●日	届出の年月日	昭和●●年●●月●●日					
3	氏名	【以下余白】	住民票コード						
	住所を定めた日		性別		続柄				
	住民となった日		届出の年月日						
4	氏名		住民票コード						
	住所を定めた日		性別		続柄				
	住民となった日		届出の年月日						

この住民票の写しは、住所地市町村長から請求に係る住民票に記載されている（世帯会員の）事項が住民基本台帳法第12条の4第3項の規定により通知され、その通知に基づき作成されたものです。

令和●●年●●月●●日 ●●●市●●●町●●●市 印

2 Proof of remittance (copy) for the most recent six months

When Continual for the most recent six months

Purpose To verify whether the insured provides for the livelihood of the survey subject living apart

- Fill out and affix your seal to the enclosed Remittance Report.
- Not necessary for cases in which the insured lives apart for reasons related to the insured's employer or the child lives apart temporarily to attend school
※Living apart for reasons related to the employer refers to living apart due to a company order eligible for payment of separation allowance and the like.
- Remittance details (copy) or the insured's bank passbook (copy) indicating the names of both the remitter and the beneficiary and remittance dates and amounts
 - ・ Submission of utilities receipts or credit card statements, handing the allowance in cash, or use of a shared bank account is not acceptable.
 - ・ When submitting a bank passbook (copy), submit both the cover of the passbook showing the name of the insured and the page(s) indicating the relevant amounts.
 - ・ You may mask out irrelevant parts of the documents.

Where to obtain, issuer, etc.

On hand, financial institution

Not acceptable



- Utilities receipts
- Credit card statements
- Handing the allowance in cash
- Shared bank account

Mark the relevant items to show the remittance amounts.
Mask out irrelevant items.

キャッシングサービスご利用明細			
ご利用ありがとうございます。ご利用内容をお確かめのうえ、お持ち帰りください。			
取引銀行	取引店	口座番号	●●●銀行
取組店	お取引日	時刻	
01234	2024-01-07	14:43	
お取引内容	お取引金額(円)	手数料	
振込	¥60,000	¥540	
お取引後の残高(円)	おつり		
	¥1,722,208	¥3	
振込金受取書	電信		
●●●銀行			
●●●支店			
普通 012345678			
カネノ 999			
カネノ 999			
電話番号 03-0123-4567			
取扱番号 0123456			



Bank passbook of Taro kenPo (the insured)
Living expenses for January, February, and March 2024

年 月 日	記号	お支払い金額(円)	お預り金額(円)	差引残高(円)	備 考
1 2024-01-05	100	*8,768		*1,450,768	
2 2024-01-18	100	*60,000	カネノ 999	*1,390,768	
4 2024-01-27	100	*80,000	〇〇〇不動産	*1,249,208	
5 2024-02-01	100	*60,000	カネノ 999	*1,189,208	
6 2024-02-19	900	*37,000		*1,152,208	
8 2024-03-05	100		200,000	*1,782,208	
9 2024-03-07	100	*60,000	カネノ 999	*1,722,208	
10 2024-03-27	900		*740,000	*1,796,208	

※送金証明を提出する場合にあわせて提出してください。

送金 申 告 書	
オリンパス健康保険組合理事長 職	
被保険者	保険証 記号・番号
被保険者氏名	生 年 月 日 期和・平成： 年 月 日 男・女 年齢： 歳
自己都合別居している下記の被扶養者の継続認定にあり、送金に関して以下の通り、申告し、その申告内容を証明する書類を提出いたします。	
①調査対象者	被扶養者氏名： 続柄： 男・女 年齢： 歳
②送金額	月額： 円 年額： 円
③送金状況	〔 〕 前年以前から継続して送金している 〔 〕 当年1月以降に送金開始 開始年月：令和 年 月 〔 〕 当年1月以降に送金額変更 変更年月：令和 年 月
④送金方法	〔 〕 銀行振込 〔 〕 現金書留 〔 〕 自動振替 ※手渡しは不可
〔注〕当健康組合は認定の原則として、上記の送金方法を立証条件としております。なお、送金証明書類は「送金、送金者、受取人、送金額」がわかるものを提出ください。	

送金に関する宣言

私は、健康保険被扶養者 継続認定にあり、今後、上記の通り、定期的に送金することを誓約いたします。

なお、万一私が定期的な送金を行わず、組合がその事実を確認した場合には、組合の権限で当該被扶養者の資格を喪失されても、異存はありません。

また、送金額に変更が生じた場合には、その旨届けつけ再認定の申請を行います。

令和 年 月 日
被保険者氏名： 印

3 Report of living expenses

When Showing current status

Purpose To confirm that the survey subject depends primarily on the insured for his or her living

- Fill out and affix a seal to the report of living expenses referring to the sample completed form.
- Submit only if required to do so based on your answers on the Survey Form.
- Enter all living expenses for one month.
- ※ Living expenses refer to direct expenses for food, clothing, and housing. They do not include insurance premiums, taxes, educational expenses, transportation expenses, etc. Home loans are not included in living expenses since they qualify as asset building.

Where to obtain, issuer, etc.

On hand

A sample completed form is available on the Society website.

- If the insured person covers the actual living costs of the survey subject each month (provides no fixed amount support)
- If all those providing support remit fixed amounts to the survey subject each month
- If somebody covers the actual living costs of the survey subject and provides support of a fixed amount each month

List of application forms for the Dependent Certification Survey (health insurance forms) and sample completed forms

<https://www.olympus-kenpo.or.jp/info/shirase/fuyou/documents.html>



4 Income certificate (original) or tax (tax-exempt) certificate (original)

When FY2024 document (proof of income for January-December 2023)

Purpose To verify the amounts and types of income from January through December 2023
This must be submitted even for persons who earned no income as official documentation of that fact.

※ Submission may not be omitted even for dependents under tax law, because the income certificate is used to verify the fact of no income. In addition, income must be verified using official documents. Attachment of the employer's salary details indicating dependent information or the like is not allowed.

- Submit a document showing monetary amounts. (Do not submit documents in which monetary amounts have been replaced with asterisks.)
- If the family member does not qualify as a tax dependent due to the insured's income status, obtain a certificate after filing a resident tax return with the municipal office.
- The title of the certificate may vary by municipality.
- See Q8 on p. 14 for a person who returned to Japan on or after January 2, 2024 and has been unemployed since then.

Where to obtain, issuer, etc.

Municipal office

You can obtain this document from the municipal office of the municipality where your certificate of residence was registered as of January 1, 2024.

If you have moved since, some municipal offices will provide this document by post.

5 Salary (bonus) details (copy) for the most recent six months

When Continual salary (bonus) details for the most recent six months

Purpose To verify the amounts paid (including commuting costs and other allowances) and the health insurance coverage

- Sections showing the month and year of payment, payee name, and company name are also required.
(If handwritten, obtain the company seal or official seal of the employer.)
- If salary details are distributed via the Web, submit a printout of the applicable pages (showing the month and year of payment, payee name, and company name).
- If you are unable to submit continual salary details for the most recent six months—for example, because they were lost or the survey subject did not work in some months during the period—request a Certificate of (Planned) Payment of Salary/Bonus (original; showing “0 yen” for months in which no salary was paid) from the employer.
※ Request a certificate showing the total amount paid including commuting costs and other allowances.
- Also submit bonus details (copy) if any bonus was paid within the most recent six months.
- Certificates of income and withholding tax are not acceptable.
- Submit details for all employers if the survey subject works for multiple employers.
- Submit a retirement certificate (see ⑨ on p. 11) if the survey subject has left employment as of July 1, 2024.

[For cases in which the survey subject transferred from or left one or more employers during the most recent six months]

- Employed for less than six months due to employment transfer
…Certificate of (Planned) Payment of Salary/Bonus (original) for one year since beginning employment (See the sample completed form.)
- Working for multiple employers and left one or more employers during the most recent six months
…Continuing employers → Salary (bonus) details (copy) for the most recent six months
Employers left → Retirement certificate (See ⑨ on p. 11.)

<Example 1> Began employment on May 1.

- Certificate of (Planned) Payment of Salary/Bonus (original) for one year beginning May 1 (showing actual payments in May and June and projected amounts for July–April of next year)
- ※ Salary (bonus) details (copy) are also acceptable for the period in which actual payments were made.

<Example 2> Left Company A in March and began working for Company B in April.

- Salary (bonus) details (copy) for January–March and retirement certificate from Company A (See ⑨ on p. 11.)
- Certificate of (Planned) Payment of Salary/Bonus (original) for one year since April (showing actual payments in April–June and projected amounts for July–March of next year)
- ※ Salary (bonus) details (copy) are also acceptable for the period in which actual payments were made.

<Example 3> Employed by Company A from six months ago or earlier; left Company B in March

- Salary (bonus) details (copy) for January–June from Company A
- Salary (bonus) details (copy) for January–March and retirement certificate from Company B (See ⑨ on p. 11.)

<Example 4> Left employment in May.

- Salary (bonus) details (copy) for January–May and retirement certificate (See ⑨ on p. 11.)

[If unable to submit salary details (copy) for the most recent six months due to short-term part-time employment or other reasons]

Submit all of ①–③ below.

- ① Income certificate (original) or tax (tax-exempt) certificate (original) for FY2024
※ A certificate of school attendance (original) is acceptable instead of ① if the survey subject is a student.
- ② Salary details (copy) for the period through leaving employment
- ③ Survey Form (Indicate the form of employment, such as registration with a temporary placement agency, and dates worked in the remarks field.)

Where to obtain, issuer, etc.

On hand, employer

If employed by more than one employer, this document is required for all employers.



給与明細書						2024年00月度
社員コード:	所属:				123,450	
社員名:						
基本給	職務手当	皆勤手当	時間外手当	住宅手当	家族手当	
住宅手当	家族手当	交通費			105,231	支給合計
所得税	市県民税	健康保険	厚生年金	雇用保険		
財形貯蓄	特別減税	年末調整	控除合計	差引支給額		18,219

※(必要な場合のみ提出)勤務先に証明を依頼してください。(内容が同じであれば勤務先の様式でも可)

給与・賞与支払(見込)証明書					
対象者氏名					続柄:
生年月日	昭和・平成	年	月	日	年齢: 歳
住所					
勤務開始日	昭和・平成・令和	年	月	日	
※通勤交通費は、課税・非課税を問わず含めて記載してください。					
支払年月日	支払金額 (諸手当を含む総額)	円	7	支払年月日	支払金額 (諸手当を含む総額)
1 令和 年 月 月		円	8	令和 年 月 月	円
2 令和 年 月 月		円	9	令和 年 月 月	円
3 令和 年 月 月		円	10	令和 年 月 月	円
4 令和 年 月 月		円	11	令和 年 月 月	円
5 令和 年 月 月		円	12	令和 年 月 月	円
賞与①	令和 年 月 月	円	賞与②	令和 年 月 月	円
合 計		円			
備考 令和 年 月 月 ~ 令和 年 月 月までは収入実績 令和 年 月 月 ~ 令和 年 月 月までは収入見込 賞与 年 月 月 ~ 年 月 月 (月 月) ※休業開始日: 令和 年 月 日 (休業期間がある場合に記載) ※復職日: 令和 年 月 日					

上記の通り証明いたします。

令和 年 月 日

住 所

事業主名

代表者名

印

※該当する状況に応じて必要な期間の証明を受けてください。
① 現時点で就職・転職後、または復職後1年未満: 就職・転職、または復職以降1年間の収入実績および見込額
② 現時点で産前産後休業中、または育児休業中: 令和6年7月以降1年間の収入実績および見込額
③ ①②以外の場合: 前年1年間の収入実績
※賞与の支給がある場合は賞与額も記入してください。
※支給がない月は0円で証明を受けてください。
※休業または復職した場合は備考にその年月日を記載してください。
※課税・非課税を問わず通勤交通費等の諸手当を含む総支給額を記載してください。

6 Most recent notice of pension remittance (copy) or pension amendment notice (copy)

When Most recent notice issued for FY2024

Purpose	To verify the most recent pension payment amounts (prior to withholding of tax, long-term care insurance premiums, etc.) and pension type(s)
----------------	--

- Sections showing the month and year of issue and the beneficiary name are also required.
 - Must show the amount of pension payment prior to withholding of tax, long-term care insurance premiums, etc.
 - If this document has been lost, ask the issuer to reissue it.
 - ✖ Certificates of income and withholding tax are not acceptable.
 - This also must be submitted for recipients of personal pensions.
- Required for all income received by old-age (employee, corporate, director, survivor's, and pension income)

<Note>
If only pension income is received, submit an FY2024 income certificate (original) or tax (tax-exempt) certificate (original) (see ④ on p. 8).

Where to obtain, issuer, etc.
On hand, Japan Pension Service, etc.

Required for all pension income received, including old-age (employees'), corporate, disability, survivor's, and individual pension income.



Where to obtain, issuer, etc.

On hand, Japan Pension Service, etc.

[illegible]

7 Final income tax return (copy) and income statement (blue return statement) (copy) with indication of receipt by tax office

When For 2023

Purpose	To verify income amounts and type of business Also used to verify whether there have been any direct expenses needed recognized by the Health Insurance Society
---------	--

- Used to verify the amount of total income minus direct expenses needed recognized by the Health Insurance Society
※“Direct expenses needed” are restricted to expenses recognized by the Health Insurance Society as minimum expenses necessary to stay in business.
- For those who did not file an income tax return, a document showing the breakdown of income and expenses (such as a payment record) is required.
- Submit a notification of business discontinuance (copy) with indication of receipt if the business was terminated in 2023 or later.
- If the business began during the current year, submit a notice of commencement of business (copy), business plan (signed), and ledger from the start of the business to the present (copy).

<If filing a paper tax return>

- Stamped with indication of receipt by the tax office

<If filing an electronic tax return>

- Submit a copy of any of ①-④ below:
 - ① Documentation of the date of submission of the electronic tax return and its reception no. and set of final tax return documents
 - ② Notice of receipt, transmission voucher, and set of final tax return documents received in your message box when filing electronically
 - ③ Documentation of refund amount and set of final tax return documents
 - ④ FY2024 income certificate and set of final tax return documents

Submit the set of documents submitted when filing a final income tax return.



For dependent certification for the self-employed, see the information on the Health Insurance Society website.

[illegible][illegible]

8 Certificate of school attendance (original)

When Issued within the past three months

Purpose	To verify the child's student status Verification of dependency through proof of remittance is not required if the child lives apart to attend school.
---------	---

- Must show name, date of issue, period of validity, etc.
 - “Student” refers to a person attending a school or preparatory school as defined in the School Education Act.
 - ※ You may be asked to submit additional documents depending on the form of school attendance (such as night school or distance learning).
 - ※ Students on leave from school are not considered students. Submit the necessary documents for dependents who do not qualify as students.
- 

大学

【学生証】

Where to obtain, issuer, etc.

On hand, school attended

Not acceptable ✗

- Student ID (copy)

○○○○○大学		【学生証】
○○○○○学部		
○○○○○学科		
123456		
ケンボ ナオコ		
保健 直子		
0000年00月00日生		
本学学生であること証明する		
有効期限0000年00月00日		
T102-0074		
東京都千代田区九段南1-1-5 九段ビル5F		○○○○○大学長

在 学 証 明 書

氏 名 健保 直子
平成〇年〇月〇日生

令和5年〇月〇日

課程 ○○○○○○
専攻 ○○○○○○

上記の者は、〇〇〇大学に在学中であることを証明する。

⑨ Any of the following showing the employment departure date: certificate of income and withholding tax (copy), separation slip 2 (copy), certificate of eligibility for employment insurance benefits (copy), retirement certificate (original), etc.

Certificate of eligibility for employment insurance benefits (copy) if receiving unemployment benefits under employment insurance after leaving employment.

When Document for January 2023 or later

Purpose To verify that the salary income shown on the income certificate or tax (tax-exempt) certificate under 4 does not continue because the subject has left employment

- **Must show the employment departure date.**
 - ※ A retirement certificate form is available on the Health Insurance Society website. (You can also use the former employer's form.)
 - ※ If unable to submit a retirement certificate for unavoidable reasons, submit salary details (copy) for the period until leaving employment and FY2024 income certificate (original) or tax (tax-exempt) certificate (original). Describe the reason you are unable to submit a retirement certificate in the remarks field on the Survey Form.
- **Submit a notification of business discontinuance if a self-employment business was discontinued.**

Where to obtain, issuer, etc.

Former employer

[illegible]

10 Documentation of the priority support obligor's income

※ See p. 3 regarding the priority support obligor.

When For the subject period

Purpose To verify the amount and type of the priority support obligor's income for January-December 2023. This must be submitted even for persons who earned no income as proof thereof.

Status of priority support obligor		Documentation
1	Unemployed	FY2024 income certificate (original) or tax (tax-exempt) certificate ※ If unemployed as of July 2024 after leaving employment in January 2023 or later, documentation of the employment departure date
2	Earns salary income.	2023 certificate of income and withholding tax (copy) ※ If employment began in January 2024 or later, Certificate of (Planned) Payment of Salary/Bonus (original) for one year after the start of employment (See the sample completed form.) (Projected amounts are certified for months not yet paid.)
3	Earns pension income.	Most recent pension amendment notice (copy) or notice of pension remittance (copy) ※ If unemployed, also submit the document under 1.
4	Earns income other than salary or pension (such as self-employed).	2023 final income tax return (copy) and income statement (blue return statement) (copy) ※ With indication of receipt by tax office ※ Submit a notification of business discontinuance with indication of receipt by tax office (copy) if the business was discontinued in January 2023 or later.

✱Submit all documents that apply.

Where to obtain, issuer, etc.

Municipal office, employer,
Japan Pension Service,
tax office, etc.

11 Documentation of spouse's income for dependents for whom both spouses provide

※See p. 4 regarding dependents for whom both spouses provide.

When For the subject period

Purpose To verify the amount and type of spouse's income
This must be submitted even for persons who earned no income as proof thereof.

Where to obtain, issuer, etc.

Municipal office, employer,
Japan Pension Service,
tax office, etc.

If both spouses work, children are the dependents of the spouse with the higher income. This is why documentation of your spouse's income is required.



Spouse's status		Documentation
1	Earned income since before last year ※ Including those whose income originally was less than that of the insured and has decreased or been eliminated due to maternity leave or childcare leave	All of the following documents that apply: 【Salary income】 2023 certificate of income and withholding tax (copy) 【Pension benefits received】 Most recent pension amendment notice (copy) or notice of pension remittance (copy) 【Income other than salary or pension】 2023 final income tax return (copy) and income statement (blue return statement) (copy) with indication of receipt by tax office
2	No income	FY2024 income certificate (original) or tax (tax-exempt) certificate (original) (showing income of 0 yen) ※ If an income amount is shown, submit the document under 3.
3	No income after leaving employment during last year or later	Retirement certificate (original) or certificate of income and withholding tax (copy) indicating the employment departure date
4	Changed to current employer during last year or this year	Certificate of (Planned) Payment of Salary/Bonus (original) for one year from the job change (See the sample completed form.) ※ Certifying actual amounts paid for periods already paid
5	Income reduced due to time on maternity or childcare leave	【Earned income in 2023 (with certificate of income and withholding tax)】 2023 certificate of income and withholding tax (copy) ※ Enter the fact of taking leave and starting date of leave in a blank space on the certificate of income and withholding tax. 【Earned income in 2023 (without certificate of income and withholding tax)】 Certificate of (Planned) Payment of Salary/Bonus (original) for the most recent one-year period (See the sample completed form.) ※ Enter the fact of taking leave and starting date of leave in the remarks field on the certificate. 【No income in 2023】 Certificate of leave ※ Available on the Olympus Health Insurance Society website 【Currently receiving childcare leave benefits】 Notice of Payment Decision of Childcare Leave Benefits for the most recent six months (copy)
6	Returned to work during last year or this year	Certificate of (Planned) Payment of Salary/Bonus (original) for the most recent one-year period (See the sample completed form.) ※ Certifying actual and projected amounts of annual income for one year from return to work if the spouse has worked for less than one full year as of July 2024 after return to work ※ Submit the document under 5 if the spouse returned is taking maternity or childcare leave again as of July 2024.
7	Member of the Olympus Health Insurance Society (insured or dependent)	No documents need to be submitted. (Enter the spouse's code/number and name (in kana) in space B on the Survey Form for dependents for whom both spouses provide.)
8	No spouse	No documents need to be submitted.

※Contact the call center if none of the above cases apply.

12 Documentation of insured person's (your) income for dependents for whom both spouses provide

When For the subject period

Purpose To verify the amount and type of the insured person's income

Where to obtain, issuer, etc.

Employer, tax office, etc.

● Submit documents as instructed in the following cases (no documents need to be submitted in other cases).

Insured's (your) status		Documentation
1	Currently taking maternity leave or at least one month of childcare leave ※ Will not return to work by the end of July of this year.	None (Indicate the date on which you will return to work under Q2 on the Survey Form [if both spouses provide].)
2	Returned to work on or after May 1 of this year or will return to work by the end of July of this year	Certificate of (Planned) Payment of Salary/Bonus (original) for one year after return to work
3	Special circumstances in which the insured (you) provides for the child even though the spouse's income is higher	None (Describe specific reasons under Q3 on the Survey Form [if both spouses provide].) ※ This answer will be used solely for the purposes of this survey. Your answer will be reviewed to determine whether to maintain dependent certification.

7. FAQ

Carefully read the information on pp. 7-12 on the documents to submit.



Purpose of the survey

Q1. Why is this survey being done?

A1. Article 50 of the Ordinance for Enforcement of the Health Insurance Act requires insurers to confirm that their dependent family members still satisfy certification criteria to rectify imbalances among members. The Ministry of Health, Labour and Welfare has instructed health insurance societies to perform these surveys annually. Members are responsible for paying the cost of obtaining documentation and related transportation costs.

[Article 50 of the Ordinance for Enforcement of the Health Insurance Act]

- Insurers may verify or renew health insurance cards or confirm dependents by establishing a deadline for such processes each year.

[Ministry of Health, Labour and Welfare notifications]

- Health Insurance Bureau Director-General's notification (no. 1029004): Verification of health insurance cards shall take place annually for the purpose of normalizing insurance benefits.
- Health Insurance Bureau Employees' Health Insurance Division Director's notification (no. 1029005): When verifying or renewing health insurance cards, reconfirm the validity of certification of dependents.

Survey subjects

Q2. I received a Survey Form even though I completed the procedures for removing the person subject to the survey from my list of dependents. What should I do?

A2. Please submit the Survey Form.

In some cases, since the Survey Form is prepared in advance, it may be sent to those who have already completed procedures for removing dependents. In such cases, please indicate "Dependent removal procedures complete" in the remarks field for the dependent in question on the Survey Form and submit it.

※ Personnel information communicated to the employer is not automatically reflected in health insurance. Separate procedures are required to remove a dependent. See p. 15 for more information.

Q3. I (the insured) will retire on July 31, 2024. Do I still need to submit the Survey Form?

A3. Yes. Please submit the Survey Form.

Indicate "July 31, 2024" in the remarks field on the Survey Form and submit it. You do not need to attach other documents.

However, if you will be re-employed or transferred to another company within the Olympus Group on or after August 1, 2024, please submit the required documents as well.

Submission

Q4. I will not be able to obtain some of the documents by the deadline for submission. May I submit them after the deadline?

A4. Please first submit the documents that you can submit by the deadline.

Enter the titles and planned dates of submission for the delayed documents in the remarks field or the margins on the Survey Form.

You must bear the cost of envelopes, postage, etc. when sending documents separately.

Dependents for whom both spouses provide

Q5. Why do you need to verify my spouse's income even though my spouse is not a dependent?

A5. When both spouses earn income, the children are the dependents of the spouse with higher income.

For this reason, if a child is a dependent of the insured but the spouse is not a dependent, income documentation is required to determine whether the child should be the dependent of the insured.



Income certificate or tax (tax-exempt) certificate

Q6. Do I need to submit an income certificate or tax (tax-exempt) certificate even though I've earned no income since before December 31, 2022?

A6. Yes, official documents need to be submitted to verify income even if no income was earned.

To verify that the dependent earned no income, submit an income certificate (original) or tax (tax-exempt) certificate (original) for FY2024 (showing income for January-December 2023) obtained from the municipal office.

The titles of these documents may vary by municipality. In some cases, it may be possible to issue only a tax-exempt certificate for a person with no income. In such a case, submit the tax-exempt certificate.

- Q7. Is temporary income, such as retirement benefits, life insurance money, or income from sale of stock, real estate, etc. counted when calculating income?

A7. No, such temporary income is not counted when calculating income. Income includes the following:

1. Income from employment (including payment in kind and nontaxable wages, such as commuting costs)
2. Business income (e.g., from agriculture, commerce, fishing, forestry, manuscript fees, or piecework)
3. Employees' pension, national pension, mutual aid pension, survivor's pension, disability pension, workers' accident compensation insurance benefits, public employees' pension, or other pension income
4. (Continual) investment income, interest income, and income from leasing and sale of real estate
5. Unemployment benefits, injury and illness allowance, maternity allowance, childcare leave benefits, livelihood assistance (Public Assistance Act)
6. Other amounts recognized as income

※ Income for purposes of health insurance differs from income under tax law.



- Q8. I am unable to obtain an income certificate or tax (tax-exempt) certificate for a dependent who returned to Japan and obtained a certificate of residence this year. What should I do?

A8. You do not need to submit an income certificate in such a case.

If you are unable to obtain an income certificate because the dependent has returned to Japan this year, enter "Resided overseas from ____/____/____ (Y/M/D) to ____/____/____ (Y/M/D)" in the remarks field or the margins.

- Q9. I am unable to have salary details issued for months in which no salary was paid. What should I do?

A9. Obtain from the employer a certificate of salary payment or certificate showing that no salary was paid in months not worked.

When submitting a certificate of salary payment, ask for the certificate to be prepared certifying "0 yen" for months in which no salary was paid.

- Q10. I need to submit a Certificate of (Planned) Payment of Salary/Bonus. For what period should I ask my employer to certify salary and bonus payment?

A10. Obtain a certificate for your current situation from options ①-③ below. The period for which certification is required should be clear based on your answer to the question on the Survey Form.

- ① Less than one year since beginning or changing employment or returning to work ⇒ Actual and projected amounts of income for one year after beginning or changing employment or returning to work
- ② Currently taking maternity or childcare leave ⇒ Actual and projected amounts of income for one year from July 2024
- ③ Other than ① and ② above ⇒ Actual income for the most recent one-year period

- Q11. A dependent family member's annual income exceeds (or will exceed) 1.3 million yen due to a temporary increase resulting from increased overtime and additional shifts after resignation of a colleague. Do I need to remove the family member from my list of dependents?

A11. If the family member qualifies for an exceptional measure, you do not need to take dependent removal procedures if the family member's employer certifies that the increase in income is temporary.

A temporary (planned for revision in 2025) exceptional measure currently applies to income of employed dependents. For details, see the Annex, "Response to the annual income barriers: Dependent certification using employer certification of temporary income fluctuation due to longer working hours or other reasons resulting from labor shortages." If eligible, submit documents ① and ② below in addition to the income certificate. For document ①, use the form downloaded from the Health Insurance Society website.

- ① Employer's certificate of temporary income fluctuation
- ② Employment contract (copy) or other document for confirmation of normally projected annual income

- Q12. The annual income of a dependent family member who is self-employed (or a contractor) has increased temporarily due to a sudden increase in orders received. As a result, it exceeds 1.3 million yen. Is the family member eligible for the exceptional measure for response to the annual income barriers?

A12. No. The family member is not eligible for the exceptional measure. Complete procedures to remove the family member from your list of dependents.

Only employed persons whose normally projected annual income based on an employment contract or other document satisfies the dependent certification criteria are eligible.

You can also see the information on the Health Insurance Dependent Certification Survey on the Health Insurance Society website.

<https://www.olympus-kenpo.or.jp/info/shirase/fuyou/index.html>



8. Dependent Removal Procedures

Dependents must depend for their livelihood on the income of the insured person. If a dependent no longer meets the criteria for dependent eligibility due to a major changes in his or her everyday livelihood—for example, gaining economic independence—promptly complete procedures for removal of the dependent. (These procedures are required by Article 38 of the Ordinance for Enforcement of the Health Insurance Act.)

Dependent removal procedures are required in the following cases. **After submitting the Survey Form and the required documents, submit a Notification of Health Insurance Dependent (Change) and the health insurance card of the former dependent in question to your establishment (the company with which you are affiliated).**

※ Do not enclose the documents for dependent removal procedures in the reply envelope for this survey. Do not submit these documents directly to the Health Insurance Society.

Cases in which procedures are necessary

- A dependent has begun employment and joined the employer's health insurance program.
- A dependent's income is projected to exceed the income standard.
- A dependent receives unemployment benefits, injury and illness allowance, or maternity allowance (3,612 yen [5,000 yen for those aged 60 or older or with a certain degree of disability] or more per day).
- A dependent no longer depends on the income of the insured for his or her livelihood or has become a dependent of another family member.
- The spouse's income exceeds that of the insured (change in which spouse provides for dependent children)
- Divorce
- Death, etc.

Where to submit

Code	Establishment (company with which you are affiliated)	Submit to	
11	Olympus Corporation Tokyo, Hachioji, etc. ※ Those employed at sites other than Nagano and Shirakawa	Shinjuku Monolith	Olympus Corporation HR Operations Operation Mgmt 2 JPN U1
	Olympus Corporation Nagano	Tatsuno	Nagano Olympus Co., Ltd. Corporate Planning, Business Management Department
	Olympus Corporation Shirakawa ※ Includes employees affiliated with Olympus who work at Aomori or Aizu.	Shirakawa	Shirakawa Olympus Co., Ltd. HR Team, HR Group, General Affairs Division
26	Aomori Olympus Co., Ltd.	Kuroishi	Aomori Olympus Co., Ltd. Human Resources Team, Human Resources Group, Corporate Planning Dept.
27	Aizu Olympus Co., Ltd.	Aizu	Aizu Olympus Co., Ltd. HR Team, HR Group
31	TmediX Corporation	Shinjuku Monolith	TmediX Corporation HR/General Affairs Group, Administration Division
35	TASAKA Memorial Clinic	—	TASAKA Memorial Clinic Head of Administration
40	Olympus Terumo Biomaterials Corp.	Sasazuka	Olympus Terumo Biomaterials Corp. Human Resources & General Affairs Group Human Resources & General Affairs Department
42	Nagano Olympus Co., Ltd.	Tatsuno	Nagano Olympus Co., Ltd. Corporate Planning, Business Management Department
44	Shirakawa Olympus Co., Ltd.	Shirakawa	Shirakawa Olympus Co., Ltd. Personnel Affairs Team, Personnel General Affairs Group, General Affairs Department
54	Olympus Marketing Corporation	Shinjuku Monolith	Olympus Marketing Corporation Management Strategy, Business Service, Human Resources Operation, Japan
62	Olympus-Supportmate Corp.	Ishikawa	Olympus-Supportmate Corp. Administration Division
70	Evident Corporation	—	5-15-1, Sanarudai, Chuo-ku, Hamamatsu-city, Shizuoka, 432-8021 Business Brain Showa-Ota Inc. Evident Support Center
71	Evident Nagano Corporation	Tatsuno	Evident Corporation Manufacturing Strategy Promotion Human resources

The Notification of Health Insurance Dependent (Change) is available for download from the Health Insurance Society website.

<https://www.olympus-kenpo.or.jp/casestudy/case002-2.html>

