



オリンパスけんぽ
Olympus Health Insurance Society

July 2026

To: Insured persons and dependents

Olympus Health Insurance Society

About the FY2027 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 status 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, 2026)
 - Individuals whose status as dependents of the insured needs to be verified in light of their family members’ circumstances
 - If a child is a dependent of the insured but the spouse is not (dependent children 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, 2026

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 the handling of personal information.

Deadline for submission

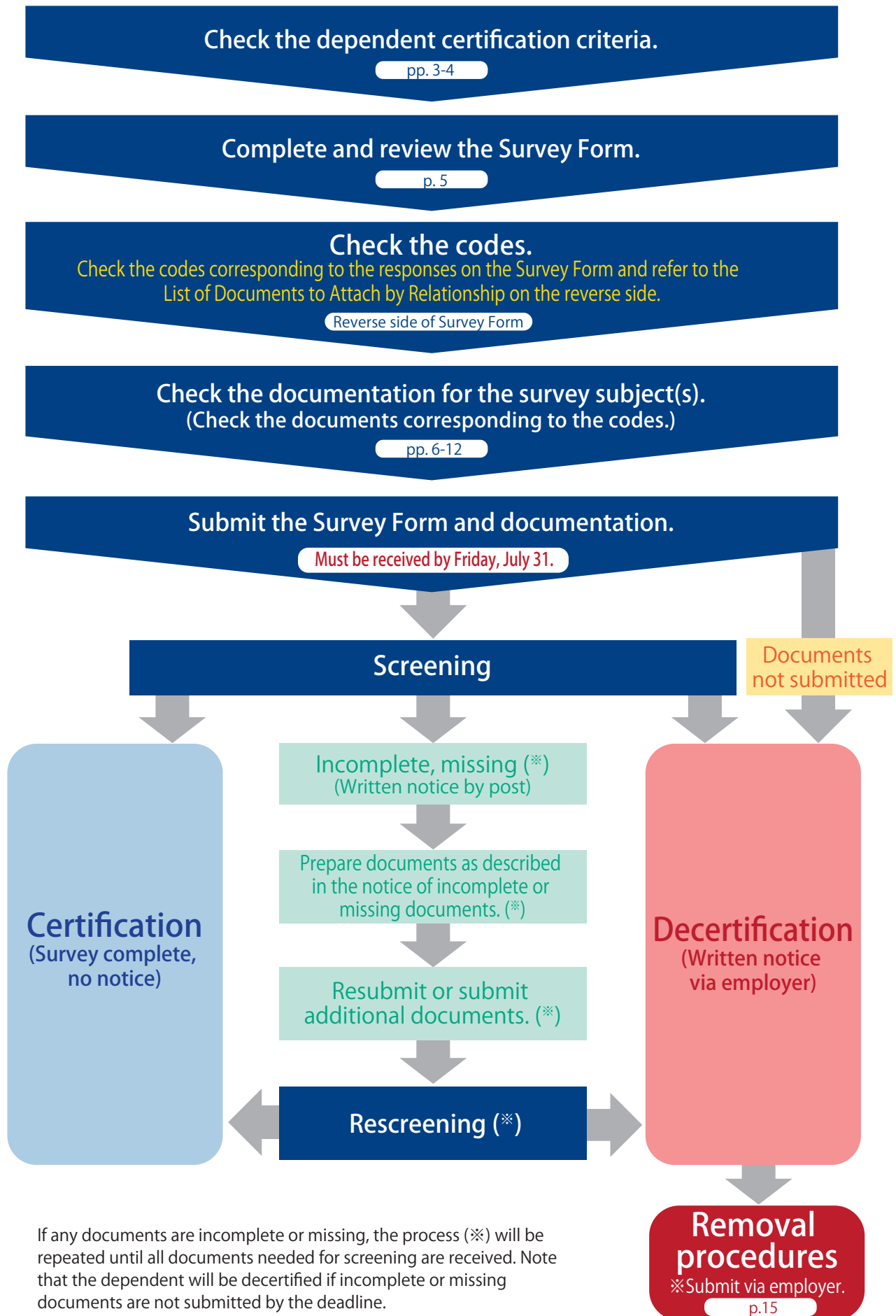
Must be received by Friday, July 31, 2026.

※Use the enclosed reply envelope to submit.

Notes

- Information on the Survey Form is current as of May 31, 2026.
- Pursuant to Article 50 of the Ordinance for Enforcement of the Health Insurance Act, the relevant dependent’s status 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 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



If any documents are incomplete or missing, the process (*) will be repeated until all documents needed for screening are received. Note that the dependent will be decertified if incomplete or missing documents are not submitted by the deadline.

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.

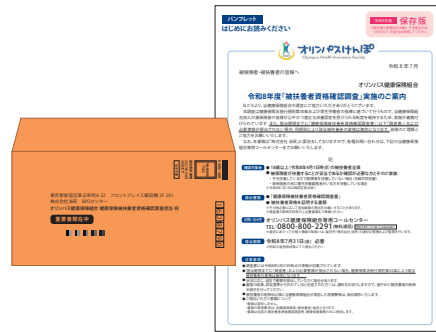
List of application forms for the Dependent Certification Survey and sample completed forms
<https://www.olympus-kenpo.or.jp/info/shirase/fuyou/documents.html>



Beginning this fiscal year, the method has changed to that of checking document codes corresponding to the responses on the Survey Form and checking the required documents on the reverse side.

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) ※Check the List of Documents to Attach by Relationship on the reverse side of the Survey Form.	1 per person
Report of Living Expenses	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 from multiple employers are required.	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) ※Check the List of Documents to Attach by Relationship on the reverse side of the Survey Form.	1 per person
Report of Living Expenses	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 from multiple employers are required.	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) ※Check the List of Documents to Attach by Relationship on the reverse side of the Survey Form.	1 per person
Report of Living Expenses	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 from multiple employers are required.	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 both spouses provide

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 is 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) ※Check the List of Documents to Attach by Relationship on the reverse side of the Survey Form.	1 per household
Certificate of (Planned) Payment of Salary/Bonus ※Copy if certificates from multiple employers are required.	
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 kinship 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.

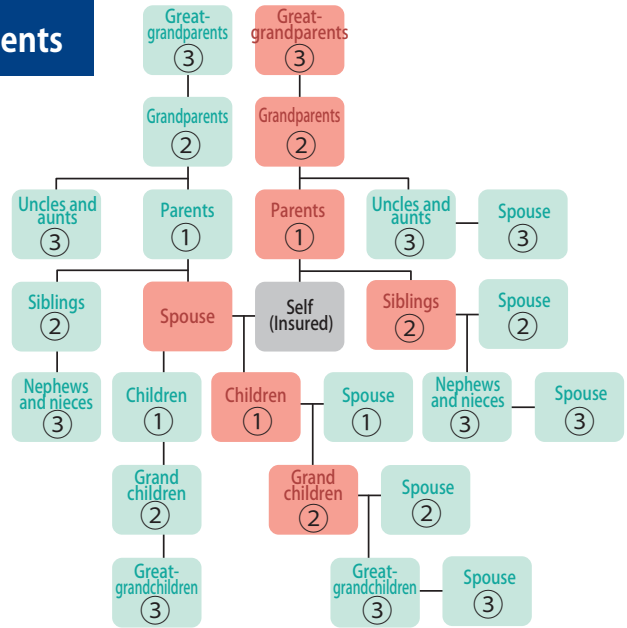
* Dependents are still regarded as living together if the insured lives elsewhere for reasons related to the insured's employer. Conversely, those living at the same address but in separate households are regarded to live apart.

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 kinship
■Must live together ②.....2nd degree of kinship
 ※ "Spouse" may be a common-law spouse. ③.....3rd degree of kinship

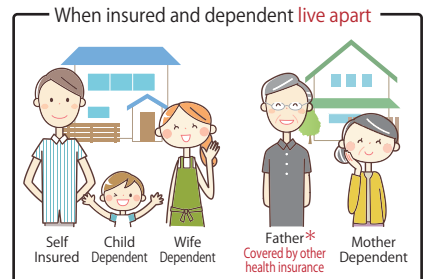
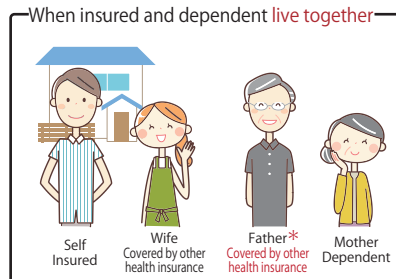
Priority support obligor

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 (Parents of the grandchild)
Nephew/niece	Sibling of the insured and the sibling's spouse (Parents of the nephew/niece)

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 / Those with a certain disability ※2	Less than 150,000 yen	Less than 5,000 yen			Less than 1.8 million yen
19-22 years as of December 31 in the current year (Excluding insured's spouse and those with a certain disability)	Less than 125,000 yen	Less than 4,167 yen			Less than 1.5 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 support amount ※3 from insured.

● 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 disability; 1.5 million yen for those aged 19-22 years as of December 31 in the current year). As used here, *annual income* always refers to income for the coming one-year period. The most recent income level is used to calculate annual income 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 disability; 125,000 yen for those aged 19-22 years as of December 31 in the current year). ※4

However, in cases in which the only income earned is salary income and the time from the survey start date (July 1 of the current year) to the date of the termination of the employment contract is at least one year and a notice of working conditions or a similar document has been submitted, projected annual income will be determined in principle based on the terms of the current employment contract (i.e., the details provided in the notice of working conditions, etc.). ※5

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 ※6). 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 disability eligible for disability pension benefits

※3 Proof of remittance must be submitted to verify the support amount. We will also verify whether the nature of support is appropriate in light of the dependent's actual living circumstances.

※4 Simply because monthly income temporarily exceeds 108,334 yen (150,000 yen for those aged 60 or older or with a certain disability; 125,000 yen for those aged 19-22), a dependent does not immediately lose eligibility.

※5 To verify whether there is any discrepancy between the submitted working conditions and actual income, we will request the submission of actual income records and make a determination after a thorough review of the details.

※6 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 to verify that the insured is the primary breadwinner for the child.

If the following applies, the child remains a dependent of the insured person:

Primary breadwinner requirement	Documentation
Income of insured > Income of spouse (husband or wife)	2025 certificate of income and withholding tax FY2026 income certificate or tax (tax-exempt) certificate 2025 complete final income tax return (taxpayer's copy)

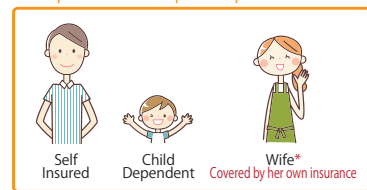
※Even if the spouse earns no income, documentation is required if the spouse is not a dependent of the insured.

● Documentation used in this survey

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

※Depending on the circumstances, the submission of documentation for the insured may also be requested.

Example: When both parents provide for a child.



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



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.

5. Documentation

Be sure to answer the questions on the Survey Form and check the required documents before referring to this pamphlet. 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)

- Must show the head of the household.
- One certificate of residence showing all household members will suffice if there are multiple survey subjects in the household.
- Be sure to submit a certificate of residence showing all household members and relationships. A certificate of residence for an individual or only part of the household is unacceptable.
- The certificate of residence for a visa holder must indicate the expiration date of the period of stay.
- For an individual who does not have a certificate of residence in Japan, submit a translation of the following document, signed by the translator:
 - Document equivalent to certificate of residence
 - ※Check with a public agency in the country of residence.

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	●●●●●●●●町●●●●●●●●		
世帯主	●●●●		
1	氏名	●●●●	住民票コード
	住所を定めた日	●●●●年●●月●●日	性別 ● 続柄 ●●●●
	住民となった日	●●●●年●●月●●日	届出の年月日 ●●●●年●●月●●日
	氏名	●●●●	住民票コード
2	住所を定めた日	●●●●年●●月●●日	性別 ● 続柄 ●●●●
	住民となった日	●●●●年●●月●●日	届出の年月日 ●●●●年●●月●●日
	氏名	【以下余白】	住民票コード
	住所を定めた日		性別 続柄
3	住民となった日		届出の年月日
	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
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
	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、住所都市町村長から請求に係る住民票に記載されている(世帯主の)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。

●●●●年●●月●●日 ●●●●●●●●印

2 Proof of remittance (copy) for the past six months

When Continual for the past 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.

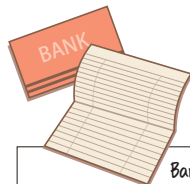
On hand, financial institution

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			
取引銀行	取引店	口座番号	●●●●●●●●銀行
取扱店	お取扱日	時刻	●●●●●●●●
お取引内容	お取引金額(円)	手数料	●●●●●●●●
振込	¥60,000	¥XXX	
お取引後の残高(円)		¥1,722,208	
振込先	電話番号	●●●●●●●●	
●●●●●●●●	●●●●●●●●	●●●●●●●●	
●●●●●●●●	●●●●●●●●	●●●●●●●●	
●●●●●●●●	●●●●●●●●	●●●●●●●●	
電話番号	●●-●●●●-●●●●	●●●●●●●●	
取扱番号	●●●●●●●●	●●●●●●●●	



Bank Passbook of Taro Kenpo (the insured)
Living expenses for January, February, and March 2026

年月日	記号	お支払い金額(円)	お預り金額(円)	差引残高(円)	備
2026-01-05	100	*8,768		*1,450,768	
2026-01-18	100	*60,000	カブ* 手引	*1,390,768	
2026-01-27	100	*80,000	〇〇〇不動産	*1,249,208	
2026-02-01	100	*60,000	カブ* 手引	*1,189,208	
2026-02-19	900	*37,000		*1,152,208	
2026-03-05	100		200,000	*1,782,208	
2026-03-07	100	*60,000	カブ* 手引	*1,722,208	
2026-03-27	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。

(被扶養者調査用)

送金申告書
オリンパス健康保険組合理事長 殿

被保険者	保険証 記号・番号	-	被保険者氏名	
	生年月日	昭和・平成:	年 月 日	男・女 年齢: 歳

自己都合で同居している下記の被扶養者の継続認定にあたり、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。

注調査対象者	被扶養者氏名:	続柄:	男・女	年齢: 歳
送金金額	月額:	円	年額:	円
送金状況	[] 前年1月以前に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月以降に送金変更 変更年月: 令和 年 月			
送金方法	[] 銀行振込 [] 現金書留 [] 自動振替 ※手続しは不可			

【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「送金日、送金者、受取人、送金額」がわかるものを提出ください。

送金に関する注意

私は、健康保険被扶養者 _____ 継続認定にあたり、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信した場合には、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、その旨お届けし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 responses 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.
- Copy the enclosed report of living expenses form or download it from the Society website if you need more for multiple dependents subject to the survey.
- 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

Where to obtain, issuer, etc.

On hand, Society website



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 FY2026 document (proof of income for January-December 2025)

Purpose To verify the amounts and types of income from January through December 2025
 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, 2026 and has been unemployed since then.
- If the dependent has left employment but the certificate shows non-zero income, submit a certificate of the date of leaving employment.
- If the certificate shows income other than salary income, submit documentation of the income (e.g., a set of final income tax return documents).

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, 2026.

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

10 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
if the child lives apart to attend school

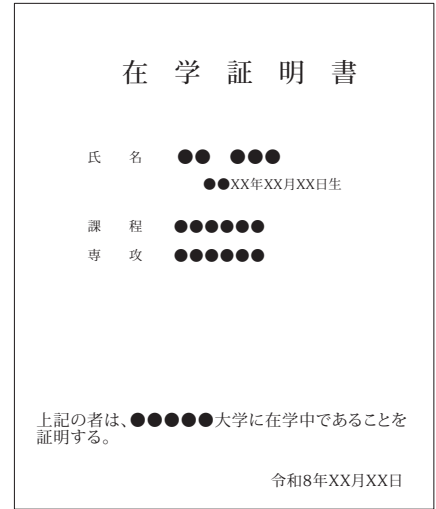
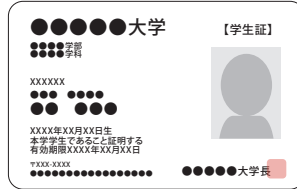
- Must show name, date of issue, period of validity, etc.
- "Student" refers to a person attending a school or preparatory school as defined in the School Education Act.
- ※ You may be asked to submit additional documents depending on the form of school attendance (such as night school or distance learning).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

Where to obtain, issuer, etc.

On hand, school attended

Not acceptable

● Student ID (copy)



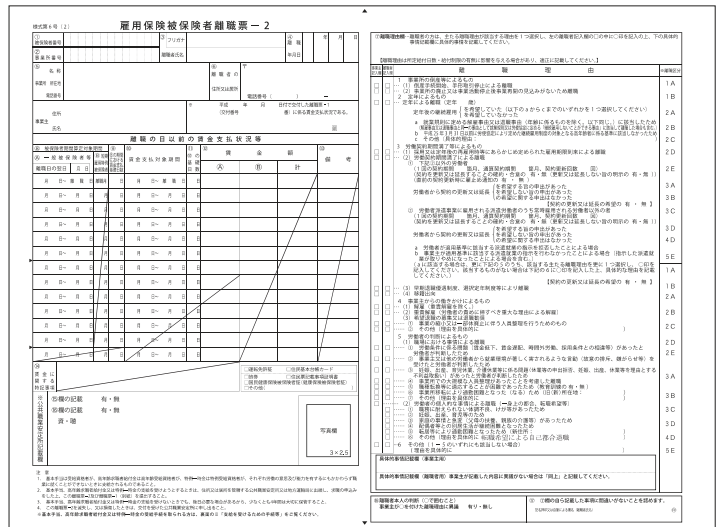
11 Any of the following showing the employment departure date: certificate of income and withholding tax (copy), separation slip 2 (copy), certificate of eligibility for employment insurance benefits (copy), retirement certificate (original), etc.

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

When Document for January 2025 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

- Be sure to submit a copy. Originals will not be accepted.
- 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 (copies) for the period from January 2025 until leaving employment and FY2026 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.
- If the daily base income amount (see p. 4) is exceeded, the family member must be removed from your list of dependents. Apply for dependent removal as of the date the receipt of benefits began. The date of removal is the first day of the period eligible for benefits, not the first date of authorization by the Public Employment Security Office.
- Submit a notification of business discontinuance if a self-employment business was discontinued.



Where to obtain, issuer, etc.

Former employer

12 Documentation of income of the survey subject's priority support obligor

※ See p. 3 regarding the priority support obligor.

When For the subject period

Purpose To verify the amount and type of income of the survey subject's priority support obligor for January-December 2025. 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.

Status of priority support obligor	Documentation
1 Unemployed	FY2026 income certificate (original) or tax (tax-exempt) certificate ※ If unemployed as of July 2026 after leaving employment in January 2025 or later, documentation of the employment departure date
2 Earns salary income.	2025 certificate of income and withholding tax (copy) ※ If employment began in January 2026 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 used to certify 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).	2025 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 2024 or later.

※ Submit all documents that apply.

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

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

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.



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.

	Spouse's status	Documentation	Notes
1	Spouse has earned salary income since 2025 or earlier (employed by another company).	Spouse's 2025 certificate of income and withholding tax (copy)	<ul style="list-style-type: none"> This document is required only for those currently working. If the spouse is on maternity or childcare leave, submit the applicable documents under 7-11 in this chart.
2	Spouse earns pension income.	Spouse's most recent pension amendment notice or notice of pension remittance (copy)	<ul style="list-style-type: none"> If the spouse earns only pension income, also submit the applicable document under 4 or 5 in this chart.
3	Spouse earns income other than salary or pension (self-employment, real estate, agriculture, miscellaneous income, contracting, etc.).	Spouse's 2025 ① final income tax return (copy) and ② income statement or blue return statement (copy)	<ul style="list-style-type: none"> If the spouse's income before deducting expenses exceeds the insured's income, the submission of a document showing detailed expenses may be required at a later date. Submit documents with an indication of receipt by the tax office.* * Submit documentation of the fact that the tax return and other documents were filed and the date on which they were filed, together with the set of final tax return documents. See p. 10 ⑧ of the pamphlet for specific document examples.
4	Spouse has no income (was already unemployed or left employment in 2024 or earlier).	Spouse's FY2026 income certificate (original) ※ Showing income of 0 yen	<ul style="list-style-type: none"> The title of the income certificate may vary. Example: Tax (tax-exempt) certificate, etc. If an income amount is shown, submit the document under 5 in this chart. Submit the document for the most recent fiscal year that can be issued in or after June 2026.
5	Spouse left employment in 2025 or later and earns no income.	Spouse's retirement certificate (original) or certificate of income and withholding tax (copy) showing the date of leaving employment	<ul style="list-style-type: none"> A separation slip 2 (copy), notice of confirmation of loss of employment insurance eligibility (copy), etc. will also be accepted.
6	Spouse changed jobs sometime during 2025 or 2026.	Spouse's Certificate of (Planned) Payment of Salary/Bonus (original) for one year from the job change	<ul style="list-style-type: none"> Actual amounts paid are used to certify the period during which salary payments were made.
7	Spouse is on maternity or childcare leave and earned income in 2025, but the spouse's income is less than the insured's income.	Spouse's 2025 certificate of income and withholding tax (copy) or Certificate of (Planned) Payment of Salary/Bonus (original) for the past one-year period	<ul style="list-style-type: none"> Enter the leave start date and the fact that the spouse is on leave in the margins of the certificate.
8	Spouse is on maternity or childcare leave and earned income in 2025, and the spouse's income exceeds the insured's income.	Spouse's Certificate of Leave (original) or Certificate of (Planned) Payment of Salary/Bonus (original) for one year from July 2026	<ul style="list-style-type: none"> To submit a Certificate of Leave, obtain the Certificate of Leave form from the Society website and ask the employer to certify that the spouse is on leave and has no income. If the spouse earns income during the leave, submit the Certificate of (Planned) Payment of Salary/Bonus (original) for one year from July 2026. ※ Enter the fact of taking leave and the leave start date in the remarks field on the certificate.
9	Spouse is on maternity or childcare leave and earned no income from 2025 to the present.	Spouse's Certificate of Leave (original)	<ul style="list-style-type: none"> To submit a Certificate of Leave, obtain the Certificate of Leave form from the Society website and ask the employer to certify that the spouse is on leave and has no income.
10	Spouse returned to work sometime in 2025 or later but is on maternity or childcare leave as of July 2026.	Spouse's Certificate of Leave (original) or Certificate of (Planned) Payment of Salary/Bonus (original) for one year from July 2026	<ul style="list-style-type: none"> To submit a Certificate of Leave, obtain the Certificate of Leave form from the Society website and ask the employer to certify that the spouse is on leave and has no income. If the spouse earns income during the leave, submit the Certificate of (Planned) Payment of Salary/Bonus (original) for one year from July 2026. ※ Enter the fact of taking leave and the leave start date in the remarks field on the certificate.
11	Spouse is on childcare leave and receiving childcare leave benefits.	Spouse's most recent notice of childcare leave benefits payment decision (copy)	<ul style="list-style-type: none"> Be sure to submit a copy. Originals will not be accepted.
12	Spouse returned to work sometime in 2025 or later (and has not taken leave since).	Spouse's Certificate of Payment of Salary/Bonus (original) for the past one-year period	<ul style="list-style-type: none"> If, as of the time of the survey, one full year has yet to pass from the time of returning to work, actual income earned and projected income are used to certify the one-year period after returning to work.

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

6. FAQ

Carefully read the information on pp. 6-12 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 Eligibility Certificates 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 certificates 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 certificates, 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, 2026. Do I still need to submit the Survey Form?

A3. Yes. Please submit the Survey Form.

Indicate "July 31, 2026" 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, 2026, please submit both the Survey Form and required documents.

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, 2024?

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 FY2026 (showing income for January-December 2025) 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

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, and 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, and 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 ⇒ See the relevant sections in the chart of P. 12 13.
- ③ Other than ① and ② above ⇒ Actual income for the past 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 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>



7. 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 Eligibility Certificate (if issued) 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 base income amount.
- A dependent receives unemployment benefits, injury and illness allowance, or maternity allowance the daily amount of which exceeds 3,612 yen (5,000 yen for those aged 60 or older or with a certain disability; 4,167 yen for those aged 19-22 as of December 31 in the current year).
- 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 (the child becomes the spouse's dependent).
- Divorce
- Death, etc.

Where to submit

Code	Establishment (company with which you are affiliated)	Submit to	
11	Olympus Corporation	—	5-15-1, Sanarudai, Chuo-ku, Hamamatsu-shi, Shizuoka, 432-8021 Business Brain Showa-Ota Inc. Attn: Olympus Corporation
26	Aomori Olympus Co., Ltd.	Kuroishi	Aomori Olympus Co., Ltd. HR Team, HR Group
27	Aizu Olympus Co., Ltd.	Aizu	Aizu Olympus Co., Ltd. HR Team, HR Group
31	TmediX Corporation	Shinjuku Monolith	TmediX Corporation HR Group, Administration Division
35	TASAKA Memorial Clinic	—	TASAKA Memorial Clinic Head of Administration
42	Nagano Olympus Co., Ltd.	—	5-15-1, Sanarudai, Chuo-ku, Hamamatsu-shi, Shizuoka, 432-8021 Business Brain Showa-Ota Inc. Attn: Nagano Olympus Co., Ltd.
44	Shirakawa Olympus Co., Ltd.	Shirakawa	Shirakawa Olympus Co., Ltd. HR Team, HR Group
54	Olympus Marketing, Inc.	Shinjuku Monolith	Olympus Marketing, Inc. HR Operation
62	Olympus-Supportmate Corp.	Ishikawa	Olympus-Supportmate Corp. Administration Division

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>

