This English translation is for reference purposes only.
The original Japanese form must be used for submission.

[F17] Declaration Concerning Employment Insurance (雇用保険にかかる申立書)

雇用保険にかかる申立書

私が扶養する　Name of your dependent　は、
（続柄：Relationship、生年月日：Date of Birth: Year 年Month月 Date日）

別添のとおり、last day of your employment: 平成Heisei year 年Month月Date日付で退職いたしました。

雇用保険法に基づく失業給付について、下記のとおり申し立てます。

記

1．雇用保険の被保険者となっていないため、受給資格がありません。

2．受給手続きを行っていないため、今後も受給しません。

3．別添の「雇用保険受給資格者証」の写しのとおり、現在受給手続き中のため、待機期間満了後、受給開始したことを速やかに申し出ます。

4．受給手続きを行っていませんが、今後手続きをする予定です。その際には速やかに申し出ます。

平成Heisei year年Month月Date日

文部科学省共済組合東京工業大学支部長　殿

申立者 Declarer　所属　Affiliation

氏名　Print name　seal 印
（自署かつ押印）

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[F17] Declaration Concerning Employment Insurance (雇用保険にかかる申立書)

Declaration Concerning Employment Insurance

[Name of your dependent] (Relationhip: Date of birth:Heisei YY/MM/DD), who is my dependent, has ceased to be employed as of [DATE: Heisei YY/MM/DD], as shown in the attached document.

I hereby declare the following with regard to unemployment benefits under the Employment Insurance Act.

1. The above individual is not covered by employment insurance, so is not entitled to receive benefits.

2. The above individual has not applied for benefits, and he or she will not receive benefits.

3. The above individual is currently in the process of applying for benefits, and I will notify you immediately when benefit payments started after the waiting period as stated in the attached copy of “Certificate of Entitlement to Employment Insurance Benefits.”

4. Although the above individual has not applied for benefits yet, he or she is expected to do so hereafter. I will notify you immediately when it is applied.

Heisei YY/ MM/DD

Ministry of Education, Culture, Sports, Science and Technology Mutual Aid Association, Tokyo Institute of Technology Branch Manager

Declarer: Affiliation _____

Name _____ Seal

(Signed and sealed)