

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

Declaration of Status of Dependent(s) 扶 養 の 申 立 書

1 Dependent's information	Name	Gender	Date of birth	Relation-ship	Does he or she have a spouse?	Does he or she live with you?
		Male Female	Japanese year (Showa/ Heisei/Reiwa) _____ (Age: __) Month Day		Yes No	Yes No

2 Dependent's income status Check the applicable items and fill in the blanks where necessary.	<div style="display: flex; flex-direction: column; gap: 10px;"> <div> <input type="checkbox"/> Unemployed and no income </div> <div> <input type="checkbox"/> Public pension (including disability and survivor's pension): JPY _____ per year Does he or she have other income? Yes No </div> <div> <input type="checkbox"/> Please see the status provided in the Declaration Concerning Employment Insurance (雇用保険にかかる申立書) </div> <div> <input type="checkbox"/> Employment insurance benefits: JPY _____ per day </div> <div> <input type="checkbox"/> Income from businesses, property, financial assets, etc.: JPY _____ per year </div> <div> <input type="checkbox"/> Income from part-time or casual work, personal pensions, etc.: JPY _____ per month x 12 months = Estimated annual income JPY _____ </div> <div> <input type="checkbox"/> The MEXT Mutual Aid Association member sends money to the dependent as he or she is living separately: JPY _____ per month (estimated annual amount JPY _____) </div> <div> <p style="font-size: small;">Note: The member's financial support must be at least 1/3 of the total of the financial support and the dependent's other annual income. Spouses are not subject to this condition.</p> <input type="checkbox"/> Please see the status provided in the Declaration of Status of Dependent(s) Living Overseas (現況申立書 (海外に在住し日本国内に住所を有しない被扶養者用)) </div> <div> <input type="checkbox"/> Other (_____) </div> </div>
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3 Are there individuals responsible for supporting the dependent?*	Name	Relation-ship	Age	Does he or she live with you?	Occupation	Annual income
<input type="checkbox"/> Yes (see the list on the right) <input type="checkbox"/> No Member's annual income (JPY)				Yes No		JPY
				Yes No		JPY
				Yes No		JPY
				Yes No		JPY

4 Reasons why the member needs to support the dependent financially	Please specify.
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5 Health insurance that the dependent was previously enrolled in	Name of health insurance: <input type="checkbox"/> The dependent was covered as a member on his or her own (not dependent status). <input type="checkbox"/> The dependent was covered as a dependent of the member.
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Please be sure to check all that apply.

*“Individuals responsible for supporting the dependent” includes spouses, parents, brothers, sisters, etc. (e.g., a member’s spouse who has income). No need to include individuals who are listed as dependents in the Notification of Dependent(s) Form (被扶養者申告書) or have already been accepted as dependents.

Date:

I hereby declare that the aforementioned dependent financially relies on my income to maintain his/her livelihood. Furthermore, I will notify without delay if the dependent earns more than the maximum income limit to qualify as dependent for the Mutual Aid Association (1.3 million yen per year (108,333 yen per month) or 1.8 million yen per year for pension recipients aged 60 or over or disability pension recipients) or if he or she loses eligibility.

To: Branch Manager, MEXT Mutual Aid Association

Member's name: _____

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