

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

If the householder or any insured member of a household has not declared his/her income, the income-based-rate premium cannot be calculated and a premium reduction cannot be applied. **Please submit the enclosed "Income Declaration for National Health Insurance Premiums" by the due date.**

[Instructions for Filling in the Form]

- Please write the total income for each household member listed on the form.
- Write the income for the period from January 1 to December 31 of last year.
- **If the person had no income, select an item from the options under the section [(力) No income] and circle the number (○).**
- Household members who have declared their income for income tax and municipal and prefectural inhabitants tax do not need to submit this form.
- Please be sure to write your contact information. We may contact you to clarify the information you have provided.

<Example>

	Name	Hanako Kanazawa	
	Date of birth	1955(year) 8(month) 3(day)	
(7)	Individual number	123456789012	
	Occupation or place of work	Unemployed	
(1)	Salary income		yen
(7)	Pension income (Write the benefit from each pension.)	Old-age/Retirement pension	yen
		Surviving family pension	yen
		Disability pension	1,860,000yen
		Other (*Pension name)	(*) yen
(1)	Business income	Business activities	yen
		①Gross income before deductions	yen
		②Business expenses	yen
		①-②	yen
		Net income after deductions	yen
(7)	Other income	①() income	yen
		②Business expenses	yen
		①-②	yen
		Net income after deductions	yen
(7)	No income (Select an option and circle the number (○).)	① Dependent (Dependent on Taro Kanazawa)	
		2. Lived on provided money Provided by ()	
		3. Employment insurance benefits received	
		4. Lived on savings	
		5. Unable to work due to illness	
		6. Student (Name of school:)	
		7. Other reason ()	

(7) Individual number

Write your My Number (individual number).

(1) Salary income

If you had salary income from full-time or part-time work, write the total amount including bonuses and benefits.

* If you are a family employee, state that in the column.

(7) Pension income

Write the benefit from each pension
* If you receive private pensions, state that in the section [(7) Other income] and write the gross income before deductions, business expenses and net income after deductions. (For the business-expense amount, please refer to the card sent to you every year by the insurance company that issues your pension.)

(1) Business income

If you own a business, write the business activities, gross income before deductions, business expenses and net income after deductions.

(7) No income

Be sure to fill in this section if you had no income.

[Inquiries]

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