

**National Health Insurance Premium Reduction Application Form Due to New Coronavirus Infection**

Submission Date	yy                      mm                      dd	
Applicant (Householder)	Address .....	
	Name .....	
	Birth date                      .                      .                      Phone                      (                      ) .....	
Agent	Address .....	Relationship <u>with applicant</u>
	Name .....	
	Phone                      (                      ) .....	

I apply for reduction / exemption for National Health Insurance premiums.

	Period	Insurance amount subject to reduction or exemption
FY2022	1th ~ 10th	Yes
	over 1th~over 12th	Yes

Reasons for applying for reduction / exemption (Please select the applicable reason.)		
Name of major livelihood maintainer	(Please enter the name of the head of household or the member of the National Health Insurance who has a large income.) .....	Birth Date
	seal	.                      .
<input type="checkbox"/> 1. Major livelihood maintainer has died or seriously injured by Coronavirus infections. <input type="checkbox"/> 2. Lost work or unemployed due to coronavirus infection.. <input type="checkbox"/> 3. Due to the effects of coronavirus infections, the income of the main livelihood holders has decreased. ◆Requirement confirmation (It is necessary to meet one of the following requirements) <input type="checkbox"/> Income is expected to decrease by more than 30% compared to the previous year. <input type="checkbox"/> The total amount of income for the previous year is 10000,000 yen or less. <input type="checkbox"/> The income of the previous year, excluding the types of income that are expected to decrease, is less than 4000,000 yen. ◆Please fill in the estimated income on the back side.		

※If you fall under 1, attach a doctor's death certificate or medical certificate.  
 ※If you fall under 2, please attach documents proving that you have been out of business or unemployed.  
 (Business closure notice, turnover slip, etc.)  
 ※If you fall under 2, persons who are unemployed due to company circumstances are not eligible for this reduction or exemption, but a reduction of insurance premiums for involuntary unemployed applies. However, if a decrease in income other than salary income is expected, it may be subject to this reduction or exemption.  
 ※If you fall under 3, the type of income for which the previous year's income was 0 yen will not be subject to this reduction or exemption regardless of the decrease in income.

- Consent Confirmation Column  
 In applying for this application, I, the head of household and the major livelihood maintainer, agree to the following contents.
- In order to receive a reduction or exemption measure for the National Health Insurance premium, I agree that Nagahama City asks other public offices to browse the necessary documents or provide the necessary documents regarding the status of my income, etc., or to banks, trust companies or other institutions or to request reports from the insured's employer and other parties.
  - I also agree to tell that I agree Nagahama City to tell that other public offices, banks, trust companies, other institutions, employers of insureds, and other related parties that requests that documents be read or documents be provided or that reports be requested.
  - If the content of the submitted documents is false, it will not matter even if you cancel the decision.
  - I agree that the payment method for insurance premiums for 2022 (the 4th year of Reiwa) will be payment according to the payment slip.

## Expected income declaration form within 2022

Enter the amount of income expected to decrease for the major household's livelihood maintainer (only income expected to decrease by more than three-tenths) for each type.

\* If the reason for the reduction /exemption application is 1 or 2, no entry is required.

Name of major livelihood maintainer		Date of birth	. .
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<b>1</b>	Type of income		【Contents of income (business name, etc.)】				
	<b>Business income</b>						
Expected monthly income (please enter actual income for coming months)※ 1							
Month	Income amount	Month	Income amount	Month	Income amount	Month	Income amount
1	yen	4	yen	7	yen	10	yen
2	yen	5	yen	8	yen	11	yen
3	yen	6	yen	9	yen	12	yen
Total					【A】		
Of 【A】, the amount that should be covered by insurance money, damages, etc. ※ 3					【B】		
【D】 - 【A】 - 【B】					【C】		
Amount of business income during 2021					【D】		
Percentage decrease in income 【C】 / 【D】					%		

<b>2</b>	Type of income		【Contents of income (business name, etc.)】				
	<b>Salary income</b>						
Expected monthly income (please enter actual income for coming months)※ 1							
Month	Income amount	Month	Income amount	Month	Income amount	Month	Income amount
1	yen	4	yen	7	yen	10	yen
2	yen	5	yen	8	yen	11	yen
3	yen	6	yen	9	yen	12	yen
Total					【A】		
Of 【A】, the amount that should be covered by insurance money, damages, etc. ※ 3					【B】		
【D】 - 【A】 - 【B】					【C】		
Amount of salary income during 2021					【D】		
Percentage decrease in income 【C】 / 【D】					%		

<b>3</b>	Type of income		【Contents of income (business name, etc.)】				
	<b>Real estate income</b>						
Expected monthly income (please enter actual income for coming months)※ 1							
Month	Income amount	Month	Income amount	Month	Income amount	Month	Income amount
1	yen	4	yen	7	yen	10	yen
2	yen	5	yen	8	yen	11	yen
3	yen	6	yen	9	yen	12	yen
Total					【A】		
Of 【A】, the amount that should be covered by insurance money, damages, etc. ※ 3					【B】		
【D】 - 【A】 - 【B】					【C】		
Amount of real estate income during 2021					【D】		
Percentage decrease in income 【C】 / 【D】					%		

- ※ 1 For the income amount of the coming month, please attach documents such as a business balance book and salary certificate.
- ※ 2 For those who have moved in after January 1, 2022, or those who have delayed income declaration for 2021, since the situation such as income of the previous year can not be confirmed in the city, a copy of the declaration (the person who declared ), please attach the withholding tax (only for year-end adjustments).
- ※ 3 If there is an amount to be covered, such as insurance money or compensation for damages, please attach a document (insurance contract, etc.) that shows the amount.