

**LIFE AND HEALTH INSURANCE FOR NON-JAPANESE  
SELF EMPLOYED CONSTRUCTION WORKER  
APPLICATION FOAM**

KENSETSUBUKAI BUSINESS CENTER  
554-0011 2-18-8 Asahi, Konohana-ku, Osaka-shi

AFFLI- ATION	TOKYO KENSETSUBUKAI	
	TOUMEI KENSETSUBUKAI	
	KONOHANA KENSETSUBUKAI	

● If you would like to join, please fill in the box below.

※ NAME IN KATAKANA				I agree to the rules
※ NAME				<input checked="" type="checkbox"/>
※ DATE OF BIRTH	西曆 (AD)	年 (Y)	月 (M)	日 (D)
※ ADDRESS	〒 <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>			
	LANDLINE	-	-	
	FAX	-	-	<input type="checkbox"/> Ditto <input type="checkbox"/> Fax someone in advance
	CELL PHONE	-	-	
	MAIL	@		
EMERGENCY CONTACT				
※ DESCRIPTION OF JOB				<input type="checkbox"/> Decontamination work
TRADE NAME				
※ DESIRED DATE OF JOINING	西曆 (AD)	年 (Y)	月 (M)	日 (D)

※ BASIC DAILY BENEFIT AMOUNT (YEN)	
3,500	12,000
4,000	14,000
5,000	16,000
6,000	18,000
7,000	20,000
8,000	22,000
9,000	24,000
10,000	25,000

● Those who have been engaged in any of the specific work of 1to4 are required to undergo a pre-medical examination.

	SPECIFIC WORK	DATE FIRST ENGAGED	DETAILS ABOUT THE ORGANIC SOLVENT, VIBRATION TOOLS, AND WORK USED.
1	DUST WORK	Y M	
2	VIBRATION TOOL WORK	Y M	
3	LEAD WORK	Y M	
4	ORGANIC SOLVENT WORK	Y M	

- ※ If you need a pre-medical examination, we will inform you of the details of the examination institution after the application form is received.
- ※ After the medical examination, we will issue a certificate of participation in labor insurance after receiving an approval notice (from the local labor bureau).

If you need a labor insurance enrollment certificate urgently.

After confirming the payment, we will inform you of the labor insurance number in advance by fax or telephone.

REMARKS (COORDINATING COMPANY NAME · CONTACT INFORMATION etc)

<p>Please paste a copy of your residence card here. If you apply by FAX, please send all copies at the same time. (large documents such as resident cards) by FAX</p> <p>If applying in a sealed envelope, please enclose relevant documents. You cannot join without the attachments.</p>
--

If there are any omissions, the enrollment date may be delayed, so please check again.