

Labor insurance Application Form  
Act on Asbestos  
Health Damage Relief

Application Form for: Estimated/Increased Estimated  
/Fixed Insurance Premium: General Contributions

Continued project  
(including grouped terminable  
businesses)

Standard writing style

0 1 2 3 4 5 6 7 8 9

Courtesy Translation

I declare as follows.

Read "Writing instructions" on page 3 before filling in this form.  
Write in the OCR boxes in the standard writing style as shown above.

Type 3 2 7 0 0  
\*Modified item number  
\*Input code

\*Classifications  
Jurisdiction (2) Re: Insurances Business type Industrial classification

To submit  
Heisei (year) (month) (day)

① Labor insurance number  
Prefecture Administration Jurisdiction Base number Branch number

Addressed to:

② Date of addition (Era name: 7 for Heisei) Era name — year — month — day  
③ Date of business closure, etc. (Era name: 7 for Heisei) Era name — year — month — day  
\*Reason for business closure, etc.

④ Number of permanent employees  
⑤ Number of persons covered by Employment Insurance  
⑥ Number of elderly persons exempt from insurance payment  
\*Code for reason for single  
To: Tokyo Labor Bureau

(Please do not fold this form. If you need to fold it, fold at the folding mark.)

Table with 4 columns: Classification, Period of calculation, Premium/Contribution rate, Fixed Insurance Premium/General Contribution amount. Rows include Labor Insurance Premium, For Industrial Accident Compensation Insurance, For Employment Insurance, and General Contribution Note 1.

Note 1 General Contributions collected from businesses applicable to Labor Insurance, based on Act on Asbestos Health Damage Relief Article 35 Paragraph 1  
Note 2 Delayed payment of General Contributions is not permitted.

Table with 4 columns: Classification, Period of calculation, Premium/Contribution rate, Fixed Insurance Premium/General Contribution amount. Rows include Labor Insurance Premium, For Industrial Accident Compensation Insurance, For Employment Insurance, and General Contribution Note 1.

⑮ Zip code of business owner (fill in if there is a change)  
⑯ Telephone number of business owner (fill in if there is a change)  
⑰ Application for delayed payment  
\*Recalculation: yes or no  
\*Calculation bases inspection subject  
\*Data indication code  
\*Classification of Reentry  
\*Modified item

Please do not write \ before the sum in ⑧, ⑩, ⑫, and ⑭

Table with 4 columns: Applied Estimated Insurance Premium, Increased Estimated Insurance Premium, Amount of payment for each period, Date of Establishment of Insurance Relation. Includes sub-tables for Deduction, Business or work type, Business owner, and Business details.

Cutting line (Please do not cut off the first page.)