年管管発 1018 第 1 号 令和 6 年 10 月 18 日

日本年金機構

事業管理部門担当理事 殿事業推進部門担当理事 殿

厚生労働省年金局事業管理課長 (公印省略)

「金融・資産運用特区」の対象地域として決定された自治体が設置する開業ワンストップセンター等における法人設立手続の英語対応に係る事務の取扱いについて

標記については、「「金融・資産運用特区」の対象地域として決定された自治体が設置する開業ワンストップセンター等における法人設立手続の英語対応について」(令和6年 10月7日付け基発 1007 第2号・職発 1007 第3号・年管発 1007 第1号)により「金融・資産運用特区」(以下「特区」という。)の対象地域において、事業主が厚生年金保険及び健康保険に係る法人設立に伴う手続を行うにあたり、英語で記載した申請書等の受付を実施するよう通知したところである。

これに係る事務の取扱いとして、日本年金機構(以下「機構」という。)においては、下 記の対応を実施願いたい。

記

1 特区における対応の概要について

特区においては、地方公共団体の設置する開業ワンストップセンター等(以下単に「ワンストップセンター」という。)において、厚生年金保険及び健康保険に係る法人設立に伴う届出手続について、英語での申請書の作成・提出が可能となるよう措置を講ずることとされたこと。

機構においては、ワンストップセンターに対して年金事務所職員を派遣願いたいこと。なお、東京都においては職員の常駐により、北海道及び札幌市、大阪府及び大阪市並びに福岡県及び福岡市においては、予約があった際にワンストップセンターに出向くことにより対応いただきたいこと。

ワンストップセンターにおいては、地方公共団体が支援スタッフ(通訳)(以下単に「支援スタッフ」という。)を配置することとしているので、必要に応じてその支援を受けることが可能であること。

2 英語の届出様式について

1に対応するため、次の4届書について、英語の届出様式を定めたので、事業所が英 語のみで作成した届書の受付、審査を行うこと

- ①健康保険・厚生年金保険 新規適用届(別紙1)
- ②健康保険・厚生年金保険 被保険者資格取得届 (別紙2)
- ③健康保険 被扶養者(異動)届(国民年金第3号被保険者関係届)(別紙3)
- ④厚生年金保険被保険者ローマ字氏名届 (別紙4)

なお、事業所が従来の日本語の様式で作成した届書の提出を希望する場合は、それを妨げないこと。

3 届書の受付、審査における取扱いについて

特区においては、2の届書について英語のみで記載されたものが提出されるが、その 受付及び審査においては、次の取扱いを実施されたいこと。その際、必要に応じて支援 スタッフの支援を受けて窓口職員が補記を行って差し支えないこと。

- ① 健康保険・厚生年金保険 新規適用届について
 - (ア) 事業所名称について

英語表記の事業所名称について、登記事項証明書上の名称をローマ字表記したもの、又はそれを英訳したものと合理的に解される場合は、登記事項証明書にある事業所名称で届出があったものとして取り扱い、機構での事業所情報の管理にあたっては、登記事項証明書上の名称で管理すること。また、当該名称等のフリガナを振るにあたっては、支援スタッフの支援を受けて事業主にフリガナを確認のうえ窓口職員が届書に補記をすること。

(イ) 事業所所在地、事業主住所等について

登記事項証明書上の事業所所在地及び事業主住所をローマ字表記したものが正し く記載されているか確認すること。

機構での事業所情報の管理にあたっては、登記事項証明書上の所在地及び住所で管理すること。

(ウ) 事業所への説明について

機構では上記(ア)及び(イ)のとおり登記事項証明書上の名称及び所在地で事業所情報を管理することについて、事業所に適切に説明をすること。

- ② 健康保険・厚生年金保険 被保険者資格取得届について
 - (ア)被保険者氏名について

住民基本台帳上のローマ字氏名が記載されているかを確認すること。

審査において、届書の記載内容と住民基本台帳の情報を突合させた結果、個人番号、生年月日、性別、ローマ字氏名が一致するものは、本人特定ができたとして取り扱ってよいこと。

被保険者記録の管理にあたって、被保険者のフリガナについては、住民基本台帳上のフリガナを登録すること。ただし、住民基本台帳にフリガナが登録されてない場合にあっては、支援スタッフの支援を受けて事業主にフリガナを確認のうえ窓口職員が届書に補記し、登録をすること。

なお、資格取得する者に日本人がいる場合の氏名の審査においては、住民基本台帳上のフリガナをローマ字表記したものが届書に記載されている場合は、届書と住民基本台帳上の氏名は一致したものと取り扱ってよいこと。

(イ)被保険者住所について

通常の資格取得届と同様に、個人番号を記入した場合は、住所記入は不要として よいこと。

住所の審査が必要な場合は、住民基本台帳上の住所をローマ字表記したものが正 しく記載されているか確認すること。

機構での被保険者情報の管理にあたっては、住民基本台帳上の住所で管理すること。

(ウ) 事業所への説明について

機構では上記(ア)及び(イ)のとおり住民基本台帳上の氏名及び住所で被保険者情報を管理することについて、事業所に適切に説明をすること。

- ③ 健康保険 被扶養者(異動)届(国民年金第3号被保険者関係届)被扶養者異動届について
 - (ア)被保険者及び被扶養者の氏名について
 - ② (ア) に準じた取扱いとすること。
 - (イ)被扶養者の住所について

住民基本台帳上の住所をローマ字表記したものが正しく記載されているか確認すること。

機構での被保険者情報の管理にあたっては、住民基本台帳上の住所で管理すること。

(ウ) 事業所への説明について

機構では上記(ア)及び(イ)のとおり住民基本台帳上の氏名及び住所で被保険者情報を管理することについて、事業所に適切に説明をすること。

- ④ 厚生年金保険被保険者ローマ字氏名届について
 - (ア) 添付の対象者について

厚生年金保険被保険者ローマ字氏名届は、住民基本台帳法第 30 条の9の規定により機構保存本人確認情報の提供を受けることができる者については、資格取得届

への添付を要しないことから、資格取得を個人番号で届出した者については、添付 が不要であること。このため、当該届の添付が必要となるのは、外国に住所を有し ながら特区の企業に使用される者等に限られること。

(イ)被保険者氏名について

被保険者氏名のフリガナについては、支援スタッフの支援を受けて窓口職員が届 書に補記をすること。

(ウ) 事業所への説明について

本届の添付の対象が上記(ア)のとおりであること、又、機構では上記(イ)のとおり補記したフリガナで被保険者情報を管理することについて、事業所に適切に説明をすること。

4 実施時期

令和6年10月22日から実施すること。

	orm code	Employees' Health Insurance / Employees' Pension Ins	
5.		•	Receipt date stamp
Employer	Workplace (in KA address	/Y /M /D Postal code TAKANA characters) TAKANA characters)	
	Telephone number		or and Social Security Attorney lame, address and phone
	Name of employer (or representative)	(In KATAKANA characters) (Last name) (First name) (Contact	person Extension number
	Address of employer (or representative)	T Postal code -	
	Agent of the (5)	(Last name) (First name)	
	employer Address		year month day
	(Type of business)	coverage (do not fill in)	300
ے	Corporation category	2. Individual 3. National or local public institution Corporate number 2. Corporate registration number	
atio	branch	foreign 2. Branch corporation 2. Foreign corporation Attorney	Code of Labor & Social Security Attorney
information	Name of Health Insurance Societ	Health Insurance Society number and name	Employees' Pension Fund
l e	Salary calculatio date	Month of pay raise th day of a month month month month month month month	Remuneration report form 0. Necessary (by paper) 1. Unnecessary 2. Necessary (by digital medium (CD))
Workpla	(18) Pay day	th day of current month Bonus month th day of next month month month month month month	Bonus report 0. Necessary (by paper) 1. Unnecessary 2. Necessary (by digital medium (CD))
>	Payment system	1. Monthly salary 5. Hourly wages 2. Daily wages 6. Annual salary 3. Daily basis salary 7. Other 4. Percentage pay () 4. Commutation) 5. Regular attendance 2. Housing 6. Overtime 3. Supervisory post 7. Other 4. Commutation)	(23)
	(24)	Total number of workers including executive members	Number of workers subject to social Insurance coverage
	Employee	Number of workers not subject to social insurance coverage by worker types: By Short-time contract	
	information	Note: Enter average work days/hours for ⑤, ⓒ, and ⑥ part-time	Aboutwork days / month About work hours / week
	(25) Regular work days/hours of		Aboutwork days / month Aboutwork hours / week
	workplace (26)	days / month hours andminutes / week ho	urs andminutes / day
l	Notes		

Form code 2 2 0 0

Application to Enroll in Employees' Health Insurance / Employees' Pension Insurance Application to enroll in Employees' Pension Insurance for insured persons aged 70 and older



Date	of submission	ı: Reiwa e	era /	Y /M	/D				_								Danaint date	t		
	Workplace code	Workplace number													Receipt date stamp					
Applicant / Employer	Address of workplace	I, the employer,	hereby confirm	each worker's li	ndividual Number (or Basic Pension N	Number) here is co	rrect.												
pplicant ,	Name of workplace					Lab	our and Social Se	curity Attor	ney											
Ā	Name of employer					Nam	Name/ address/ contact number													
	Phone number			()				lizi.							1			
Н	(1) Insured person number		(2) Name	(in KANA charact (Family name)	ers)		(First name)			(3) Date of birt	h 7. Heise era 9. Reiwa era	i	/ear if	onth	day	Type	1. Male 2. Female 3. Miner	Male (pension fund) Female (pension fund) Miner (pension fund)		
Insured person	(5) Enrollment category		(6) Individual Number (or Basic Pension Number)							(7) Date of enrollment	9.Reiw era	1 1	/ear n	onth	day	(8) Dependents application	0. No	1. Yes		
Insured	(9) Monthly remuneration amount	(a) (Cash) (b) (In kind)			Ye Ye	n	+(b)			(10) Remarks Yen	1.1	Circle the applicable item: 1. Worker aged 70 and older 2. Enrollment of worker at two workplaces and more 4. Enrollment of re-employed worker after retirement 5. Other ()								
	(11) Address	No need to enter a		the worker's Indiv KANA characters)	idual Number in (6) al	ove.								Rea	ason:)				
2	(1) Insured person number		(2) Name	(in KANA charact (Family name)	ers)		(First name)			(3) Date of birt	5. Shows 6 7. Heise era 9. Reiwe era		/ear n	onth	day	(4) Type	1. Male 2. Female 3. Miner	Male (pension fund) Female (pension fund) Miner (pension fund)		
insured person	(5) Enrollment category	MAA secondee	(6) Individual Number (or Basic Pension Number)							(7) Date of enrollment	9.Reiw era	1 1	/ear r	onth	day	(8) Dependents application	0 . No	1. Yes		
Insure	(9) Monthly remuneration amount	(a) (Cash) (b) (In kind)			Ye Ye		(10) Remarks	1.1	Circle the applicable item: 1. Worker aged 70 and older 2. Enrollment of worker at two workplaces and more 3. Enrollment of re-employed worker after retirement 5. Other ()											
	(11) Address	No need to enter a	ddress if you give (in	the worker's Indiv KANA characters)	idual Number in (6) al	ove.								Rea	ason:	1. Residing o 2. Short-term 3. Others (ut of Japan stay))		
_3	(1) Insured person number		(2) Name	(in KANA charact (Family name)	ers)		(First name)			(3) Date of birt	5. Shows 6 7. Heise era 9. Reiwe	i	/ear n	onth	day	(4) Type	1. Male 2. Female 3. Miner	5. Male (pension fund) 6. Female (pension fund) 7. Miner (pension fund)		
d person	(5) Enrollment category	3. MAA secondee	(6) Individual Number (or Basic Pension Number)							Date of enrollment	9.Reiw era	1	/ear n	onth		(8) Dependents application	0 . No	1. Yes		
Insured	(9) Monthly remuneration amount	(a) (Cash) (b) (In kind)			Ye Ye	n	+(b)			(10) Remarks Yen	1.1	Circle the applicable item: 1. Worker aged 70 and older 2. Enrollment of worker at two workplaces and more 4. Enrollment of re-employed worker after retirement 5. Other ()								
	(11) Address	No need to enter a		the worker's Indiv n KANA characters)	idual Number in (6) al	ove.							ason:	1. Residing out of Japan son: 2. Short-term stay 3. Others (
4	(1) Insured person number		Name (First name) (First name)							(3) Date of birt	5. Shows 6 7. Heise era 9. Reiwa era	i	/ear n	onth	day	(4) Type	1. Male 2. Female 3. Miner	5. Male (pension fund) 6. Female (pension fund) 7. Miner (pension fund)		
ed person	(5) Enrollment category		(6) Individual Number (or Basic Pension Number)							Date of enrollment	9.Reiw era	а		onth	day	(8) Dependents application	0. No	1. Yes		
	(9) Monthly remuneration amount	(a) (Cash) (b) (In kind)			Ye Ye	n	+(b)			(10) Remarks Yen	1. \	Circle the applicable item: 1. Worker aged 70 and older 2. Enrollment of worker at two workplaces and more 4. Enrollment of re-employed worker after retirement 5. Other (
	(11) Address	No need to enter a	ddress if you give	the worker's Indiv in KANA characters)	idual Number in (6) al	ove.								Rea	ason:	Residing or Short-term Others ())		

To workplaces covered by the Employees' Health Insurance managed by the EHI Association (KYOKAI KENPO)

If you are filing this form only to enroll the worker(s) aged 70 and older in the Employees Pension Insurance, please circle 1. and 5. in column (10), and enter "該当届のみ"in Japanese in () parenthesis in 5. (Please note that we don't reissue the Employees' Health Insurance certificate (card) in this case.)

	ode by A bomission : Re	workplaces covered ssociation-managed EHI	Nati								oort of Enroll						nge) Insure	d Pers	ons							別紙:			
Employer	Morkplace code Address of workplace Name of workplace Employer's name Telephone	I hereby confirmed the worker's and each person's Individual Numbers (or Basic Pension Numbers) here are uniform the worker's and each person's Individual Numbers (or Basic Pension Numbers) here are uniform the worker's and each person's Individual Numbers (or Basic Pension Numbers) here are uniform the worker's and each person's Individual Numbers (or Basic Pension Numbers) here are uniform the worker's and each person's Individual Numbers (or Basic Pension Numbers) here are uniform the worker's and each person's Individual Numbers (or Basic Pension Numbers) here are uniform the worker's and each person's Individual Numbers (or Basic Pension Numbers) here are uniform the worker's and each person's Individual Numbers (or Basic Pension Numbers) here are uniform the worker's and each person's Individual Numbers (or Basic Pension Numbers) here are uniform the worker's and each person's Individual Numbers (or Basic Pension Numbers) here are uniform the worker's and each person the worker's a															This form also serves as "Application to Enroll in as Category III Insured Persons" under the National Pension system when it involves with a report on a spouse of an insured person under the Employees' Pension Insurance. In this case, the spouse is the Category III insured person and the worker is Category III insured person under the National Pension system. Labour and Social Security Attorney Name/ address/ contact number							Receipt date stamp					
		Circle "Confirmation the employer confir information.		(Confirm	nation, ino	ome doc	uments ar	oy confirm re not atta nder the ir	ched, ar	e subje	orted depen of to depen	dents who dent	se	Date employer received spouse/dependent report Reiwa era							Year Month					Day			
A.	(1) Insured		(2)	(in KANA (Family	characters	3)		(First n	ame)				(3) Da	te of bi	rth		5. Showa era 7. Heisei era 9. Reiwa era		Year	N	lonth		Day	(4) Sex	1. Male 2. Femal	e			
perso	person's number								5) Individual Number r Basic Pension Number)								ĺ												
Insured person	(6) Date of enrollment	5. Showa era 7. Heisei era 9. Reiwa era	Year	Moi	nth	Day	(7) (Annua Incom					Yen		No need to enter address if you give individual N						Number in	umbor in (5).								
		nship between the worke ecomes worker's depend	dent (i.e. Cate	egory III in	sured perso	on), or not	dependent						ly. Cin				ny change in n	eported data.	· ,, ,	1 ,	1	,		(2)	1. Husband 2	Wife			
В.	(1) Name	Thereby report regarding a Category Ⅲ Insured Person. Reiwa era Year Month Day Da											te of bi	rth		 Showa era Heisei era Reiwa era 		Year	N	fonth		Day	(3) Relationship	2 Common lo	w husband				
person												Individua Basic Pens																	
(Category Ⅲ insured person)		I, the dependent spouse	II, the dependent spouse, hereby entrust my spouse (Category III nsured person), the submission of this report. (Check the box)										Foreign	nation	ality		(6) Common (in KANA characters)												
ory 🗏	(7) Address	I, the objectment spouse, hereby enrust my spouse (Lategory 11 insured person), the submission of this report. (Check the box) Living in same To Different address											(8) Telephone number Telephone number																
	(1.Applicable)	(9) First day as dependent (Category	9. Reiwa era		Year	М	onth	Day	(10)		Employmer Marriage	nt of the insi	ured pe		Decrea Others				(1) Occupation	1. Unem 2. Part-t	ime		(12 (A)	!) nnual)	,				
ependent spouse	2. Nof applicable	III) Reason Company Reward Reason Reason Reward Reward Reward Reason Reason Reason Reward Reward Reward Reason Reward Re												Y /N	1 /	5. Disa	3. Person repent (Nitridal) 1.					Yen							
pendent	Fill in (16)~(19)	1 Applicable Lapp) First day to licable for ove cial case	!	Month	3. Employment/ increase in income 6. Otners ()								R	emarks														
De	abroad or moved into Japan.	(18) First day to be not- applicable or overseas special case Reiwa era							Month Day (19) Reason 1					1. Move into Japan on Reiwa era /Y /M /D 2. Others ()							Employer confirmed relationship. □ 精知								
To remost that at		of spouse if not de			la" ar "Nat	annliaahla	a" roonaatii	valu. Cirala	"Change		use's (anr								Yen										
C.	(1)	(in KANA character						ly. Circle "Change" to report any change in reported (2) Date of 5. Showa era You harth 7. Heisel era				Year	Month			Day	(3)	1. Male	(4)		Biological/adopt								
	Name	(Family name)		(Fir	st name)			(5) Indi	vidual	Reiwa						-	<u> </u>	Sex	2. Female	Relat	ionship	3. Pa 4. Pa	ild other tha rent/adoptiv rent-in-law unger broth	e parent	7. Grandparen 8. Great-grand 9. Grandchild 10. Others (
ident 1	(6)	Living in same	₹	!	-			Number	Number								2 /7\~/0\ only if	(7)	1.Applicable	(8)	con	3. Des	ignated acti	2. Accomp	any worker detai riage abroad	ched abroad			
Other dependent 1	Address	household														Fill in (7)-(9) only if you live abroad or moved into Japan.			Overseas special case 2. Not applicable			Reason 5. Others (
Oth	1. Applicable	(19) First day as dependent	9. Reiwa	a era	Year	Mont	h	Day (11) Occupa		. Unemp . Part-tir . Pensio			1. Junio 5. High 6. Othe	or high sch school/un rs (ool stude versity s	ent or y tudent	ounger (grade)	(12) (Annual) income		Ye	(13) Reas	son	Birth Leaving j Decrease	iob e in income	Living in san Others	ne household			
	2. Not applicable 3. Change	(14) First day as not-dependent 9. Reiwa era not-dependent 10. One 10. Down (15) Reason 1. Decessed 3. Increase in income 5.2 Employment 4. Reaching age 75.6												(16)					nas confirmed their relationship.										
C.	(1)	(in KANA character (Family name)	rs)	(Fir	st name)			(2) Da birth	te of 5.	Showa Heisei Reiwa	era		Year		Mont	th	Day	(3)	1. Male	(4)		2. Ch	logical/adop ild other that rent/adoptiv	in 1.	Older brothe Grandparen Grandparen				
2	Name	·						(5) Indi Numbe										Sex	2. Female	Rela	itionship	4. Pa	rent-in-law unger broth		Great-grand Grandchild Others ()			
Other dependent 2	(6) Address	Living in same household Different address	ousehold										you	n (7)~(9) only if live abroad or ed into Japan.	(7) Overseas special	1.Applicable	(8) Rea	son	Study abroad 2. Accompany worker detached ab 3. Designated activity 4. Marriage abroad 5. Others () Move into Japan on Reiwa era /Y /M /D										
ther d	, <u>-</u>	(19)									1. Junio	or high sch	case 2. Not applicable chool student or younger (12)				Rea	Reason 2. Others ())						
0	1. Applicable	First day as dependent (14)	9. Reiwa	a era	Year	Moni	h	Occupa	ation 2	. Part-tir . Pensio	ne n recipient	(5. High 6. Othe	school/un rs (hool/university student(grade) (Annual)					Ye	Rea	ison	Leaving j Decrease	ob e in income	Living in san Others	™ unapailoid			
Use one fo	applicable 3. Change	First day as not-dependent each for "Appl	9. Reiwa		nplicah			Reaso	on 2		ment 4. Rea		5 6	6. Others	()	her	Remarks	Employer	has o	onfirn	med th	neir rela	ntionship). <u> </u>				
		ependents (Ent						-				ioiiii ((, 16k	ort til	om to	yet													

Form code 22073

Date of submission

/M

/D

Employees' Pension Insurance: Registration of insured person's name in English characters

Employer									
Workplace code		-	Workp	lace number				Japa	an Pension Service
Workplace address	Zip/posta	ll code						Reco	eipt date stamp
Name of workplace									
Name of employer									
							If s	ubmitted by Labor and So	ocial Security Attorney
Telephone number	()					Nai	me, address and phone n	umber
A. Basic informa	ation of t	he insured pers	on						
Number									
(2) Sex	1. Male	(3) Date of birth	year	month	day	(4) Resi	dent i	registration	1. Not registered
	2. Female								2. Registered
(5) Name	(in KATAKA	Name used for							
	(in English	characters)	other reporting to JPS						
B. Name in KAN	IJI letters	s or commonly s	used name	e (If applic	able, no	ot man	dato	ry to enter)	
(6)	(in KATAKA							Name used for	
Name in KANJI letters	(Last name	other reporting to JPS							
(7)	(in KATAKA	NA letters)						Name used for	
Commonly used name	(Last name								
C. Reason why r		English characte if his/her name in			ot availa	ble:			•
☐ he/she is a s			<u> </u>		-				
☐ he/she lives									
		oes not show nam	e in English	characters	5.				
□ other reason	ı (please sr	pecify:)

[Instruction]

- ► For item A. (4) "Resident Registration" to the municipal office, circle the appropriate number.
- ► For "in KATAKANA letters," enter the name in same KATAKANA letters which you registered in the Application to Enroll in Employees' Health Insurance / Employees' Pension Insurance "SHIKAKU SHUTOKU TODOKE."
- ► For "in English characters," print the name in English characters in capital letters, which is shown on his/her resident card, special permanent resident certificate, or certified copy of his/her resident registry. If name in English characters is not available, check appropriate box in item C. to indicate the reason, and enter name in KATAKANA letters which was used in your *Application to Enroll in EHI / EPI* in (5).
- ► For item "Name used for other reporting to JPS," check the box ☑ if you have registered the name with JPS, such as in your *Application to Enroll in EHI/EPI*.