

WORKMEN'S ACCIDENT COMPENSATION INSURANCE

**Procedures for Application for Absence  
(Compensation) Benefit and Injury and  
Disease (Compensation) Annuity**

In the case where a  
worker is unable to work because of  
the medical treatment for the injury or  
disease caused by industrial accident or  
commuting accident and has not  
received wages

Ministry of Labour  
Prefectural Labour Standards Office  
Labour Standards Inspection Office



## About Absence (Compensation) Benefit

When a worker is unable to work because of the medical treatment for the injury or disease caused by industrial or commuting disease and has not received wages, the absence compensation benefit (in the case of industrial accident) or the absence benefit (in the case of commuting accident) is granted for the fourth day and thereafter. (These two benefits are referred to as the "absence (compensation) benefits.")

### Content of Benefits

When the three requisites that a worker has not received wages, as he/she is unable to work due to the injury or disease caused by industrial accident or commuting accident are met, the absence (compensation) benefit and the absence special allowance are paid for the fourth day and thereafter. The amount of benefit is as follows:

Absence (compensation) benefit = (60% of the amount of basic daily benefit) × number of days of absence

Absence special allowance = (20% of the amount of basic daily benefit) × number of days of absence

The first three days of worker's absence is called a waiting period and the employer is responsible for paying the compensation for these days (60% of the worker's average wages per day) in accordance with the stipulation in the Labour Standards Law.

In the case where the worker was engaged in work for part of the established working hours, the amount which is equivalent to 60% of the amount of basic daily benefit after reduction of the wage paid for the work will be paid.

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## Amount of Basic Daily Benefit

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The "basic daily benefit" means, in principle, the amount equivalent to the worker's average wage as stipulated in the Labour Standards Law. The amount of average wage is, in principle, the daily amount of wage which is obtained by dividing by the number of calendar days the total amount of wages for a period of three months preceding the day on which the industrial or commuting accident which has caused the injury or death to the worker occurred or the worker's disease was diagnosed by a physician (if the closing day of payroll is established, the closing day of payroll immediately prior to the date).

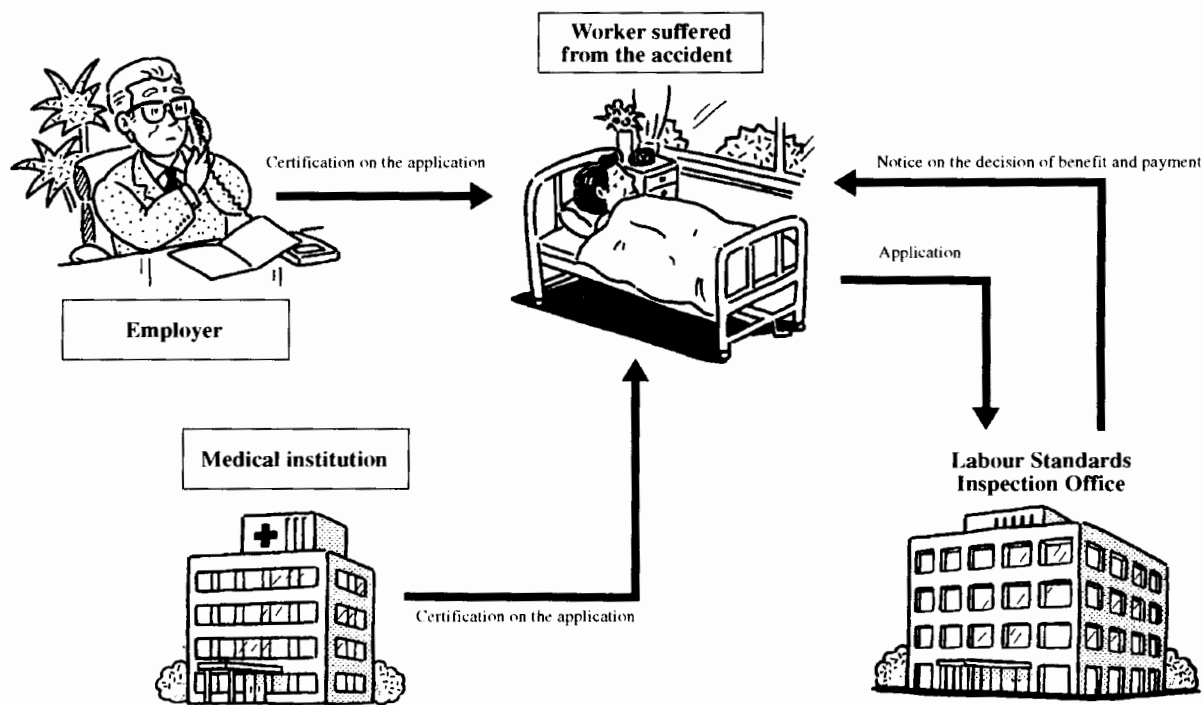
When there is an increase or decrease in wage exceeding 10% of the wage at the time of occurrence of the accident (when a sliding system is adopted, the time of revision of the slide), the amount of basic daily benefit which is used as the basis for calculation of the amount of absence (compensation) benefit is amended (or slid) in accordance with such a percentage of increase or decrease of the wage. When one year and six months have lapsed since the start of the medical treatment, the highest and the lowest wage limits by age group are applied (the amount of basic daily benefit for the absence benefit).

The amount of basic daily benefit which is used as the basis for calculation of the insurance benefit as the annuity (injury and disease (compensation) annuity, physical handicap (compensation) annuity and bereaved family (compensation) annuity) is also amended (slid) in accordance with the rate of wage changes between the fiscal year to which the day of occurrence of the accident belongs (or, when a sliding system is adopted, the time of revision of the slide) and the preceding fiscal year. The highest and the lowest wage limits by age group are also applied (the amount of basic daily benefit for the annuity) when one year and six months have passed since the initiation of the medical treatment. The highest and lowest wage limits by age group are applied from the first month of the payment of annuity.

## Partial Share Money

When a worker receives the medical treatment benefits for commuting accident, an amount of ¥200 (¥100 in the case of daily employees under the National Health Insurance) is to be deducted as part of his/her money to be shared in the scheme from the amount of the first payment of absence benefit.

### Procedures for application



When a claim is made for the absence (compensation) benefit, please submit the Application for Payment of Absence Compensation Benefit (Form No.8) or the Application for Payment of Absence Benefit (Form No.16-6) to the Director of the Labour Standards Inspection Office having jurisdiction over the area. In this case, it is at the discretion of the claimant to claim the amount for the total days of absence at one time or claim the amount on several times. In the case where the absence ranges over a long period of time, it is convenient to claim for each month.

When the "days for which the worker has not received the wage" include the days on which, for the

reason of medical treatment for injury or disease caused by duty in employment, the worker was engaged in work for part of established working hours, please attach Form No.8 or Separate Sheet 2 of Form 16-6.

The application for the absence special allowance is generally made together with the application for the absence (compensation) benefit, with the same form as that for the absence (compensation) benefit.

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## **Time Limitation Concerning the Claim**

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The right of claim for payment of the absent (compensation) benefits arises for every day for which the wage has not been paid, but it disappears by limit of action when two years have passed from the following day of the occurrence of the right. You are advised to pay special attention to this.

# Example of How to fill in the Application

様式第8号(表) 労働者災害補償保険 休業補償給付支給請求書 第 回 標準字体 アカサタナハマヤラフ

労働者災害補償保険 休業補償給付支給請求書 第 回 01234 イキシチニヒミリン

(注意) A-1 休業特別支給金支給申請書 (同一傷病分) 56789 ウクスツヌフムユル

① 票類種別 34300 ② 修正項目番号(1) ③ 修正項目番号(2) ④ 管轄局番

⑤ 労働保険番号 A-3 ⑥ 府県 ⑦ 所管 ⑧ 管轄 ⑨ 基幹番号 ⑩ 枝番号

⑪ 新種別 ⑫ 受付年月日

⑬ 労働者の性別 A-4 ⑭ 労働者の生年月日 A-5 ⑮ 傷病又は発病年月日 A-6

⑯ 労働者の氏名 A-7 ⑰ 労働者の住所 A-10

⑱ 平均賃金 A-18

⑲ 特別給与の種類 A-19

⑳ 療養の期間 A-11 から A-12 まで A-13 日

㉑ 療養の現況 A-26 年 月 日から 年 月 日まで 日間 療養日数 日

㉒ 療養の部位及び傷病名 A-25

㉓ 療養の経緯 A-27

㉔ 療養所の所在地 A-28

㉕ 療養所名称 A-29

㉖ 療養担当者氏名 A-30

㉗ 請求人の住所 A-34

㉘ 請求人の氏名 A-35

㉙ 労働標準監督署長 殿 A-37

㉚ 郵便番号 A-32 電話 A-33

㉛ 請求年月日 A-31

㉜ 請求人の住所 (方) A-34

㉝ 請求人の氏名 (姓) A-35

㉞ 請求人の氏名 (名) A-36

(物品番号 7231) 8.5

Please use Form 16-6 in the case of commuting accident.

Please enter precisely the date of the occurrence of the accident or the date and time when the worker started showing the symptoms of the disease.

Please do not fill in the columns with an asterisk.

Please enter the period in which the worker could not work and the number of days for which the wage has not been paid.

If the claimant wishes the payment into his/her bank account, please enter the number of his/her own bank account.

This column requires the certification by the employer.

This is to be entered in the case of branch office, plant, construction site, etc. when the workplace to which the worker directly belongs adopts the blanket coverage.

This column requires the certification by the physician or dentist engaged in the medical treatment.

- A - ① -----> 1. This form is the "Application for Payment of Absence Compensation Benefit" and "Application for Payment of Absence Special Allowance"
- A - ② -----> 2. For the commuting accident, please use 「様式 16 号の 6」 (Form No.16-6).
- A - ③ -----> 3. This is the column to enter the labour insurance number. Please confirm the number with the employer.
- A - ④ -----> 4. This is the column for the sex of the worker suffered from the accident. Please enter [1] for men and [3] for women.
- A - ⑤ -----> 5. Please enter the date of birth of the worker suffered from the accident. (The year in accordance with the Japanese calendar.)
- A - ⑥ -----> 6. Please enter the date when the worker was injured or started showing the symptoms of the disease. (The year in accordance with the Japanese calendar.)
- A - ⑦ -----> 7. Please enter the name of the worker suffered from the accident.
- A - ⑧ -----> 8. Please enter how to read the name of the worker suffered from the accident in Japanese katakana. (Please pronounce clearly the name to someone who can understand it and ask him/her to enter it.)
- A - ⑨ -----> 9. Please enter the age of the worker suffered from the accident.
- A - ⑩ -----> 10. Please enter the address of the worker suffered from the accident.
- A - ⑪ -----> 11. Please enter the period in which the worker could not work because of the medical treatment specifically from the starting "date, month and year" to the ending "date, month and year". (The year in accordance with the Japanese calendar.)
- A - ⑫ -----> 12. Please enter the number of days on which the worker could not work because of the medical treatment.
- A - ⑬ -----> 13. Of the number of days mentioned in 12, please enter the number of days for which the worker has not received the wage.
- A - ⑭~⑳ -----> 14-20. These are columns for reporting the new account at financial institution for payment or changing the account reported to other account. In Column 14, please circle 「新規」 for reporting the new account or 「変更」 for changing the account which has been reported. Please enter the name of the financial institution in Column 15; the name of the branch for the account in Column 16; the name of holder of the account in Column 17; and the account number in Column 18. In Column 19, please enter the name of holder of the account in Japanese katakana. In Column 20, column for the type of account, please enter [1] for the ordinary account and [3] for the current account.
- A - ㉑~㉓ -----> 21-23. These are column for the employer to certify how and when the worker suffered from the accident. The certification is made by the employer to enter the name of the establishment in Column 21; the address of the employer in Column 22; and the name of the employer in Column 23.
- A - ㉔ -----> 24. Please enter in the case where the workplace to which the worker directly belongs is the branch office, plant or construction site which adopts the blanket coverage.
- A - ㉕~㉗ -----> 25-30. These are columns to be filled in by a medical doctor or dentist. Please enter the part(s) or body injured or contracted disease and the name of injury or disease in Column 25; the period of medical treatment in Column 26; outline of progress of injury or disease in Column 27; the location of the hospital or clinic in Column 28; the name of the hospital or clinic in Column 29; and the name of the person engaged in the medical examination.
- A - ㉘ -----> 31. Please enter the date of submission of the application.
- A - ㉙ -----> 32. Please enter the postal code for the address of the claimant.
- A - ㉚ -----> 33. Please enter the telephone number for the claimant.
- A - ㉛ -----> 34. Please enter the address of the claimant.
- A - ㉜ -----> 35. Please enter the name of the claimant.
- A - ㉝ -----> 36. This is the column for sealing but signature will also suffice.
- A - ㉞ -----> 37. Please enter the Labour Standards Inspection office having jurisdiction over the workplace to which the worker belongs directly.

# Example of How to fill in the Application

様式第8号(表面) B-①

① 労働者の職種 B-②		② 負傷又は発病の時刻 午前 B-③ 時 分頃 B-④ 時 分頃		(注 意)
③ 所定労働時間 作業 B-⑤ 時から午前 時 分まで		④ 平均賃金(算定内職別紙1のとおり)		三 三 二
⑤ 災害の原因及び発生状況(災害発生場所、作業内容、状況等を簡単に記載すること。)				
B-⑥				
⑥ 基礎年金番号 B-⑦		⑦ 被保険者資格の取得年月日 B-⑧ 年 月 日		
⑧ 厚生年金保険等の受給関係	年金の種類 B-⑨	⑨ 厚生年金保険法の 年金受給額		
	障害等級 B-⑩	⑩ 国民年金法の 障害年金		
	支給される年金の額 B-⑪	⑪ 船員保険法の 障害年金		
	支給されることとなった年月日 B-⑫	B-⑫ 年 月 日		
	所轄社会保険事務所等 B-⑬	B-⑬		
⑭ 表面の記入様子を訂正したときの訂正印欄		削 字 加 字 ⑭		

(注 意)

一 労働者の職種は、平均賃金の算定に必要となる業務上の職務を具体的に記入すること。職種が不明な場合は、その業務の内容を具体的に記入すること。

二 平均賃金は、算定内職別紙1のとおり計算する。平均賃金の算定に当たっては、労働者本人の請求に基づき、労働者本人が勤務していた期間中の賃金支払明細書、給与振込簿、給与台帳等を提出し、その内容を確認すること。

三 平均賃金の算定に当たっては、労働者本人の請求に基づき、労働者本人が勤務していた期間中の賃金支払明細書、給与振込簿、給与台帳等を提出し、その内容を確認すること。

四 労働者の職種は、平均賃金の算定に必要となる業務上の職務を具体的に記入すること。職種が不明な場合は、その業務の内容を具体的に記入すること。

五 労働者の職種は、平均賃金の算定に必要となる業務上の職務を具体的に記入すること。職種が不明な場合は、その業務の内容を具体的に記入すること。

六 労働者の職種は、平均賃金の算定に必要となる業務上の職務を具体的に記入すること。職種が不明な場合は、その業務の内容を具体的に記入すること。

Please enter the kind of job as specifically as possible in order to give a good explanation of the content of the work.

Please enter the amount of the average wage as calculated by the "details of average wage computation" attached.

please enter a distinct explanation of where the accident occurred; in what work the worker was engaged when it occurred; by what thing, or in what circumstance or condition, and how the accident occurred.

Please fill in only in the case of receiving annuity from the Employees' Pension Insurance, etc.

- Kinds of Annuity
- Physical handicap annuity of the Employees' Pension Insurance
  - Physical handicap annuity of the National Pension
  - Physical handicap annuity of the Mariners Insurance

社会保険労務職	作成年月日・提出代行者・専任代理者の表示	氏 名	電 話 番 号



- B - ① -----> 1. Form 8 (Reverse side)
- B - ② -----> 2. Please enter the kind of job for the worker suffered from the accident as specifically as possible in order to give a good explanation of the content of the work.
- B - ③ -----> 3. Please enter the date and time when the worker was injured or started showing the symptoms of the disease.
- B - ④ -----> 4. Please enter the amount of the average wage.
- B - ⑤ -----> 5. Please enter the established working hours, specifically from the starting hour to the ending hour.
- B - ⑥ -----> 6. Please enter a distinct explanation of where the accident occurred; in what work the worker was engaged when it occurred; by what thing, or in what circumstance or condition and how the accident occurred.
- B - ⑦ -----> 7. In case where the worker is member of the Employees' Pension Insurance, please enter its basic annuity number.
- B - ⑧ -----> 8. Please enter the date of acquisition of the qualification of insured person under the Employees' Pension Insurance, etc.
- B - ⑨ -----> 9. Concerning the injury or disease, if the physical handicap annuity is paid from the Employees' Pension Insurance, please encircle 「イ」, and if the physical handicap employees' pension is paid, encircle 「ロ」.
- B - ⑩ -----> 10. Concerning the injury or disease, if the physical handicap annuity is paid from the National Pension Law, please encircle 「ハ」 and if the physical handicap basic annuity is paid, encircle 「ニ」.
- B - ⑪ -----> 11. Concerning the injury or disease, if the physical handicap annuity is paid from the Mariners Insurance Law, please encircle 「ホ」.
- B - ⑫⑬⑭⑮⑯ -----> 12-16. These are columns for the person who falls under Columns 9-11. Please enter the Grade of Physical Handicap in the annuity applied in Column 12; the amount of annuity applied in Column 13; the date of the initiation of granting of the annuity applied in Column 14; the basic annuity certificate number and the annuity code in Column 15; and the name of social insurance office in charge of the annuity applied in Column 16.

## About Injury and Disease (Compensation) Annuity

In the case where the injury or disease due to industrial accident or commuting accident has not healed or cured after one year and six months from the start of the medical treatment, the injury and disease compensation annuity ( in the case of industrial accident) or the injury and disease annuity (in the case of commuting accident) is paid if the following requisites are met (these two annuities are referred to as the " injury and disease (compensation) annuity"):

- (1) The injury or disease has not healed or cured; and
- (2) The degree of physical handicap resulting from the injury or disease falls under any of the degrees provided in the Injury and Disease Grade Schedule.

### Content of Benefits

In accordance with the grade of injury or disease, the injury and disease (compensation) annuity, injury and disease special allowance and injury and disease special annuity are paid.

Grade of injury or disease	Injury and disease (compensation) annuity	Injury and disease special allowance (lump-sum amount)	Injury and disease special annuity
Grade 1	313 days of the amount of basic daily benefit	¥ 1.14 million	313 days of the amount of computed basic daily benefit
Grade 2	277 days of the amount of basic daily benefit	¥ 1.07 million	277 days of the amount of computed basic daily benefit
Grade 3	245 days of the amount of basic daily benefit	¥ 1.00 million	245 days of the amount of computed basic daily benefit

### Months of payment of annuity

The injury and disease (compensation) annuity is paid from the month following the month in which the requisites (1) and (2) for the payment as mentioned above have been met and the amount for each two preceding months is paid respectively in February, April, June, August, October and December.

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## Amount of Computed Basic Daily Benefit

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The amount of computed daily basic benefit is, in principle obtained by dividing by 365 the gross amount of special allowances that a worker received from his/her employer in one year prior to the date on which an injury or disease on duty or commuting caused damage or death to him/her or the date on which he/she was diagnosed to have contracted the disease.

In the case where the gross amount of special allowances exceeds 20% of the basic annual benefit (which is equivalent to the basic daily benefit multiplied by 365), the amount equivalent to 20% of the basic annual benefit is the computed basic annual benefit. However, in this case, the maximum amount is ¥1.5 million.

Special allowances mean wages, such as bonus, which are paid for each period exceeding three months and which are excluded from the computation of the basic daily benefit. Wages paid temporarily are not included in special allowances.

**\* The injury and disease (compensation) annuity and absence (compensation) benefit**

In the case where the injury and disease (compensation) annuity is paid, the medical (compensation) benefit continues to be paid but the absence (compensation) benefit is not paid.

### Procedures

As the decision to pay or not to pay the injury and disease (compensation) annuity is made by the authority of the Director of the Labour Standards Inspection Office having jurisdiction over the area, no procedures for application are required. However, when the injury or disease has not healed or cured in one year and 6 months since the start of the medical treatment, the Notice on the condition of the Injury or Disease (Form NO.16-2) should be submitted within the following month to the Director of the Labour Standards Inspection Office having jurisdiction over the area.

In the case where the requisites for granting the injury and disease (compensation) annuity are not met when one year and 6 months since the start of the medical treatment have passed, the Report concerning the Condition of Injury and disease (Form No.16-11) should be submitted at the same time when the claim for the absence (compensation) benefit is made for January every year.

# Example of How to Fill in Application

様式第16号の2

## C-1 労働者災害補償保険

### 傷病の状態等に関する届

① 労働保険番号	府県	所管	管轄	基幹番号	枝番号	負傷又は ③ 発病	C-8
フリガナ 氏名	C-2					年月日	年 月 日
労働者の 住所	C-3					療養開始	C-9
フリガナ 住所	C-4					年月日	年 月 日
⑤ 傷病の名称、 部位及び状態	C-5						C-6
	C-7						
⑥ 厚生年金保険等 の受給関係	C-10	(診断書のとおり。)					
基礎年金番号	C-11	被保険者資格 の取得年月日	C-12	年	月	日	
年金の種類		厚生年金保険法の 国民年金法の 船員保険法の障害年金	イ 障害年金	ロ 障害厚生年金	ハ 障害基礎年金	ニ 障害年金	ヒ 障害基礎年金
障害等級			C-13	C-14	C-15	C-16	級
支給される年金の額			C-17				円
支給されることとなった年月日			C-18	年	月	日	
基礎年金番号・厚年等の 年金証書の年金コード			C-19				
所轄社会保険事務所等			C-20				
⑦ 添付する書類 その他の資料名	C-21						
⑧ 年金の払渡しを 受けることを希 望する金融機関 又は郵便局	金融機関	名称	C-22	銀行・金庫	C-23	本店	
		預金通帳の 記号番号		農協・漁協・信組		支店	
	郵便局	フリガナ 名称		普通・当座	C-24	支所	
		郵便貯金通帳 の記号番号					
		郵便局コード					
		都道府県	C-25			郵便局	
		市郡区	C-26				
		第	C-27			号	

Please fill in only when the payment is made from the Employees' Pension Insurance, etc. for the subject injury or disease.

- Kinds of Annuity
- Physical handicap (welfare) annuity of the Employees' Pension Insurance
  - Physical handicap (basic) annuity of the National Insurance
  - Physical handicap annuity of the Mariners Insurance

Please enter the name of documents attached and other.

上記のとおり届けます。

郵便番号 C-30 -

C-28 年 月 日

電話番号 C-31 局番

住所 C-32

C-29 労働基準監督署長 殿

届出人の

氏名 C-33 C-34

【注意】1 ※印欄には記載しないこと。

2 記載すべき事項のない欄には斜線を引き、事項を選択する場合には該当のない事項を消すこと。

3 ⑧については、傷病補償年金又は傷病年金を受けることとなる場合において、傷病補償年金又は傷病年金の払渡しを金融機関から受けることを希望する者には「金融機関」欄に、傷病補償年金又は傷病年金の払渡しを郵便局から受けることを希望する者には「郵便局」欄に、それぞれ記載すること。

なお、郵便局から払渡しを受けることを希望する場合であって振替預入によらないときは、「郵便貯金通帳の記号番号」の欄に記載する必要はないこと。

(物品番号 6315) 10.2

- C - ① -----> 1. This is the form of "Report Concerning the Condition of Injury and Disease".
- C - ② -----> 2. This is the column to enter the labour insurance number. Please confirm the number with the employer.
- C - ③ -----> 3. Please enter the name of the worker suffered from the accident.
- C - ④ -----> 4. This is the column for the sex of the worker suffered from the accident. Please encircle 「男」 for men and 「女」 for women.
- C - ⑤ -----> 5. Please enter the date of birth of the worker suffered from the accident.
- C - ⑥ -----> 6. Please enter the age of the worker suffered from the accident.
- C - ⑦ -----> 7. Please enter the address of the worker suffered from the accident.
- C - ⑧ -----> 8. Please enter the date when the worker was injured or started showing the symptoms of the disease.
- C - ⑨ -----> 9. Please enter the date of start of the medical treatment.
- C - ⑩ -----> 10. Please enter the name of injury or disease and the part(s) of body and condition of injury or disease.
- C - ⑪ -----> 11. In the case where the worker is member of the Employees' Pension Insurance, please enter its basic annuity number.
- C - ⑫ -----> 12. Please enter the date of acquisition of the qualification of insured person of the Employees' Pension Insurance, etc.
- C - ⑬ -----> 13. Concerning the injury or disease, if the physical handicap annuity is paid from the Employees' Pension Insurance, Please encircle 「イ」, and if the physical handicap employees' pension is paid, encircle 「ロ」.
- C - ⑭ -----> 14. Concerning the injury or disease, if the physical handicap annuity is paid from the National Pension, please encircle 「イ」 and if the physical handicap basic annuity is paid, encircle 「ロ」.
- C - ⑮ -----> 15. Concerning the injury or disease, if the physical handicap annuity is paid under the Mariners Insurance Law, please encircle [O].
- C - ⑯~⑳ -----> 16-20. These are columns for the person who fall under Columns 13-15. Please enter the Grade of Physical Handicap for the annuity applied in Column 16; the amount of annuity applied in Column 17; the date of the initiation of granting of the annuity applied in column 18; the basic annuity certificate number and annuity code of the annuity applied in Column 19; and the name of social Insurance Office dealing with the annuity applied in Column 20.
- C - ㉑ -----> 21. If there is any attachment, please enter the name.
- C - ㉒~㉓ -----> 22-27. This is the column to enter the financial institution, postal office, etc., into which the claimant wishes the payment of annuity to be remitted. For the claimant who wishes to use the financial institution, please enter the name of the financial institution in Column 22; the name of the branch for the account in Column 23; and the account number in Column 24. For the claimant who wishes to use the post office, please enter the name of the post office in Column 25; the location of the post office in Column 26 and the account number in Column 27.
- C - ㉔ -----> 28. Please enter the date of submission of the application.
- C - ㉕ -----> 29. Please enter the Labour standards Inspection Office having jurisdiction over the workplace to which the worker directly belongs.
- C - ㉖ -----> 30. Please enter the postal code for the address of the claimant.
- C - ㉗ -----> 31. Please enter the telephone number for the claimant.
- C - ㉘ -----> 32. Please enter the address of the claimant.
- C - ㉙ -----> 33. Please enter the name of the claimant.
- C - ㉚ -----> 34. This is the column for sealing but signature will also suffice.,

OUTLINE OF THE WORKMEN'S ACCIDENT COMPENSATION INSURANCE



Ministry of Labour  
Prefectural Labour Standards Office  
Labour Standards Inspection Office

