

WORKMEN'S ACCIDENT COMPENSATION INSURANCE

**Procedures for Application for Physical  
Handicap (compensation) Benefit**

In the case where physical  
handicap has remained on the  
worker suffered from industrial  
or commuting accident

Ministry of Labaour  
Prefectural labour Standards Office  
Labour standards Inspection Office



When the injury or disease caused by industrial accident or commuting accident has healed or cured but a certain physical handicap remains, the physical handicap compensation benefit (in the case of industrial accident) or the physical handicap benefit (in the case of commuting accident) (both referred to as the physical handicap (compensation) benefit) is paid.

### \*What is "Has Healed" or "Has Cured"?

The time when the injury "has healed" or the disease "has cured" means the time when no more effects can be expected from any further generally accepted medical treatment. This is called "heal" or "cure" (settlement of the symptoms of the injury or disease). This means that the wounded facet has healed in the case of injury or, in the case of disease, acute symptoms have disappeared but chronic symptoms have remained, for which effects of any further medical treatment cannot be expected.

Therefore, the "heal" or "cure" does not necessarily mean the recovery to the original physical conditions.

## Content of Benefit

When the remained physical handicap falls under any of grades in the Physical Handicap Grade Schedule, the following benefit is paid in accordance with the degree of physical handicap.

- When the physical handicap falls under any of Grades 1 to 7:  
Physical handicap (compensation) annuity, physical handicap special allowance, physical handicap special annuity
- When the physical handicap falls under any of Grades 8 to 14:  
Physical handicap (compensation) lump-sum allowance, physical handicap special allowance, physical handicap special lump-sum allowance

## Months of payment of Annuity

The physical handicap (compensation) annuity is paid from the month following the month in which the requisites for the payment have been met and the amount for each two preceding months is paid respectively in February, April, June, August, October and December.

Grade of Physical handicap	Physical handicap (compensation) benefit		Physical handicap special allowance		Physical handicap special annuity		Physical handicap special lump-sum allowance	
1	Annuity	313 days of the amount of basic daily benefit	Lump-sum allowance	¥3.42 million	Annuity	313 days of the amount of basic daily benefit		
2	Annuity	277 days of the amount of basic daily benefit	Lump-sum allowance	¥3.20 million	Annuity	277 days of the amount of basic daily benefit		
3	Annuity	245 days of the amount of basic daily benefit	Lump-sum allowance	¥3.00 million	Annuity	245 days of the amount of basic daily benefit		
4	Annuity	213 days of the amount of basic daily benefit	Lump-sum allowance	¥2.64 million	Annuity	213 days of the amount of basic daily benefit		
5	Annuity	184 days of the amount of basic daily benefit	Lump-sum allowance	¥2.25 million	Annuity	184 days of the amount of basic daily benefit		
6	Annuity	156 days of the amount of basic daily benefit	Lump-sum allowance	¥1.92 million	Annuity	156 days of the amount of basic daily benefit		
7	Annuity	131 days of the amount of basic daily benefit	Lump-sum allowance	¥1.59 million	Annuity	131 days of the amount of basic daily benefit		
8	Lump-sum allowance	503 days of the amount of basic daily benefit	Lump-sum allowance	¥650 thousand			Lump-sum allowance	503 days of the amount of computed basic daily benefit
9	Lump-sum allowance	391 days of the amount of basic daily benefit	Lump-sum allowance	¥500 thousand			Lump-sum allowance	391 days of the amount of computed basic daily benefit
10	Lump-sum allowance	302 days of the amount of basic daily benefit	Lump-sum allowance	¥390 thousand			Lump-sum allowance	302 days of the amount of computed basic daily benefit
11	Lump-sum allowance	223 days of the amount of basic daily benefit	Lump-sum allowance	¥290 thousand			Lump-sum allowance	223 days of the amount of computed basic daily benefit
12	Lump-sum allowance	156 days of the amount of basic daily benefit	Lump-sum allowance	¥200 thousand			Lump-sum allowance	156 days of the amount of computed basic daily benefit
13	Lump-sum allowance	101 days of the amount of basic daily benefit	Lump-sum allowance	¥140 thousand			Lump-sum allowance	101 days of the amount of computed basic daily benefit
14	Lump-sum allowance	56 days of the amount of basic daily benefit	Lump-sum allowance	¥80 thousand			Lump-sum allowance	56 days of the amount of computed basic daily benefit

## Amount of Basic Daily Benefit

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).

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 amended (or 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).

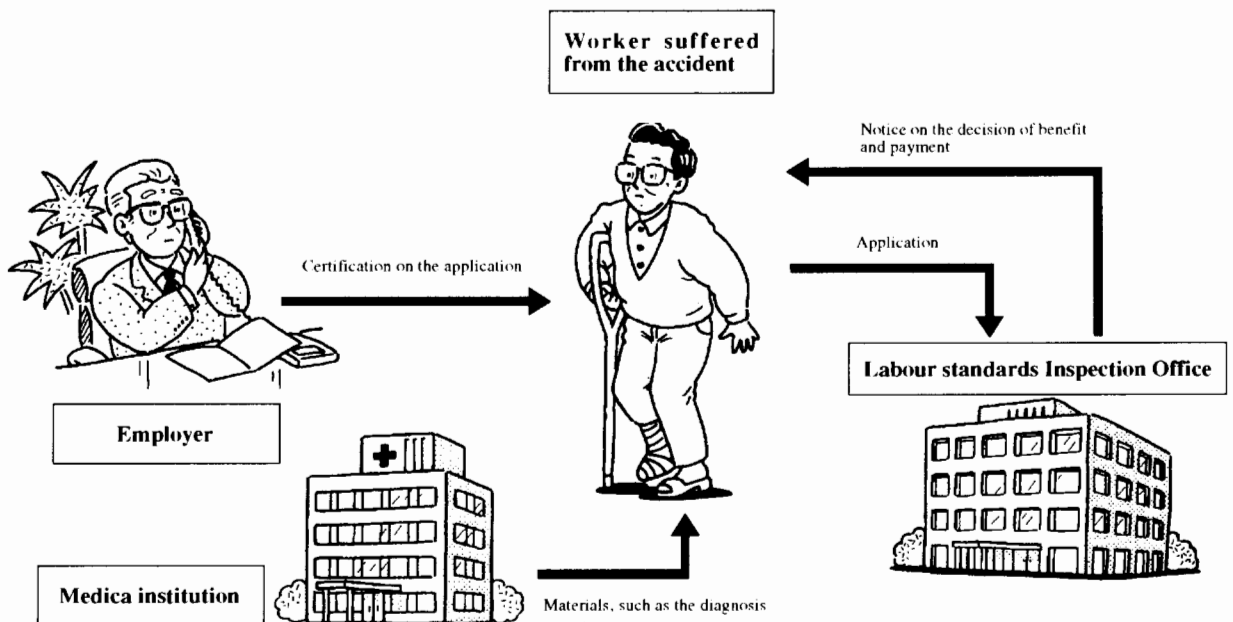
## Amount of Computed Basic Daily Benefit

The amount of computed basic daily benefit is, in principle, obtained by deviding 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 the damage or death to him/her or the date on which he/she was diagnosed to have contrancted 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.

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

### Procedures for Application



When making the application for payment of the physical handicap (compensation) benefit, please submit to the Director of the labour Standards Inspection Office having jurisdiction over the area the

Application for Payment of Physical Handicap Compensation Benefit (Form No.10) or the Application for Payment of Physical Handicap Benefit (Form No.16-7) accompanied by the medical certificate by a physician or dentist with the attachment, if required, of X-ray photograph.

Generally, the application for payment of the special allowance is to be made at the same time as the Application for the Payment of Physical Handicap (compensation) Benefit is made and the form is the same as the Application for Physical Handicap (Compensation) Allowance.

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## Time Limitation concerning the Claim

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The right of claim for payment of the Physical Handicap (Compensation) Allowance lapses by limit of action when five years have passed from the following day of the heal of injury or the cure of disease.

# Example of How to Fill in Application

様式第10号 (表面)  
A-2

労働者災害補償保険  
障害補償給付支給請求書  
A-1 障害特別支給年金支給申請書  
障害特別一時金

(注 意)  
一 申請人は、請求する事項を記載する欄に、記載すべき事項を記入し、かつ、必要に応じて、①～⑧の欄に、①～⑧の事項を証明する書類を添付し、かつ、⑨の欄に、⑨の事項を証明する書類を添付することによって、本申請書の提出を完了する。ただし、⑨の欄に、⑨の事項を証明する書類を添付しない場合は、本申請書の提出は完了しない。  
二 申請人は、⑨の欄に、⑨の事項を証明する書類を添付する場合は、⑨の欄に、⑨の事項を証明する書類を添付することによって、本申請書の提出を完了する。ただし、⑨の欄に、⑨の事項を証明する書類を添付しない場合は、本申請書の提出は完了しない。  
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① 労働保険番号 府県 所業 管轄 基幹番号 枝番号 A-3		フリガナ 氏名 A-5 (男・女) 労働年月日 年A-7 日A-8 フリガナ 住所 A-9 職種 A-10 所属事業場名称・所在地 A-11		④ 負傷又は発病年月日 年 月 日 午前 午後 時 分 A-12
② 年金證書の番号 管轄局 種別 西暦年 番号 A-4		⑥ 災害の原因及び発生状況 (災害発生場所、作業内容、状況等を簡明に記載すること。) A-14		⑤ 傷病の治癒した年月日 年 月 日 A-13
⑨ ① 基礎年金番号 A-17		⑤ 被保険者資格の取得年月日 A-18 年 月 日		⑦ 平均賃金 A-15 円 銭
⑨ 厚生年金保険受給関係 当該傷病に關し支給される年金の種類等		⑤ 厚生年金保険法の 国民年金法の 船員保険法の障害年金		⑧ 特別給与の総額(年額) A-16 円
⑨ 障害等級 A-22 級		⑤ 障害年金 障害厚生年金 障害基礎年金		⑨ 平均賃金 A-15 円 銭
⑨ 支給されることとなった年月日 年 A-24 月 日		⑤ 基礎年金番号及び厚生年金等の年金證書の年金コード A-25		⑩ 特別給与の総額(年額) A-16 円
⑨ 所轄社会保険事務所等 A-26		⑤ 事業の名称 A-27		⑪ 平均賃金 A-15 円 銭
⑨ 事業場の所在地 A-28		⑤ 電話番号 A-29		⑫ 特別給与の総額(年額) A-16 円
⑨ 事業主の氏名 A-29		(法人その他の団体であるときは、その名称及び代表者の氏名)		⑬ 平均賃金 A-15 円 銭
⑨ (注意) ⑨の②及び③については、④の④及び⑤に記載したとおりであることを証明します。 年 月 日		⑤ 事業の名称 A-27		⑭ 平均賃金 A-15 円 銭
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Please use Form 16-7 in the case of commuting accident.

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.

Please fill in only when the annuity is paid from the Employees' Pension Insurance, etc. for the same injury or disease.

- Kinds of Annuity
- Physical handicap annuity of the Employees' Pension Insurance
  - Physical handicap annuity of the national Insurance
  - Physical handicap annuity of the Miners Insurance

This column requires the certification by the employer.

Please enter the name of document and other materials to be attached.

障害補償給付の支給を請求します。  
上記より 障害特別支給年金 障害特別一時金 郵便番号 A-41 電話番号 A-42 局長

請求人の住所 A-43  
申請人 氏名 A-44 A-45

A-39 年 月 日 労働基準監督署長 殿 A-40

振込を希望する銀行等の名称 A-46 銀行・金庫 農協・済済・信組 A-47 の種類及び口座番号 A-48 本店 支店 支所 普通・当座 第 A-49 号 名義人 A-49

(物品番号 6219) 10 2

- A - ① -----> 1. This form is the "Application for Payment of Physical Handicap Compensation Benefit", "Application for Payment of Physical Handicap Special Allowance", "Application for Payment of Physical Handicap Special Annuity" and "Application for Payment of Physical Handicap Special Lump-sum Allowance".
- A - ② -----> 2. For the commuting accident, please use 「様式第16号の7」(Form No.16-7).
- A - ③ -----> 3. This is the column to enter the labour insurance number. Please confirm the number with the employer.
- A - ④ -----> 4. When you are receiving the annuity from the Workmen's Accident Compensation Insurance, please enter the annuity certificate number.
- A - ⑤ -----> 5. Please enter the name of the worker suffered from the accident.
- A - ⑥ -----> 6. Please encircle the sex of the worker suffered from the accident. Encircle 「男」 for men and 「女」 for women.
- A - ⑦ -----> 7. Please enter the date of birth of the worker suffered from the accident.
- A - ⑧ -----> 8. Please enter the age of the worker suffered from the accident.
- A - ⑨ -----> 9. Please enter the address of the worker suffered from the accident.
- A - ⑩ -----> 10. Please enter the kind of job as specifically as possible in order to give a good explanation of the content of the work.
- A - ⑪ -----> 11. 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 - ⑫ -----> 12. Please enter the date and time when the worker was injured or started showing the symptoms of the disease.
- A - ⑬ -----> 13. Please enter the date when the injury has healed or the disease has cured.
- A - ⑭ -----> 14. 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.
- A - ⑮ -----> 15. Please calculate the average wage from the wages which the worker suffered from the accident has received and enter the amount.
- A - ⑯ -----> 16. Please enter the amount of special allowances which the worker suffered from the accident has received in the past year.
- A - ⑰ -----> 17. In case where the worker is member of the Employees' Pension Insurance, please enter its basic annuity number.
- A - ⑱ -----> 18. Please enter the date of acquisition of the qualification of insured person under the Employees' Pension Insurance, etc.
- A - ⑲ -----> 19. Concerning the injury or disease, if the physical handicap annuity is paid from Employees' Pension Insurance, please encircle 「イ」, and if the physical handicap employees' pension is paid, encircle 「ロ」.
- A - ⑳ -----> 20. Concerning the injury or disease, if the physical handicap annuity is paid from the National Pension Law, please encircle 「イ」, and if the physical handicap basic annuity is paid, encircle 「ロ」.
- A - ㉑ -----> 21. Concerning the injury or disease, if the physical handicap annuity is paid from the Mariners Insurance Law, please encircle 「ロ」.
- A - ㉒ ㉓ -----> 22-26. These are columns only for the person who falls under Columns 19-21. Please enter the grade of physical handicap applicable for the annuity in Column 22; the amount of annuity applied in Column 23; the date of the initiation of granting of the annuity applied in Column 24; the basic annuity certificate number and the annuity code for the annuity applied in Column 25; and the name of social insurance office in charge of the annuity applied in Column 26.
- A - ㉔ ㉕ -----> 27-29. These columns are ones for the employer to certify when and how the worker have been suffered from the accident. The certification is made for the employer to enter the name of the workplace in Column 27, the location of the workplace in column 28 and the name of the employer in Column 29.
- A - ㉖ -----> 30. Please obtain the diagnosis of the part of body and condition of your physical handicap by a physician on the medical certificate on the reverse page.
- A - ㉗ -----> 31. In the case where you have any existing physical handicap, please enter the part of body and condition of the physical handicap.
- A - ㉘ -----> 32. Please enter the name of any document to be attached.
- A - ㉙ ㉚ -----> 33-38. These are columns 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 33; the name of the branch for the account in Column 34; and the account number in Column 35. For the claimant who wishes to use the post office, please enter the name of the post office in Column 36; the location of the post office in Column 37 and the account number in Column 38.
- A - ㉛ -----> 39. Please enter the date of submission of the application.
- A - ㉜ -----> 40. Please enter the Labour Standards Inspection Office having jurisdiction over the workplace to which the worker directly belongs.
- A - ㉝ -----> 41. Please enter the postal code for the address of the claimant.
- A - ㉞ -----> 42. Please enter the telephone number for the claimant.
- A - ㉟ -----> 43. Please enter the address of the claimant.
- A - ㊱ -----> 44. Please enter the name of the claimant.
- A - ㊲ -----> 45. This is the column for sealing but signature will also suffice.
- A - ㊳ ㊴ -----> 46-50. These are columns for the claimant who wishes to receive the payment into its bank account. Please enter the name of the financial institution in Column 46; the name of the branch of the financial institution for the account in Column 47; the account number in Column 48; and the name of the folder of account in Column 49. Please encircle the type of account in Column 50: 「普通」 for the ordinary account and 「当座」 for the current account.

## Example of How to Fill in Application

様式第16号（別紙）

### B-① 通勤災害に関する事項

① 労働者の氏名	B-②		
② 負傷又は発病の年月日及び時刻	B-③	年 月 日	午前 午後 時 分頃
③ 災害発生場所	B-④		
④ 災害発生の日の就業の場所	B-⑤		
⑤ 災害発生の日の就業開始の予定時刻又は就業終了の時刻	午前 午後	B-⑥	時 分頃
⑥ 災害発生の日に住居を離れた時刻	午前 午後	B-⑦	時 分頃
⑦ 災害発生の日に就業の場所を離れた時刻	午前 午後	B-⑧	時 分頃
⑧ 通常の通勤の経路・方法及び所要時間並びに災害発生の日に住居又は就業の場所から災害発生場所に至った経路、方法、所要時間その他の状況	B-⑨        B-⑩ [通常の通勤所要時間 時間 分]		
⑨ 災害の原因及び発生状況	B-⑪ ..... ..... .....		
⑩ 現認者の氏名	住所	B-⑫	電話 B-⑭ 局番
	氏名	B-⑬	

〔注意〕

- ⑤は、災害が出勤の際に生じたものである場合には就業開始の予定時刻を、災害が退勤の際に生じたものである場合には就業終了の時刻を記載すること。
- ⑥は、災害が退勤の際に生じたものである場合には記載する必要がないこと。
- ⑦は、災害が出勤の際に生じたものである場合には記載する必要がないこと。
- ⑧は、通常の通勤の経路を図示し、災害発生場所及び災害発生の日に住居又は就業の場所から災害発生場所に至った経路を朱線等を用いて、わかりやすく記載するとともに、その他の事項についてもできるだけ詳細に記載すること。
- ⑨は、どのような場所を、どのような方法で往復している際に、どのような物で又はどのような状況において、どのようにして災害が発生したかを簡明に記載すること。

（物品番号 6R111）9.5



- B - ① -----> 1. This form is the attachment when the claim is made by 「様式第 16 号の 7 」(Form No.16-7).
- B - ② -----> 2. Please enter the name of the worker suffered from the accident.
- B - ③ -----> 3. Please enter the time when the worker was injured or started showing the symptoms of the disease.
- B - ④ -----> 4. Please enter the place of occurrence of the accident.
- B - ⑤ -----> 5. Please enter the place of engagement in work on the date of occurrence of the accident.
- B - ⑥ -----> 6. In the case where the accident occurred at the time of commuting to the workplace, please enter the scheduled time of commencement of work. In the case where the accident occurred at the time of way back from the workplace, please enter the closing time for the workplace.
- B - ⑦ -----> 7. Please enter the time at which the worker left his/her residence on the date of occurrence of the accident. However it is not required to enter if the accident occurred on the way back from the workplace.
- B - ⑧ -----> 8. Please enter the time at which the worker left the workplace on the date of occurrence of the accident. However, it is not required to enter if the accident occurred on the way from the residence to the workplace.
- B - ⑨ -----> 9. Please illustrate the ordinary commuting route. Please enter clearly the place of occurrence of the accident and the route and means the worker took on the date of occurrence of the accident from the residence or the workplace to the place of occurrence of the accident.
- B - ⑩ -----> 10. Please enter the time normally required for commuting.
- B - ⑪ -----> 11. 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 - ⑫~⑭ -----> 12-14. This is the column to enter the person, if any who confirmed the occurrence of the accident (other than the worker suffered from the accident). Please enter his/her address in Column 12, name in Column 13 and established for each grade of physical handicap (please refer to the following table).

## P6-1 Prepaid Lump-sum Allowance

P6-2 The person who has become eligible for the physical handicap (compensation) annuity may apply for the physical handicap annuity prepaid lump-sum allowance only for one time.

### P6-3

P6-4 The amount of prepaid lump-sum allowance can be selected by the eligible person from among the various amounts.

Once the prepaid lump-sum allowance has been paid, the payment of the physical handicap (compensation) annuity is suspended until the total of monthly benefit amount (except for the first one year, the prepaid amount is discounted at a 5% rate p.a. by the simple interest method) of the said annuity will reach the amount of the prepaid lump-sum allowance.

Grade of physical handicap	Number of days for the amount of daily benefit
1	200, 400, 600, 800, 1,000, 1,200, or 1,340 days
2	200, 400, 600, 800, 1,000, or 1,190 days
3	200, 400, 600, 800, 1,000, or 1,050 days
4	200, 400, 600, 800, or 920 days
5	200, 400, 600, or 790 days
6	200, 400, 600, or 670 days
7	200, 400 or 560 days

## // Procedures for Application //

When claiming for the physical handicap (compensation) annuity prepaid lump-sum allowance, in general, please submit the "Application for Payment of Prepaid lump-sum Allowance as part of Physical Handicap Compensation Annuity or Physical Handicap annuity" (Annuity Application Form No.10) to the Director of the Labour Standards Inspection Office having jurisdiction over the area at the same time as the application is made for the physical handicap (compensation) allowance. (However, the claim may be made even after the receipt of the physical handicap (compensation) annuity if it is within one year from the following day of the notice on the decision of the payment of the annuity.)

# Example of How to Fill in Application

年金申請様式第10号

## 労働者災害補償保険

### C-1 障害補償年金 障害年金 前払一時金請求書

年金証書の番号	管轄局	種別	西暦年	番 号
	C-2		C-21	
請求人 (被災労働者)	氏名	C-3	生年月日 C-4	明大昭 C-5 年 月 日
	住所	C-6		
請求する給付日数(○でかこむ) C-6	第一級	200・400・600・800・1000・1200・1340日分 ( )		受けている・受けていない 労災年金受給の有無(○でかこむ) C-7
	第二級	200・400・600・800・1000・1190日分 ( )		
	第三級	200・400・600・800・1000・1050日分 ( )		
	第四級	200・400・600・800・920日分 C-22 ( )		
	第五級	200・400・600・790日分 ( )		
	第六級	200・400・600・670日分 ( )		
	第七級	200・400・560日分 ( )		

上記のとおり 障害補償年金 障害年金 前払一時金を請求します。

平成 年 月 日 C-9

郵便番号 C-10-

電話番号

住所 C-11

( ) C-12

請求人の

(代表者) 氏名

C-13

C-14 印

C-15 労働基準監督署長 殿

振込を希望する銀行等の名称		預金の種類及び口座番号	
C-16	銀行・金庫 農協・漁協・信組	C-17	本店 支店 支所
		C-20	普通・当座 第 C-18 号 名義人 C-19

(物品番号63311) 9.1

- C - ① -----> 1. This form is the "Application for Payment of Prepaid Lump-sum Allowance as part of Physical Handicap Compensation Annuity" or "Application for Payment of prepaid Lump-Sum Allowance as part of Physical Handicap Annuity".
- C - ② -----> 2. Please enter the the annuity certificate number when receiving the annuity by the Workmen's Accident Compensation Insurance.
- C - ③ -----> 3. Please enter the name of the claimant.
- C - ④ -----> 4. This is the column for sealing but signature will also suffice.
- C - ⑤ -----> 5. Please enter the date of birth of the claimant.
- C - ⑥ -----> 6. Please enter the address of the claimant.
- C - ⑦ -----> 7. Please encircle 「受けている」 when receiving the annuity by the Workmen's Accident Compensation Insurance or 「受けていない」 when not receiving the annuity.
- C - ⑧ -----> 8. Please encircle the number of days for the amount of daily benefit for claiming.
- C - ⑨ -----> 9. Please enter the date of submission of the application.
- C - ⑩ -----> 10. Please enter the postal code for the address of the claimant.
- C - ⑪ -----> 11. Please enter the address of the claimant.
- C - ⑫ -----> 12. Please enter the telephone number for the claimant.
- C - ⑬ -----> 13. Please enter the name of the claimant.
- C - ⑭ -----> 14. This is the column for sealing but signature will also suffice.
- C - ⑮ -----> 15. Please enter the labour Standards Inspection Office which has jurisdiction over the workplace to which the worker directly belongs.
- C - ⑯ ⑳ -----> 16-20. These are columns for the claimant who wishes to receive the payment into its bank account. Please enter the name of the financial institution in Column 16; the name of the branch of the financial institution for the account in Column 17; the account number in Column 18; and the name of the holder of account in Column 19. Please encircle the type of account in Column 20: 「普通」 for the ordinary account and 「当座」 for the current account.
- C - ㉑ -----> 21. Please enter the annuity certificate number.
- C - ㉒ -----> 22. Please encircle the number of days for the amount of daily benefit for the grade of physical handicap applied for claiming.

## Payment of the Lump-Sum Balance of Physical Handicap (Compensation) Annuity

When the person eligible for the physical handicap (compensation) annuity has died and where the total amount of physical handicap (compensation) annuity and the physical handicap (compensation) annuity prepaid lump-sum allowance does not reach the certain amount as prescribed in accordance with the grade of physical handicap, the lump-sum balance of physical handicap (compensation) annuity is paid.

### Content of Benefits

The amount of payment of lump-sum balance of physical handicap (compensation) annuity is the balance between the fixed amount as prescribed in accordance with the grade of physical handicap and the total amount of the physical handicap (compensation) annuity and the prepaid lump-sum allowance as part of physical handicap (compensation) annuity which has already been paid.

Regarding the physical handicap special annuity, there is a system of payment of the lump-sum balance as in the case of the physical handicap (compensation) annuity. When the person eligible to receive the physical handicap special annuity has died and where the total amount of physical handicap special annuity which has already been paid does not reach the certain amount as prescribed in accordance with the grade of physical handicap, the lump-sum balance is paid to the bereaved family (which is the same bereaved family eligible to receive the lump-sum balance of the physical handicap (compensation) annuity) as the lump-sum balance of physical handicap special annuity.

Grade of physical handicap	Lump-sum balance of physical handicap (compensation) annuity	Lump-sum balance of physical handicap special annuity
1	1,340 days of the amount of basic daily benefit	1,340 days of the amount of computed basic daily benefit
2	1,190 days of the amount of basic daily benefit	1,190 days of the amount of computed basic daily benefit
3	1,050 days of the amount of basic daily benefit	1,050 days of the amount of computed basic daily benefit
4	920 days of the amount of basic daily benefit	920 days of the amount of computed basic daily benefit
5	790 days of the amount of basic daily benefit	790 days of the amount of computed basic daily benefit
6	670 days of the amount of basic daily benefit	670 days of the amount of computed basic daily benefit
7	560 days of the amount of basic daily benefit	560 days of the amount of computed basic daily benefit

\* The bereaved family which is eligible to receive the lump-sum balance of the physical handicap (compensation) annuity.

The bereaved family which is eligible to receive the lump-sum balance of the physical handicap (compensation) annuity is the following bereaved family (1) or (2).

The order of priority to receive is (1) and (2) and, of the member of the bereaved family, the order of listing in (1) and (2) as stated below.

(1) The spouse (including a person not in legal status but with practical marital relations with the deceased worker), children, parents, grandchildren, grandparents, and brothers and sisters, who were dependent of the deceased worker.

(2) Spouse (including a person not in legal status but with practical marital relations with the deceased worker), children, parents, grandchildren, grandparents, and brothers and sisters, who do not fall under (1) above.

## // Procedures for Application //

When claiming the lump-sum balance of the physical handicap (compensation) annuity, please submit the Application for Payment of Lump-Sum Balance of the Physical Handicap Compensation Annuity or Lump-Sum Balance of the Physical Handicap Annuity (Form No.37-2) to the Director of the Labour Standards Inspection Office having jurisdiction over the area.

# Example of How to Fill in Application

様式第37号の2 (表面)

労働者災害補償保険  
障害補償年金差額一時金支給請求書  
D-① 障害年金差額一時金支給請求書  
障害特別年金差額一時金支給申請書

① 年金証書番号				フリガナ		D-④		
管轄局	種別	西暦年	番号	氏名	D-③	(男・女)		
	D-②			生年月日	D-⑤年 月 日	D-⑥ (歳)		
				死亡年月日	D-⑦年 月 日			
③ 請 申 求 請 人	氏名	生年月日	住 所	死亡労働者との関係	請求人(申請人)の代表者を選任しないときはその理由			
	D-⑧	D-⑨年 月 日	D-⑩	D-⑪	D-⑫			
		年 月 日						
		年 月 日						
		年 月 日						
④ 添付する書類 その他の資料名			D-⑬					

障害補償年金差額一時金の支給を請求  
上記より 障害年金差額一時金の支給を請求 します。  
障害特別年金差額一時金の支給を申請

郵便番号 D-⑬ 電話番号 D-⑰ 局番

D-⑭ 年 月 日

請求人住所 D-⑱

申請人の (代表者) 方

D-⑮ 労働基準監督署長 殿 氏名 D-⑲ D-⑳

振込を希望する銀行等の名称		預金の種類及び口座番号	
D-⑳	銀行・金庫 農協・漁協・信組	D-㉑	本店 支店 支所
		D-㉒	普通・当座 第 D-㉓ 号 名義人 D-㉔

(物品番号 62114) 7.10



- D - ① -----> 1. This form is the "Application for Payment of Lump-Sum Balance of Physical Handicap Compensation Annuity", "Application for Payment of Lump-Sum Balance of Physical Handicap Annuity" and "Application for Payment of Lump-Sum Balance of Physical Handicap Special Annuity".
- D - ② -----> 2. Please enter the annuity certificate number when receiving the annuity by the Workmen's Accident Compensation Insurance.
- D - ③ -----> 3. Please enter the name of the deceased worker.
- D - ④ -----> 4. Please encircle the sex of the deceased worker: 「男」 for men and 「女」 for women.
- D - ⑤ -----> 5. Please enter the date of birth of the deceased worker.
- D - ⑥ -----> 6. Please enter the age of the deceased worker.
- D - ⑦ -----> 7. Please enter the date of the death of the deceased worker.
- D - ⑧ -----> 8. Please encircle the number of days for the amount of daily benefit for claiming.
- D - ⑨ -----> 9. Please enter the date of submission of the application.
- D - ⑩ -----> 10. Please enter the postal code for the address of the claimant.
- D - ⑪ -----> 11. Please enter the relation with the deceased worker.
- D - ⑫ -----> 12. In the case where there are more than one claimants and the representative person is not selected, please enter its reason.
- D - ⑬ -----> 13. In the case where there is any document to be attached, please enter its name.
- D - ⑭ -----> 14. Please enter the date of submission of the application.
- D - ⑮ -----> 15. Please enter the Labour Standards Inspection Office which has jurisdiction over the workplace to which the deceased worker directly belonged.
- D - ⑯ -----> 16. Please enter the postal code for the address of the claimant.
- D - ⑰ -----> 17. Please enter the telephone number for the claimant.
- D - ⑱ -----> 18. Please enter the address of the claimant.
- D - ⑲ -----> 19. Please enter the name of the claimant.
- D - ⑳ -----> 20. This is the column for sealing but signature will also suffice.
- D - ㉑ -----> 21. The name of the financial institution in Column 21; the name of the branch of the financial institution for the account in Column 22; the account number in Column 23; and the name of holder of the account in column 24. Please encircle the type of account in Column 25: 「普通」 for the ordinary account and 「当座」 for the current account.