

WORKMEN'S ACCIDENT COMPENSATION INSURANCE

**Procedures for Application for
Bereaved Family (Compensation) Benefit and
Funeral Expenses (funeral Benefit)**

In the case where a worker died
from an industrial accident for
commuting accident.

Ministry of Labaour
Prefectural Labour Standards Office
Labour Standards Inspection Office



When a worker died due to an employment-related accident or commuting accident, the bereaved family compensation benefit (in the case of industrial accident) or the bereaved family benefit (in the case of commuting accident) (both combined are referred to as the "bereaved family (compensation) benefit").

In addition, for the bereaved family which holds a funeral, funeral expenses are granted in the case of industrial accident or funeral benefit in the case of commuting accident.

Kind of Benefit

There are two kinds of the bereaved family (compensation) benefit, i.e., the bereaved family (compensation) annuity and bereaved family (compensation) lump-sum allowance.

Bereaved Family (Compensation) Annuity

The bereaved family (compensation) annuity is granted to the person of the first priority (who is referred to as the "person with the right to receive benefit") from among the "persons eligible to receive benefit" (members of the bereaved family who have eligibility to receive), as stated below.

Persons Eligible to Receive Benefit

The persons who become eligible to receive the bereaved family (compensation) annuity are the spouse, children, parents, grandchildren, grandparents, and brothers and sisters, who maintained the living with the income of the worker at the time of death of the worker. However, there is a condition that other family members than the wife should be at an advanced or young age at the time of death of the worker or in a condition of a certain physical handicap.

The expression that "maintained the living with the income of the worker at the time of death of the worker" does not necessarily require that the living was maintained solely or mainly with the income

of the worker but it is sufficient if some portion of living was maintained with the income of the worker and the case of the two-income family is applicable to this.

The order of priority for the person with the right to receive benefit is as follows:

- <1> Wife, or husband at the age of 60 years or older or with a certain degree of physical handicap;
- <2> Children whose age has not reached the first March 31 after their age has become 18 years old or children with a certain degree of physical handicap;
- <3> Parents at the age of 60 years or older or with a certain degree of physical handicap;
- <4> Grandchildren whose age has not reached the first March 31 after their age has become 18 years old or grandchildren with a certain degree of physical handicap;
- <5> Grandparents at the age of 60 years or older or grandparents with a certain degree of physical handicap;
- <6> Brothers or sisters whose age has not reached the first March 31 after their age has become 18 years old or brothers or sisters with a certain degree of physical handicap;
- <7> Husband at the age of 55 years or older but less than 60 years old;
- <8> Parents at the age of 55 years or older but less than 60 years old;
- <9> Grandparents at the age of 55 years or older but less than 60 years old; or
- <10> Brothers and sisters at the age of 55 years or older but less than 60 years old.

- * The physical handicap of a certain degree means the physical handicap at Grade 5 or greater in the Physical Handicap Grade Schedule.
- * In the case of spouse, a person who had not registered the marriage but was actually in marital relations with the deceased worker is included. Any child(ren) who was an embryo or fetus at the time of death of the worker becomes an eligible person when it was born.
- * When the person with the right to receive benefit loses the right due to remarriage or death, the next priority person becomes the person with the right to receive benefit (which is referred to as the "transfer of the right to receive benefit").
- * If any of the husband, parents, grandparents, brothers and sisters at the age of 55 years or older but less than 60 years old as mentioned above in <7>-<10> becomes the person with the right to receive benefit, the granting of the annuity will be suspended until their age arrives at 60 years old (which is referred to as the "suspension for the young age").

Content of Benefit

In accordance with the number of members of the bereaved family, the bereaved family (compensation) annuity, bereaved family special allowance and bereaved family special annuity are granted.

In the case where there are more than one persons with the right to receive benefit, the equal amount obtained by dividing the benefit by the number of such persons is granted to each person.

Number of the bereaved family members	Bereaved family (compensation) annuity	Bereaved family special allowance (lump-sum amount)	Bereaved family special annuity
1 person	153 days of the amount of basic daily benefit (however, if the bereaved family member is the wife at the age of 55 years or older or the wife with a certain degree of physical handicap, the amount is 175 days of the amount of basic daily benefit)	¥ 3 million	153 days of the amount of basic daily benefit (however, if the bereaved family member is the wife at the age of 55 years or older or the wife with a certain degree of physical handicap, the amount is 175 days of the amount of basic daily benefit)
2 persons	201 days of the amount of basic daily benefit		201 days of the amount of basic daily benefit
3 persons	223 days of the amount of basic daily benefit		223 days of the amount of basic daily benefit
4 persons or more	245 days of the amount of basic daily benefit		245 days of the amount of 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).

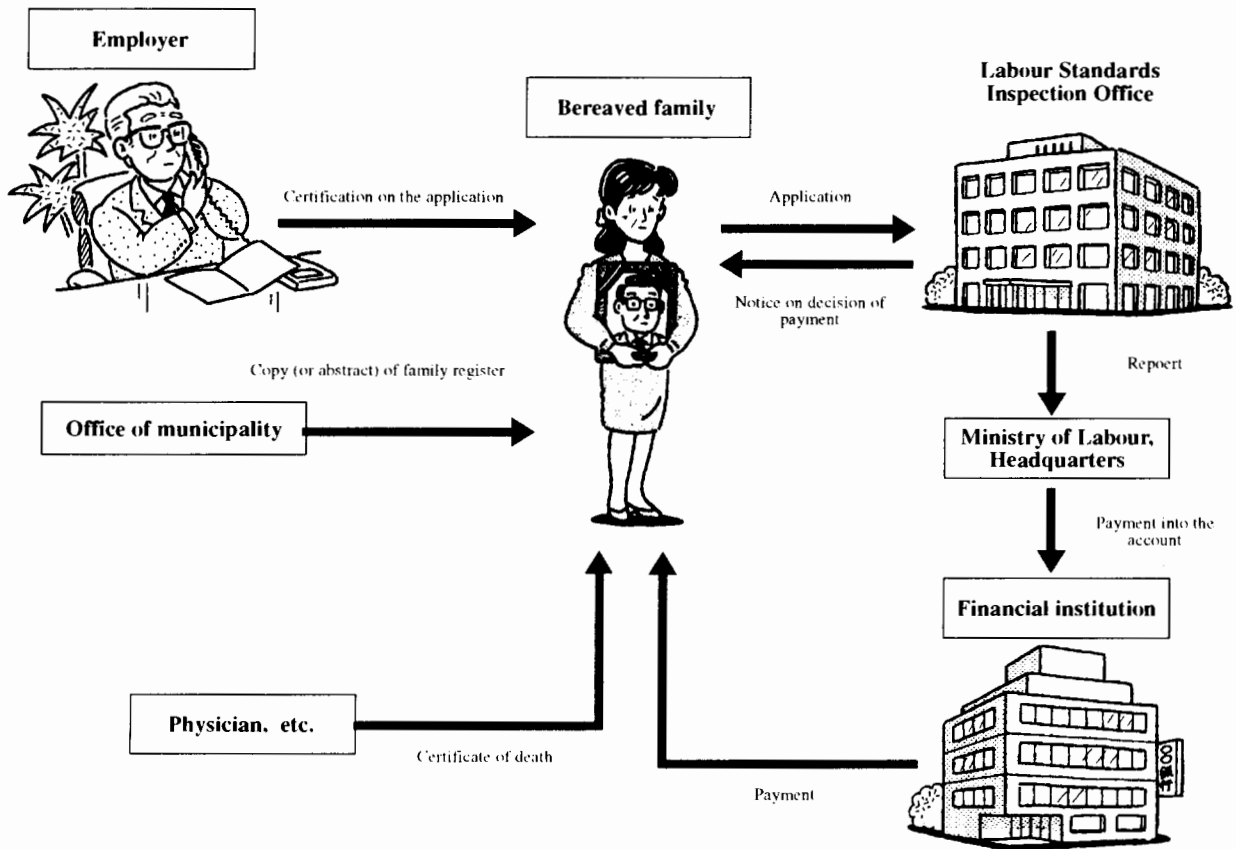
Amount of Computed Basic Daily Benefit

The amount of computed basic daily benefit is, in principle, obtained by 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 the 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.

// Procedures for Application //



Please submit the application for Bereaved Family Compensation Annuity (Form NO.12) or the Application for Bereaved Family Annuity (Form No.16-8) to the Director of the Labour Standards Inspection Office having jurisdiction over the area.

The application for the special allowance is to be made, in principle, at the same time as the application for the bereaved family (compensation) benefit is made and the form is the same as that for the bereaved family (compensation) benefit.

● **In the case where there are more than one persons with the right to receive benefit**

When there are more than one persons at the same priority, one of those persons is made as the representative person for application and receipt of the annuity.

Except for the case where there is an inevitable reason, such as more than one persons with the right to receive benefit living separately, it is not approved that each of such persons with the right receives, respectively, his/her portion of benefit.

The selected representative should be reported to the Director of the Labour Standards Inspection Office having jurisdiction over the area with the Report on the Selected Representative (New) for the bereaved family (compensation) annuity (Annuity Application Form No.7) when the application is made for the annuity or the application is made the annuity due to the transfer of the right to receive benefit.

Time Limitation concerning the Claim

The right of claim for payment of the bereaved family (compensation) annuity disappears by limit of action when five years have passed from the following day of the death of the worker suffered from the accident. You are advised to pay special attention to this.

Example of How to Fill in Application

A-2 様式第12号 (労務)
 A-1 遺族補償年金支給請求書
 労働者災害補償保険 遺族特別支給金 支給申請書
 遺族特別年金 支給申請書

① 労働保険番号 (3)		④ 負傷又は発病年月日	
府県	支店番号	氏名	A-5 (男・女) A-11 年 月 日
② 年金証書の番号 (4)		生年月日	A-7 年 月 日 (歳) A-8 午前 時 分
種類	西暦年	職種	A-9 A-12 年 月 日
⑤ 災害の原因及び発生状況		⑦ 平均賃金	
A-13		A-14 円 銭	
		⑧ 特別給与の総額(年額)	
		A-15 円	

Please use Form 16-8 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 belonged adopts the blanket coverage.

⑨ 死亡労働者の遺族の氏名		⑩ 死亡労働者の被保険者資格の取得年	
氏名	A-16	年	A-17 月 日
⑪ 遺族補償年金の種類		⑫ 遺族補償年金の額	
遺族補償年金の種類	A-18	遺族補償年金の額	A-19
⑬ 支給される年金の額		⑭ 支給される年月日	
A-21 円		A-22 年 月 日	
⑯ 遺族補償年金の受取人			
A-23			
⑰ 遺族補償年金の受取人の住所			
A-24			

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

This requires the certification by the employer.

⑱の着については、⑭、⑯から⑰まで並びに⑱の④及び⑩に記載したとおりであることを証明します。

年 月 日 事業の名称 A-25 電話番号 局番

〒 A-26 郵便番号

事業場の所在地 A-27

事業主の氏名 A-28

(法人その他の団体である場合は、その名称及び代表者の氏名)

Please enter the name of other member of the bereaved family than the claimant (applicant) who is eligible to receive the bereaved family compensation annuity.

氏名	生年月日	住所	死亡労働者との関係	障害の有無	遺族補償年金の受取人となるか
A-28	A-29	A-30	A-31	A-32	A-33
請求者					
A-34	A-35	A-36	A-37	A-38	A-39
請求者以外の家族					

⑲ 送付する書類その他の資料を A-40

年金の払戻しを受けることを希望する金融機関又は郵便局	金融機関店名	支店番号
	A-41	A-42
	郵便局名	郵便番号
	A-43	A-44
	所在地	郵便区
	A-45	A-46

上記により 遺族補償年金の支給を請求します。

遺族特別支給金 遺族特別年金の支給を申請します。

A-47 年 月 日 請求人住所 A-51

A-48 労働基準監督署長 殿 (代表者) 氏名 A-52 A-53

特別支給金について口座振込を希望する銀行等の名称	支店番号	支店名	支店名
A-54 銀行・金庫 農協・漁協・信組	A-55	A-56	A-57

③の死亡労働者の所属事業場名称・所在地欄には、死亡労働者の直接所属する事業場が一括適用の取扱いをしている支店、工場、工事現場等の場合に記入して下さい。

- A - ① -----> 1. This form is the "Application for Payment of the Bereaved Family Compensation Benefit", "Application for Payment of the Bereaved Family Special Allowance" and "Application for Payment of the Bereaved Family Special Annuity".
- A - ② -----> 2. Please use 「様式第16号の8」 (Form No.16-8) in the case of commuting accident.
- A - ③ -----> 3. This the column to fill in the labour insurance number. Please confirm the number with the employer.
- A - ④ -----> 4. Please enter the annuity certificate number when receiving the annuity by the Workmen's Accident Compensation Insurance.
- A - ⑤ -----> 5. Please enter the name of the deceased worker.
- A - ⑥ -----> 6. Please encircle the sex of the deceased worker. Please encircle 「男」 for men and 「女」 for women.
- A - ⑦ -----> 7. Please enter the date of birth of the deceased worker.
- A - ⑧ -----> 8. Please enter the age of the deceased worker.
- A - ⑨ -----> 9. Please enter the kind of job as specifically as possible in order to give a good explanation of the content of the work.
- A - ⑩ -----> 10. Please enter in the case where the workplace to which the deceased worker directly belonged is the branch office, plant or construction site which adopts the blanket coverage.
- A - ⑪ -----> 11. Please enter the date and time when the worker was injured or started showing the symptoms of the disease.
- A - ⑫ -----> 12. Please enter the date of death.
- A - ⑬ -----> 13. 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 - ⑭ -----> 14. Please calculate the average wage from the wages which the deceased worker has received and enter the amount.
- A - ⑮ -----> 15. Please enter the amount of special allowances which the deceased worker has received in the past year.
- A - ⑯ -----> 16. In the case where the deceased worker was member of the Employees' Pension Insurance, please enter its basic annuity number.
- A - ⑰ -----> 17. Please enter the date of acquisition of the qualification of insured person under the Employees' Pension Insurance, etc.
- A - ⑱ -----> 18. Concerning the injury of disease, if the bereaved family annuity is paid from the Employees' Pension Insurance, please encircle 「イ」, and if the physical handicap employees' pension is paid, encircle 「ロ」.
- A - ⑲ -----> 19. Concerning the injury or disease, if the mother and child annuity is paid from the National Pension Law, please encircle 「イ」; if the quasi mother and child pension is paid, encircle 「ロ」; if the child of the deceased annuity is paid, encircle 「ハ」; if the widow annuity is paid, encircle 「ニ」; and if the bereaved family basic annuity is paid, encircle 「ホ」.
- A - ⑳ -----> 20. Concerning the injury or disease, if the bereaved family annuity is paid from the Mariners Insurance Law, please encircle 「〇」.
- A - ㉑ - ㉒ -----> 21-24. These are columns only for the person who falls under Column 18-20. Please enter the amount of the annuity applied in Column 21; the date of the initiation of granting of the annuity applied in Column 22; the basic annuity certificate number and the annuity code for the annuity applied in Column 23; and the name of social insurance office in charge of the annuity applied in Column 24.
- A - ㉓ - ㉔ -----> 25-27. These are columns for the employer to certify when and how the worker was suffered from the accident. The certification is made for the employer to enter the name of the workplace in Column 25, the location of the workplace in Column 26 and the name of the employer in column 27.
- A - ㉕ -----> 28. Please enter the name of the claimant.
- A - ㉖ -----> 29. Please enter the date of birth of the claimant.
- A - ㉗ -----> 30. Please enter the address of the claimant.
- A - ㉘ -----> 31. Please enter the relation with the deceased worker.
- A - ㉙ -----> 32. In the case where there is a physical handicap, please encircle 「ある」, and where there is no physical handicap, encircle 「ない」.
- A - ㉚ -----> 33. In the case where there are more than one persons with the right to receive benefit, and where the representative person is not selected, please enter its reason.
- A - ㉛ - ㉜ -----> 34-39. There are columns to enter when there is other member of the bereaved family than the claimant who is eligible to receive the bereaved family compensation annuity. Please enter the name in Column 34; the date of birth in Column 35; the address in Column 36; and the relation with the deceased worker in Column 37. In Column 38, please encircle 「ある」 in the case where there is a physical handicap, and where there is no physical handicap, encircle 「ない」. In Column 39, in the case where there is any bereaved family compensation annuity lives with the claimant in the same livelihood, please encircle 「いる」, and where there is no such family member, encircle 「いない」.
- A - ㉝ -----> 40. If there is any document to be attached, please enter the name of the document.
- A - ㉞ - ㉟ -----> 41-46. These are columns to enter the financial institution, postal office, etc., into which the claimant wishes the payment of the annuity to be remitted. For the claimant who wishes to use the financial institution, please enter the name of the financial institution in Column 41; the name of the branch for the account in Column 42; and the account number in Column 43. For the claimant who wishes to use the post office, please enter the name of the post office in Column 44; the location of the post office in Column 45 and the account number in Column 46.
- A - ㊱ -----> 47. Please enter the date of submission of the application.
- A - ㊲ -----> 48. Please enter the Labour Standards Inspection Office having jurisdiction over the workplace to which the worker directly belonged.
- A - ㊳ -----> 49. Please enter the postal code for the address of the claimant.
- A - ㊴ -----> 50. Please enter the telephone number for the claimant.
- A - ㊵ -----> 51. Please enter the address of the claimant.
- A - ㊶ -----> 52. Please enter the name of the claimant.
- A - ㊷ -----> 53. This is column for sealing but signature will also suffice.
- A - ㊸ - ㊹ -----> 54-58. These are columns for the claimant who wishes to receive the special allowance into its bank account. Please enter the name of the financial institution in Column 54; the name of the branch of the financial institution for the account in Column 55; the account number in Column 56; and the name of the holder of account in Column 57. Please encircle the type of account in Column 58: 「普通」 for the ordinary account and 「当座」 for the current account.

Matters concerning the Commuting Accident

様式第16号(別紙) B-①

This form is the attachment when the claim is made by Form NO.16-8.

通勤災害に関する事項

① 労働者の氏名	B-②	
② 青歴又は雇入れの日及び時刻	B-③	年 月 日 午前 時 分 午後 時 分
③ 災害発生の場所	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時刻又は就業終了の時刻	午前	B-⑥ 時 分
	午後	B-⑦ 時 分
⑥ 災害発生の日に就業を離れた時刻	午前	B-⑧ 時 分
⑦ 災害発生の日に就業の場所を離れた時刻	午前	B-⑨ 時 分
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経路又は就業の場所から災害発生の場所に至る経路・方法、所要時間その他の状況	B-⑩ (通常の通勤の経路) 時間 分	
⑨ 災害の原因及び発生状況	B-⑪	
⑩ 見送者の氏名	B-⑫	職名 B-⑬ 氏名 B-⑭

Please enter a distinct explanation of the normal route and means of commuting, required time, and route and means of commuting and time required from the residence or the workplace to the place where the accident occurred.

Please enter a distinct explanation of the place, in what condition and how the accident occurred.

Please enter the name of the person who confirmed the fact of occurrence of the accident. If there is no such a person, it is not required to full in.

(注 意)

- ① 第22条、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、災害が通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。
- ② 第22条、災害が通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。
- ③ 第22条、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。
- ④ 第22条、通常の通勤の経路を調査し、災害発生の場所及び災害発生の日に就業又は就業の場所から災害発生の場所に至る経路を実地等を調査し、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必要に応じて詳細に記載すること。
- ⑤ 第22条、どのような経路も、どのような方法で存在している限り、その上を物で又は人的な方法において、どのような方法で災害が発生したかを詳細に記載すること。

労働省 労働局 作成

- B - ① -----▶ 1. This form is the attachment when the claim is made by 「様式第 1 6 号の 8」(Form No.16-8).
- B - ② -----▶ 2. Please enter the name of deceased worker.
- 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 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 -----▶ 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 telephone number in Column 14.

Bereaved Family (Compensatin) Lump-Sum Allowance

(1) The case where the bereaved family (compensation) lump-sum allowance is paid

The allowance is paid in either case mentioned below.

- <1> When there is no bereaved family eligible to receive the bereaved family (compensation) annuity at the time of death of the worker; or
- <2> When all persons eligible to receive the bereaved family (compensation) annuity have lost their right to receive the annuity and the total amount of the annuity and the bereaved family (compensation) annuity prepaid lump-sum allowance (which will be explained later) which have been paid to all members of the bereaved family who had right to receive does not reach the amunt of 1,000 days of the amount of daily basic benefit.

(2) Persons with the right to receive

The persons with the right to receive the bereaved family (compensatin) lump-sum allowance are those who are in the order of priority mentioned below (regarding <2> and <3>, the order of priority is children, parents, grandchildren, and grandparents) and when there are more than one persons in the same priority order, all persons become the person with the right.

The status of each person is as of the time of the death of the worker.

- <1> Spouse;
- <2> Children, parents, grandchildren, and grandparents who maintained their living with the income of the deceased worker;
- <3> Other children, parent, grandchildren, and grandparents than mentioned in <2>; or
- <4> Brothers and sisters

Content of Benefit

In the case of (1)-<1> mentioned above, the amount of 1,000 days of basic daily benefit is granted. In the case of (1)-<2> mentioned above, the balance between the amount of 1,000 days of basic daily benefit and the amount of the bereaved family (compensation) annuity already paid is granted.

In addition, the following special allowance is paid.

In the case of (1)-<1>

¥3 million as the bereaved family special allowance and the amount of 1,000 days of the amount of computed daily basic benefit as the bereaved family special lump-sum allowance are paid.

In the case of (1)-<2>

When all persons with the right to receive the bereaved family (compensation) annuity have lost their right to receive the annuity and the total amount of the bereaved family special annuity which has been paid to all members of the bereaved family with the right to receive does not reach the amount of 1,000 days of the amount of computed basic daily benefit, the balance between the amount of 1,000 days of computed basic daily benefit and the total amount of the bereaved family special annuity already paid is granted as the bereaved family special lump-sum allowance (in this case, the bereaved family special allowance is not granted).

// Procedures for Application //

Please submit the Application for Payment of the Bereaved Family Compensation Lump-Sum Allowance (Form No.15) or the Application for Payment of the Bereaved Family Lump-Sum Allowance (Form No.16-9) to the Director of the Labour Standards Inspection Office having jurisdiction over the area.

The application for payment of the special lump-sum allowance is to be made, in principle, at the same time as the application for payment of the bereaved family (compensation) lump-sum allowance is made and the form is the same as that for the bereaved family (compensation) lump-sum allowance.

Time limitation concerning the Claim

The right of claim for payment of the bereaved family (compensation) lump-sum allowance lapses by limit of action, as in the case of the bereaved family (compensation) annuity, when five years have passed from the following day of the death of the worker suffered from the accident, you are advised to pay special attention to this.

Example of How to Fill in Application

様式第15号 (表面) C-2

Please use Form 16-9 in the case of commuting accident.

労働者災害補償保険
 遺族補償一時金支給請求書
 遺族特別支給金支給申請書

〔注意〕

③の死亡労働者の所属事業場名称・所在地欄には、死亡労働者の直接所属する事業場が一括適用の取扱いを行っている支店、工場、工事現場等の場合に記入して下さい。

① 労働保険番号 府県 所管 管轄 基幹番号 枝番号 C-3		③ フリガナ 氏名 C-5 (男・女) C-8 C-7 年 月 日 (歳)		④ 負傷又は発病年月日 C-11 年 月 日 午前 時 分 頃	
② 年金証書の番号 管轄局 種別 西暦年 番号 枝番号 C-4		⑥ 死亡労働者の所属事業場所在地 C-10		⑤ 死亡年月日 C-12 年 月 日	
⑥ 災害の原因及び発生状況 C-13				⑦ 平均賃金 C-14 円 銭	
				⑧ 特別給与の総額(年額) C-15 円	
③の者については、④及び⑥から⑧までに記載したとおりであることを証明します。					
年 月 日			事業の名称 C-16		局番
			郵便番号 C-17		郵便番号
			事業場の所在地 C-17		
			事業主の氏名 C-18		⑩
(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)					
⑨ 請求人	フリガナ 氏名 C-19	生年月日 C-20 年 月 日	住所 C-21	死亡労働者との関係 C-22	請求人(申請人)の代表者となる理由 C-23
		年 月 日			
		年 月 日			
		年 月 日			
		年 月 日			
⑩ 添付する書類その他の資料名 C-24					

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

This column requires the certification by the employer.

If there are more than one claimants (applicants), please enter all claimants.

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

上記により 遺族補償一時金の支給を請求します。
 遺族特別支給金の支給を申請します。

郵便番号 C-27 電話番号 C-28 局番

C-25 年 月 日

請求人 申請人の住所 C-29 (代表者) 氏名 C-30

C-26 労働基準監督署長 殿 氏名 C-31

振込を希望する銀行等の名称		C-36 金の種類及び口座番号	
C-32 銀行・金庫 農協・漁協・信組	C-33 本店 支店 支所	普通・当座 第 C-34 号	名義人 C-35

- C - ① -----> 1. This form is the "Applicatin for Payment of the Bereaved Family Compensation Lump-sum Allowance", "Application for Payment of the Bereaved Family Special Allowance" and "Application for Payment of the Bereaved Family Special Lump-Sum Allowance".
- C - ② -----> 2. Please use 「様式第16号の9」 (Form No.16-9) in the case of commuting accident.
- C - ③ -----> 3. This is the column to fill in the labour insurance number. Please confirm the number with the employer.
- C - ④ -----> 4. Please enter the annuity certificate number when receiving the annuity by the Workmen's Accident Compensation Insurance.
- C - ⑤ -----> 5. Please enter the name of the deceased worker.
- C - ⑥ -----> 6. Please encircle the sex of the deceased worker. Please encircle 「男」 for men and 「女」 for women.
- C - ⑦ -----> 7. Please enter the date of birth of the deceased worker.
- C - ⑧ -----> 8. Please enter the age of the deceased worker.
- C - ⑨ -----> 9. Please enter the kind of job as specifically as possible in order to give a good explanation of the content of the work.
- C - ⑩ -----> 10. Please enter in the case where the workplace to which the deceased worker directly belonged is the branch office, plant or construction site which adopts the blanket coverage.
- C - ⑪ -----> 11. Please enter the date and time when the worker was injured or started showing the symptoms of the disease.
- C - ⑫ -----> 12. Please enter the date of death.
- C - ⑬ -----> 13. Please enter a distinct explanation of where the accident occurred; in what work the worker was engaged when it occurred; by waht thing, or in what circumstance or conditin and how the accident occurred.
- C - ⑭ -----> 14. Please calculate the average wage from the wages which the deceased worker has received and enter the amount.
- C - ⑮ -----> 15. Please enter the amount of special allowances which the deceased worker has received in the past year.
- C - ⑯ ~ ⑱ -----> 16-18. These are columns for the employer to certify when and how the worker was suffered from the accident. The certification is made for the employer to enter the name of the workplace in Column 16; the locatin of the workplace in Column 17 and the name of the employer in Column 18.
- C - ⑲ -----> 19. Please enter the name of the claimant.
- C - ⑳ -----> 20. Please enter the date of birth of the claimant.
- C - ㉑ -----> 21. Please enter the address of the claimant.
- C - ㉒ -----> 22. Please enter the relation with the deceased worker.
- C - ㉓ -----> 23. In the case where there are more than one persons with the right to receive benefit, and where the representative person is not selected, please enter its reason.
- C - ㉔ -----> 24. If there is any document to be attached, please enter the name of the document.
- C - ㉕ -----> 25. Please enter the date of submission of the applicaiton.
- C - ㉖ -----> 26. Please enter the Labour Standards Inspection office having jurisdiction over the workplace to which the worker directly belonged.
- C - ㉗ -----> 27. Please enter the postal code for the address of the claimant.
- C - ㉘ -----> 28. Please enter the telephone number for the claimant.
- C - ㉙ -----> 29. Please enter the address of the claimant.
- C - ㉚ -----> 30. Please enter the name of the claimant.
- C - ㉛ -----> 31. This is the column for sealing but signature will also suffice.
- C - ㉜ ~ ㉞ -----> 32-36. These are columns for the claimant who wiches to receive the special allowance into its bank account. Please enter the name of the financial institution in Column 32; the name of the branch of the financial institution for the account in Column 33; the account number in Column 34; and the name of the holder of account in Column 35. Please encircle the type of account in Column 36: 「普通」 for the ordinary account and 「当座」 for the current account.

Bereaved Family (Compensation) Annuity Prepaid Lump-Sum Allowance

The member of bereaved family who has become the person to receive the bereaved family (compensation) annuity may apply for the annuity prepaid lump-sum allowance only for one time.

The person for whom the payment of annuity has been suspended because of young age suspension may also receive the annuity prepaid lump-sum allowance.

Content of Benefit

The person may select any amount of the annuity prepaid lump-sum allowance from among 200 days, 400 days, 600 days, 800 days and 1,000 days of the amount of basic daily benefit.

Once the prepaid lump-sum allowance has been paid, the payment of the bereaved family (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.

Procedures for Application

In general, please submit the Application for Payment of the Bereaved Family Compensation Annuity and Bereaved Family Annuity Prepaid Lump-sum Allowance (Annuity Application Form No.1) to the Director of the Labour Standards Inspection Office at the same time as the application for the bereaved family (compensation) annuity is made. (However, the application can be made even after the receipt of the bereaved family (compensation) annuity if it is within one year from the following date of the notice of the decision of granting the annuity.

Example of How to Fill in Application

労働者災害補償保険

年金申請様式第1号

D-① 遺族補償年金 遺族年金 前払一時金請求書

Please enter the annuity certificate number.

年金証書の番号 D-②		管轄局	種別	西暦年	番	号
死亡労働者	氏名	D-③				
	住所	D-④				
請求人	氏名	郵便	生年月日	住所		
	D-⑤	D-⑥	昭大 年 月 日	D-⑧		
			昭大 年 月 日			
			昭大 年 月 日			
			昭大 年 月 日			
労働年金受給の有無を○でかこむ 受けている・受けていない D-⑨		請求する 給付日数 (200・400・600・800・1000日分) ○でかこむ D-⑩				

Please encircle the number of days of the amount of basic daily benefit to claim.

上記のとおり 遺族補償年金 遺族年金 前払一時金を請求します。

D-⑪

振込を希望する銀行等の 名称	平成 年 月 日
D-⑱ 銀行・金庫 農協・漁協・信組	D-⑫
D-⑲ 支店 支所	郵便番号 住所
預金の種類及び口座番号 D-⑳	電話番号 D-⑭
普通・当座 第 D-㉑ 号	請求人の (代表者) 氏名 D-⑮
名義人 D-㉒	

If the claimant wishes to receive the payment into its bank account, etc., please enter the account number of the claimant itself.

D-⑰ 労働基準監督署長 殿

(物品番号 6331) 8.1

- D - ① -----> 1. This form is the "Application for Payment of the Bereaved Family Annuity Prepaid Lump-Sum Allowance" or "Application for Payment of the Bereaved Family Annuity Prepaid Lump-Sum Allowance"
- 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 enter the address of the deceased worker.
- D - ⑤ -----> 5. Please enter the name of the claimant.
- D - ⑥ -----> 6. This is the column for sealing but signature will also suffice.
- D - ⑦ -----> 7. Please enter the date of birth of the claimant.
- D - ⑧ -----> 8. Please enter the address of the claimant.
- D - ⑨ -----> 9. 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.
- D - ⑩ -----> 10. Please encircle the number of days for the amount of daily benefit for claiming.
- D - ⑪ -----> 11. Please enter the date of submission of the application.
- D - ⑫ -----> 12. Please enter the postal code for the address of the claimant.
- D - ⑬ -----> 13. Please enter the address of the claimant.
- D - ⑭ -----> 14. Please enter the telephone number for the claimant.
- D - ⑮ -----> 15. Please enter the name of the claimant.
- D - ⑯ -----> 16. This is the column for sealing but signature will also suffice.
- D - ⑰ -----> 17. Please enter the Labour Standards Inspection Office which has jurisdiction over the workplace to which the worker directly belongs.
- D - ⑱ -----> 18-22. 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 18; the name of the branch of the financial institution for the account in Column 19; the account number in Column 20; and the name of the holder of account in Column 21. Please encircle the type of account in Column 22: 「普通」 for the ordinary account and 「当座」 for the current account.

When the Person with the Right to Receive the Bereaved Family (Compensation) Annuity Changes

When the person with the right to receive the bereaved family (compensation) annuity has become ineligible to receive the annuity for any of the following reasons, the persons of the next position in the order of the priority will become the person to receive the annuity.

- (1) When the person with the right dead;
- (2) When the person with the right has married (including the case where no registration of marriage has been made but there is a factual marital relation);
- (3) When the person with the right has become an adopted child of other person than the person of lineal relation or lineal kin relation (including the case where no registration of adoption has been made but there is a factual adoptive relation);
- (4) When the kinship with the deceased worker had ended because of divorce;
- (5) The age of children, grandchildren, brothers or sisters has gone beyond the first March 31 after their age has become 18 years old (except the case where the person has been continuously in a condition of certain degree of physical handicap since the death of the worker); or
- (6) When the condition of a certain degree of physical handicap has disappeared from the husband, children, parents, grandchildren, grandparents, brothers or sisters.

// Procedures for Application //

Please submit the Application for Payment of the Bereaved Family Compensation Annuity or Bereaved Family Annuity Transfer of the Right to Receive Benefit (Form No.13) to the Director of the Labour Standards Inspection Office having jurisdiction over the area.

The application for the bereaved family special annuity is made, in principle, at the same time and the form is the same.

Example of How to Fill in Application

様式第13号 (表面)

労働者災害補償保険
遺族補償年金
遺族特別年金
E-1 給付請求書
E-2 年金転給等申請書

This form is commonly used both for the industrial and commuting accident.

フリガナ		フリガナ		フリガナ		フリガナ		フリガナ		フリガナ	
①死亡労働者の氏名		E-2		E-3 (男・女)		E-5 (歳)		E-6 ② 順位者の失権		E-7 胎児であった子の出生 E-8 先順位者の所在不明	
生年月日		E-4		E-9		E-10		E-11 死亡労働者との関係		E-12 障害の有無 E-13 代表者を擔任しないときは、その理由	
③ 氏名		E-7		E-8		E-9		E-10		E-11	
生年月日		E-8		E-9		E-10		E-11		E-12	
④ 氏名		E-13		E-14		E-15		E-16		E-17	
生年月日		E-14		E-15		E-16		E-17		E-18	
⑤ 当該死亡に関して支給される年金の種類		E-19		E-20		E-21		E-22		E-23	
E-16 厚生年金保険法の E-17 遺族厚生年金 E-18 国民年金法の E-19 遺族基礎年金 E-20 遺族厚生年金 E-21 国民年金法の E-22 遺族基礎年金 E-23 遺族厚生年金 E-24 船員保険法の遺族年金		E-19		E-20		E-21		E-22		E-23	
E-21 支給される年金の額		E-22		E-23		E-24		E-25		E-26	
E-25		E-26		E-27		E-28		E-29		E-30	
E-27		E-28		E-29		E-30		E-31		E-32	
E-29		E-30		E-31		E-32		E-33		E-34	
E-30		E-31		E-32		E-33		E-34		E-35	
E-31		E-32		E-33		E-34		E-35		E-36	
E-32		E-33		E-34		E-35		E-36		E-37	
E-33		E-34		E-35		E-36		E-37		E-38	
E-34		E-35		E-36		E-37		E-38		E-39	
E-35		E-36		E-37		E-38		E-39		E-40	
E-36		E-37		E-38		E-39		E-40		E-41	
E-37		E-38		E-39		E-40		E-41		E-42	
E-38		E-39		E-40		E-41		E-42		E-43	
E-39		E-40		E-41		E-42		E-43		E-44	
E-40		E-41		E-42		E-43		E-44		E-45	
E-41		E-42		E-43		E-44		E-45		E-46	
E-42		E-43		E-44		E-45		E-46		E-47	
E-43		E-44		E-45		E-46		E-47		E-48	
E-44		E-45		E-46		E-47		E-48		E-49	
E-45		E-46		E-47		E-48		E-49		E-50	
E-46		E-47		E-48		E-49		E-50		E-51	
E-47		E-48		E-49		E-50		E-51		E-52	
E-48		E-49		E-50		E-51		E-52		E-53	
E-49		E-50		E-51		E-52		E-53		E-54	
E-50		E-51		E-52		E-53		E-54		E-55	
E-51		E-52		E-53		E-54		E-55		E-56	
E-52		E-53		E-54		E-55		E-56		E-57	
E-53		E-54		E-55		E-56		E-57		E-58	
E-54		E-55		E-56		E-57		E-58		E-59	
E-55		E-56		E-57		E-58		E-59		E-60	
E-56		E-57		E-58		E-59		E-60		E-61	
E-57		E-58		E-59		E-60		E-61		E-62	
E-58		E-59		E-60		E-61		E-62		E-63	
E-59		E-60		E-61		E-62		E-63		E-64	
E-60		E-61		E-62		E-63		E-64		E-65	
E-61		E-62		E-63		E-64		E-65		E-66	
E-62		E-63		E-64		E-65		E-66		E-67	
E-63		E-64		E-65		E-66		E-67		E-68	
E-64		E-65		E-66		E-67		E-68		E-69	
E-65		E-66		E-67		E-68		E-69		E-70	
E-66		E-67		E-68		E-69		E-70		E-71	
E-67		E-68		E-69		E-70		E-71		E-72	
E-68		E-69		E-70		E-71		E-72		E-73	
E-69		E-70		E-71		E-72		E-73		E-74	
E-70		E-71		E-72		E-73		E-74		E-75	
E-71		E-72		E-73		E-74		E-75		E-76	
E-72		E-73		E-74		E-75		E-76		E-77	
E-73		E-74		E-75		E-76		E-77		E-78	
E-74		E-75		E-76		E-77		E-78		E-79	
E-75		E-76		E-77		E-78		E-79		E-80	
E-76		E-77		E-78		E-79		E-80		E-81	
E-77		E-78		E-79		E-80		E-81		E-82	
E-78		E-79		E-80		E-81		E-82		E-83	
E-79		E-80		E-81		E-82		E-83		E-84	
E-80		E-81		E-82		E-83		E-84		E-85	
E-81		E-82		E-83		E-84		E-85		E-86	
E-82		E-83		E-84		E-85		E-86		E-87	
E-83		E-84		E-85		E-86		E-87		E-88	
E-84		E-85		E-86		E-87		E-88		E-89	
E-85		E-86		E-87		E-88		E-89		E-90	
E-86		E-87		E-88		E-89		E-90		E-91	
E-87		E-88		E-89		E-90		E-91		E-92	
E-88		E-89		E-90		E-91		E-92		E-93	
E-89		E-90		E-91		E-92		E-93		E-94	
E-90		E-91		E-92		E-93		E-94		E-95	
E-91		E-92		E-93		E-94		E-95		E-96	
E-92		E-93		E-94		E-95		E-96		E-97	
E-93		E-94		E-95		E-96		E-97		E-98	
E-94		E-95		E-96		E-97		E-98		E-99	
E-95		E-96		E-97		E-98		E-99		E-100	

Please select any applicable reason for application for transfer of the right to receive benefit.

Please fill in regarding the person who wishes to receive the transfer of the right to receive benefit.

Please fill in regarding the person who is receiving the bereaved family (compensation) annuity.

Please enter with regard to the annuity, such as the annuity of the Employees' Pension Insurance, which was supplied to the bereaved family.

- Kinds of Annuity
- Bereaved family (welfare) annuity of the Employees' Pension Insurance.
 - Mother and child annuity, quasi mother and child annuity, child of the deceased annuity, widow annuity, and bereaved family basic annuity of the National Insurance.
 - Bereaved family annuity of the Mariners Insurance.

上記より遺族補償年金の支給を請求します。
E-37 遺族特別年金の支給を申請します。
年 月 日
E-38 労働基準監督署長 殿

請求人 (代表者) 申請人 (代表者)
E-39 郵便番号 E-39 局番
E-40 電話番号 E-40
E-41 の住所 E-41
E-42 氏名 E-42 E-43 印

- E - ① -----▶ 1. This form is the "Application for Payment of the Bereaved Family Compensation Annuity Transfer of the Right to Recieve Benefit", "Application for Bereaved Family Annuity Transfer of the Right to Receive Benefit" or "Application for Payment of the Bereaved Family Special Annuity Transfer of the Right to Receive Benefit".
- E - ② -----▶ 2. Please enter the name of the deceased worker.
- E - ③ -----▶ 3. Please encircle the sex of the deceased worker: 「男」 for men and 「女」 for women.
- E - ④ -----▶ 4. Please enter the date of birth of the deceased worker.
- E - ⑤ -----▶ 5. Please enter the age of the deceased worker.
- E - ⑥ -----▶ 6. Please the reasons for the transfer of the right to receive benefit. If it is the loss of the right for benefit by the person with precedence, please encircle 「イ」; if it is the birth of a child who was an embryo or a fetus, encircle 「ロ」, and if the person with precedence is missing, encircle 「ハ」.
- E - ⑦ -----▶ 7. Please enter the name of the claimant.
- E - ⑧ -----▶ 8. Please enter the date of birth of the claimant.
- E - ⑨ -----▶ 9. Please enter the address of the claimant.
- E - ⑩ -----▶ 10. Please enter the relation with the deceased worker.
- E - ⑪ -----▶ 11. In the case where there is a physical handicap, please encircle 「ある」, and where there is no physical handicap, encircle 「ない」.
- E - ⑫ -----▶ 12. In the case where there are more than one persons with the right to receive benefit, and where the representative person is not selected, please enter its reason.
- E - ⑬~⑰ -----▶ 13-17. There are columns to enter when there is a person who has already been receiving the bereaved family compensation annuity, bereaved family annuity or bereaved family special annuity. Please enter the name of the person in Column 13; date of birth in Column 14; address in Column 15; relation with the deceased worker in Column 16; and annuity certificate number in Column 17.
- E - ⑱ -----▶ 18. Regarding the injury or disease, if the bereaved family annuity is granted by the Employees' Pension Insurance, please encircle 「イ」, and if the bereaved family employees' pension is granted, please 「ロ」.
- E - ⑲ -----▶ 19. Concerning the injury or disease, if the mother and child annuity is paid from the National Pension Law, please encircle 「イ」; if the quasi mother and child pension is paid, encircle 「ロ」; if the child of the deceased annuity is paid, encircle 「ハ」; if the widow annuity is paid, encircle 「ニ」; and if the bereaved family basic annuity is paid, encircle 「ホ」.
- E - ⑳ -----▶ 20. Concerning the injury or disease, if the bereaved family annuity is paid from the Mariners Insurance Law, please encircle 「〇」.
- E - ㉑~㉔ -----▶ 21-24. These are columns only for the person who falls under Columns 18-20. Please enter the amount of the annuity applied in Column 21; the date of the initiation of granting of the annuity applied in Column 22; the basic annuity certificate number and the annuity code for the annuity applied in Column 23; and the name of social insurance office in charge of the annuity applied in Column 24.
- E - ㉕~㉙ -----▶ 25-29. These are columns to enter when there is any bereaved family member with the right to receive the bereaved family compensation annuity or the bereaved family annuity who lives with the claimant in the same livelihood. Please enter the name in Column 25; date of birth in Column 26; address in Column 27; and relation with the deceased worker in Column 28. In Column 29, please encircle 「ある」 in the case where there is a physical handicap, and where there is no physical handicap, encircle 「ない」.
- E - ㉚ -----▶ 30. If there is any document to be attached, please enter the name of the documents.
- E - ㉛~㉞ -----▶ 31-36. These are columns to enter the financial institution, postal office, etc., into which the claimant wishes the payment of the annuity to be remitted. For the claimant who wishes to use the financial institution, please enter the name of the financial institution in Column 31; the name of the branch for the account in Column 32; and the account number in Column 33. For the claimant who wishes to use the post office, please enter the name of the post office in Column 34; the location of the post office in Column 35 and the account number in Column 36.
- E - ㉟ -----▶ 37. Please enter the date of submissin of the application.
- E - ㊱ -----▶ 38. Please enter the Labour Standards Inspection Office having jurisdiction over the workplace to which the worker directly belonged.
- E - ㊲ -----▶ 39. Please enter the postal code for the address of the claimant.
- E - ㊳ -----▶ 40. Please enter the telephone number for the claimant.
- E - ㊴ -----▶ 41. Please enter the address of the claimant.
- E - ㊵ -----▶ 42. Please enter the name of the claimant.
- E - ㊶ -----▶ 43. This is the column for sealing but signature will also suffice.

About Funeral Expenses (Funeral Benefit)

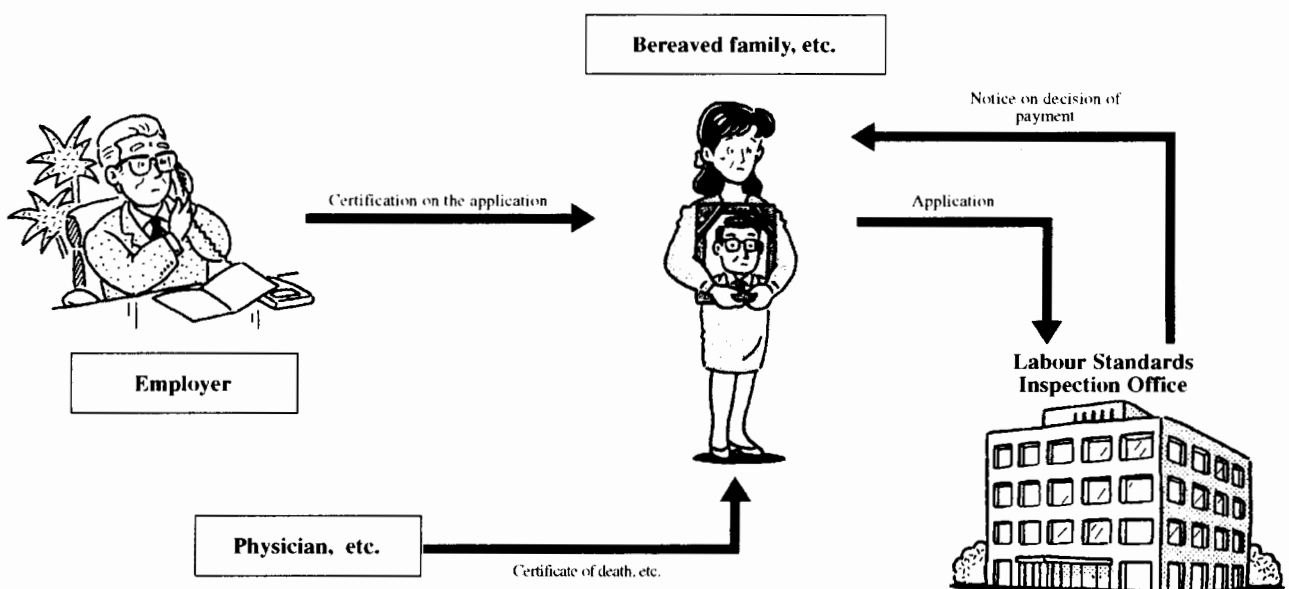
The person who is eligible to receive funeral expenses (funeral benefit) is not necessarily limited to the bereaved family member(s) but the person who is appropriate to hold a funeral normally falls under the person of eligibility .

In the case where there is no person who holds a funeral and the funeral is held by a company for the deceased worker as the company's funeral, the funeral expenses (funeral benefit) are paid to the company.

Content of Benefit

The amount of funeral expenses (funeral benefit) is ¥315,000 plus 30 days of the amount of basic daily benefit but if this total amount does not reach 60 days of the amount of basic daily benefit, 60 days of the amount of basic daily benefit is paid.

Procedures for Application



Please submit the Application for Funeral Expenses (Form NO.16) or Application for Funeral Benefit (Form No.16-10) to the Director of the Labour Standards Inspection Office having jurisdiction over the area.

Time Limitation concerning the Claim

The right of claim for payment of funeral expenses(funeral benefit) lapses by limit of action when two years have passed from the following day of the funeral held. It is advised that you pay special attention to this.

Example of How to fill in Application

様式第16号 (表面)

Please use Form No. 16-10 in the case of commuting accident.

労働者災害補償保険 F-① 葬祭料請求書

① 労働保険番号 町 区 所 管 轄 基 幹 番 号 枝 番 号 F-③		③ フリガナ 氏 名 F-⑤	
② 年金証書の番号 管 轄 局 種 別 西 暦 年 番 号 F-④		請 求 住 所 F-⑥	
④ 氏 名 死 亡 年 月 日 F-⑧ F-⑩		人 死 亡 者 の 勞 働 者 と の 関 係 F-⑦	
死 亡 年 月 日 F-⑩ 年 月 日 (歳)		F-⑨ (男・女)	
職 種 F-⑪		⑤ 負傷又は発病年月日 F-⑬ 年 月 日 午 前 後 時 分 頃	
所 属 事 業 場 名 称 ・ 所 在 地 F-⑫		⑦ 死 亡 年 月 日 F-⑮ 年 月 日	
⑥ 災害の原因及び発生状況 F-⑭		⑧ 平均賃金 F-⑯ 円 銭	
④の者については、⑤、⑥及び⑧に記載したとおりであることを証明します。			
事 業 の 名 称 F-⑰		電 話 番 号 局 番 F-⑲	
事 業 場 の 所 在 地 F-⑱		郵 便 番 号	
事 業 主 の 氏 名 F-⑲		⑳	
(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)			
⑨ 添付する書類その他の資料名 F-⑳			

Please enter in the case where the workplace to which the deceased worker directly belonged is the branch office, plant or construction site which adopts the blanket coverage.

Certification by the employer is required.

上記により葬祭料の支給を請求します。

郵便番号 F-㉓ 電話番号 F-㉔ 局番

F-㉑ 年 月 日

請求人の住所 F-㉕

F-㉒ 労働基準監督署長 殿 氏名 F-㉖ F-㉗

振込を希望する銀行等の名称 F-㉘ 銀行・金庫 農協・漁協・信組		本店 支店 支所 F-㉙	
預金の種類及び口座番号 F-㉚ 普通・当座 第 F-㉛ 号		名義人 F-㉜	

(物品番号 62111) 7.10

- F - ① -----> 1. This form is the "Application for Payment of Funeral Expenses".
- F - ② -----> 2. Please use 「様式第 16 号の 10」 (Form No.16-10) in the case of commuting accident.
- F - ③ -----> 3. This is the column to enter the labour insurance number. Please confirm the number with the employer.
- F - ④ -----> 4. Please enter the annuity certificate number when receiving the annuity by the Workmen's Accident Compensation Insurance.
- F - ⑤ -----> 5. Please enter the name of the claimant.
- F - ⑥ -----> 6. Please enter the address of the claimant.
- F - ⑦ -----> 7. Please enter the relation with the deceased worker.
- F - ⑧ -----> 8. Please enter the name of the deceased worker.
- F - ⑨ -----> 9. Please encircle the sex of the deceased worker; 「男」 for men and 「女」 for women.
- F - ⑩ -----> 10. Please enter the date of birth of the deceased worker.
- F - ⑪ -----> 11. Please enter the kind of job as specifically as possible in order to give a good explanation of the content of the work.
- F - ⑫ -----> 12. Please enter in the case where the workplace to which the deceased worker directly belonged is the branch office, plant or construction site which adopts the blanket coverage.
- F - ⑬ -----> 13. Please enter the date and time when the worker was injured or started showing the symptoms of the disease.
- F - 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.
- F - ⑮ -----> 15. Please enter the date of death.
- F - ⑯ -----> 16. Please calculate the average wage from the wages which the deceased worker has received and enter the amount.
- F - ⑰ ~ ⑲ -----> 17-19. These are columns for the employer to certify when and how the worker was suffered from the accident. The certification is made for the employer to enter the name of the workplace in Column 17, the location of the workplace in column 18 and the name of the employer in Column 19.
- F - ⑳ -----> 20. If there is any document to be attached, please enter the name of the document.
- F - ㉑ -----> 21. Please enter the date of submission of the application.
- F - ㉒ -----> 22. Please enter the Labour Standards Inspection Office having jurisdiction over the workplace to which the worker directly belonged.
- F - ㉓ -----> 23. Please enter the postal code for the address of the claimant.
- F - ㉔ -----> 24. Please enter the telephone number for the claimant.
- F - ㉕ -----> 25. Please enter the address of the claimant.
- F - ㉖ -----> 26. Please enter the name of the claimant.
- F - ㉗ -----> 27. This is the column for sealing but signature will also suffice.
- F - ㉘ ~ ㉚ -----> 28-32. These are columns for the claimant who wishes to receive the special allowance into its bank account. Please enter the name of the financial institution in Column 28; the name of the branch of the financial institution for the account in Column 29; the account number in Column 30; and the name of the holder of account in Column 31. Please encircle the type of account in Column 32: 「普通」 for the ordinary account and 「当座」 for the current account.