

WORKMEN'S ACCIDENT COMPENSATION INSURANCE

**Procedures for Application for  
Nursing Care (Compensation) Benefit**

In the case where a worker is re-  
ceiving nursing care due to a cer-  
tain physical handicap caused by  
industrial or commuting  
accident

Ministry of Labaour  
Prefectural Labour Standards Office  
Labour Standards Inspection Office



When the worker of Grade 1 of the physical handicap (compensation) annuity or the injury or disease (compensation) annuity or the worker of Grade 2 who has a dysfunction of the nervous system, mental state or a dysfunction in thoracic and abdominal organs is receiving nursing care, the nursing care compensation benefit (in the case of industrial accident) or the nursing care benefit (in the case of commuting accident) (both referred to as the "nursing care (compensation) benefit" is granted.

## // Prerequisites for Granting //

- 1 Person who falls under a certain condition of physical handicap.

The nursing care (compensation) benefit is divided, in accordance with the degree of the physical handicap, into the condition in which usual nursing care is required and the condition in which occasional nursing care is required. The conditions of physical handicap for which usual or occasional nursing care is required are as follows:

|                         | Condition of specific physical handicap to be applied  |
|-------------------------|--|
| Usual nursing           | ① Person who has a remarkable dysfunction of the nervous system or mental state, or a remarkable dysfunction in the thoracic and abdominal organs, and in a condition of always requiring nursing care (the person of Grades 1-3 and 1-4 of the Physical Handicap Grade Schedule and the person of Injury and Grades 1-1 and 1-2 of the Injury and Disease Grade Schedule).<br>② Person who is blind in both eyes falling under Grade 1 or 2 of the Physical Handicap Grade Schedule or the Injury and Disease Grade Schedule.<br>Person whose both upper limbs and lower limbs have been lost or lost their functions Any of these persons who are in a condition of requiring nursing care of almost the same degree as mentioned in (1) |
| Occasional nursing care | ① Person having a dysfunction of the nervous system or mental state or a dysfunction in the thoracic and abdominal organs who falls under the condition of requiring occasional nursing care (Grade 2-2 or 2-3 of the Physical Handicap Grade Schedule or Grade 2-1 or 2-2 of the Injury and Disease Grade Schedule).<br>② Of the persons who fall under Grade 1 of the Physical Handicap Grade Schedule or Grade 1 of the Injury and Disease Grade Schedule, a person who is not in a condition requiring usual nursing care.   |

- 2 Person who has actually been receiving nursing care

It is required that the person has actually been receiving nursing care from fee-charging private nursing care service or nursing care by a relative, friend or acquaintance.

- 3 Person who is not actually accommodated in the facilities for medical treatment for persons with physical handicap, facilities for health care for the aged, special homes for nursing care for the aged, special homes for nursing care for victims of radiation by an atomic bomb.

As it is understood that any person who is actually accommodated in any of these facilities has been given sufficient nursing care in the facilities, the person is not entitled to receive such benefit.

## Content of Benefit



The amount of payment of the nursing care (compensation) benefit is as follows:

### 1 In the case of usual nursing

The amount which was spent for nursing care will be paid (however, the maximum amount is ¥108,300).

However, in the case where nursing care is given by a relative, friend or acquaintance and no money was paid or the money paid was less than 58,750, the lump-sum amount of ¥58,750 is paid.

### 2 In the cas of occasional nursing

The amount which was spent for nursing care will be paid (however, the maximum amount is ¥54,150)

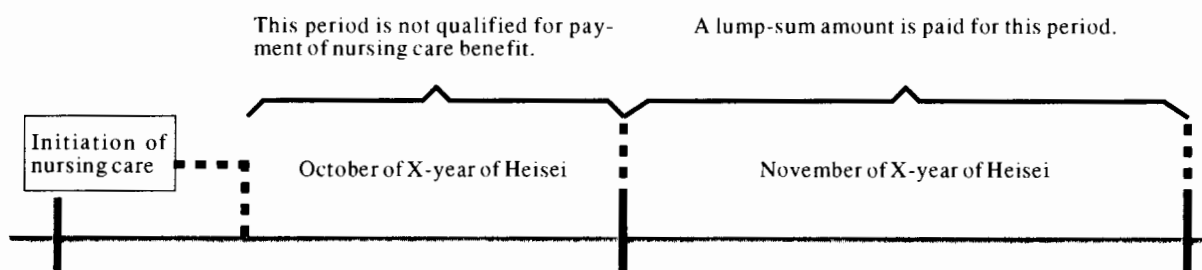
However, in the case where nursing care is given by relative, friend or acquaintance and no money was paid or the money paid was less than ¥29,380, the lump-sum amount of ¥29,380 is paid.

In the case where nursing care starts in the middle of month, the amount of benefit is as follows:

① In the case where nursing care has started in the middle of month and received nursing care with payment of money for the care, expenses for nursing care will be paid within a limit of maximum amount.

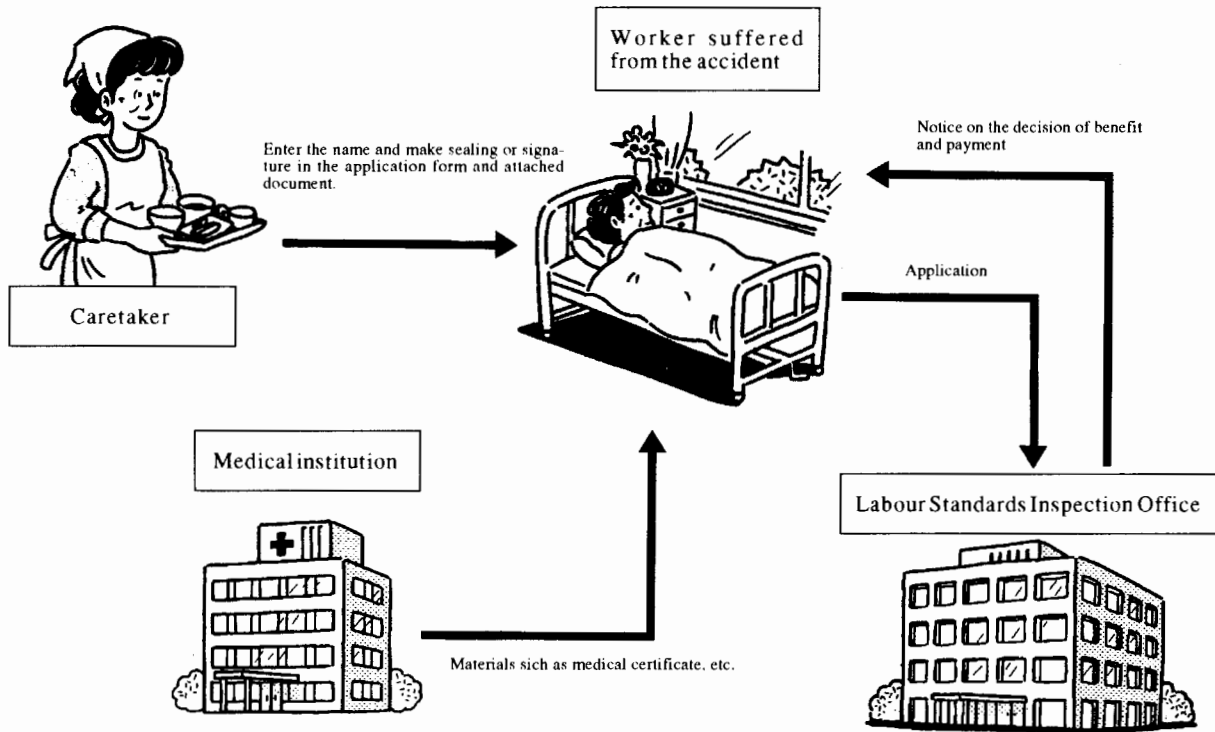
② In the case where nursing care has started in the middle of month and received nursing care from relative,etc. without payment of money for nursing care, no payment of benefit is made for the month concerned.

(Example) In the case where nursing care has started in October of X-Year of Heisei.



Even in this case, please enter the month of initiation of nursing care( in the above example, October of X-year of Heisei) in the column of "Month and Year for Claiming" in the application form.

## // Procedures for Application //



When claiming the nursing care (compensation) benefit, please submit the Application for Payment of Nursing Care Compensation Benefit or Nursing Care Benefit (Form No.16-2-2) with an attachment of medical certificate by a physician or dentist and the certificate for the amount of expenses spent for nursing care (which is not required in the case where payment was not made for nursing care) to the Director of Labour Standards Inspection Office having jurisdiction over the area.

However, the person who is receiving the injury and disease (compensation) annuity, or the person who falls under Grade 1-3, 1-4, 2-2, or 2-3 of the Physical Handicap Grade Schedule or the person who received the nursing care benefit under the Labour Welfare Projects is not required to attach the medical certificate.

In the case where the claim for nursing care (compensation) benefit is made continuously for the second time and afterwards, there is no requirement for the medical certificate.

While the claim for the nursing care (compensation) benefit is made with one month as one unit but the claim for three months can be made in one time.

---

## Time Limitation concerning the Claim

---

The right of claim for payment of the nursing care (compensation) benefit disappears by limit of action when two years have passed from the first day of the month following the month in which you received nursing care. You are advised to pay special attention to this.



- A - ① -----> 1. This form is the "Application for Payment of Nursing Care (Compensation) Benefit".
- A - ② -----> 2. Please encircle the benefit to claim. In the case of industrial accident, please encircle 「介護補償給付」 and in the case of commuting accident, 「介護給付」.
- A - ③-④ -----> 3-4. These are columns to fill in when the worker is receiving the annuity from the Workmen's Accident Compensation Insurance. Please enter the annuity certificate number in Column 3. In Column 4, please mark V in of the annuity which you are receiving and enter the grade.
- A - ⑤ -----> 5. Please enter the name of the claimant.
- A - ⑥ -----> 6. Please enter how to read the name of worker suffered in Japanese katakana. (Please pronounce clearly the name to someone who can understand it and ask him/her to enter it.)
- A - ⑦ -----> 7. Please enter the date of birth of the claimant.
- A - ⑧ -----> 8. Please enter the address of the claimant.
- A - ⑨ -----> 9. Please enter the date of applicatin for claim of the nursing care (compensatin9 benefit in accordance with Japanese calendar.)
- A - ⑩-⑪ -----> 10-11. These are columns to fill in if a worker received nursing care with payment of expenses. Please enter the number of days in which the claimant received nursing care with payment of expenses in Column 10 and the amont of expenses in Column 11.
- A - ⑫-⑯ -----> 12-18. These are columns for reporting the new account at financial institutin for paymen t or changing the account reported to other account. In Column 12, please encircle 「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 13; the name of branch for the account in Column 14; the name of holder of the accoutn in Column 15; and the account number in Column 16. In Column 17, please enter the name of holder of the account in Japanese katakana. In Column 18, column for the type of account, please enter [1] for the ordinary account and [3] for the current account.
- A - ⑰ -----> 19. Regarding the place where a worker received nursing care, please encircle 「イ」 if it was his/her residence or 「ロ」 if it was other facilities.
- A - ⑱ -----> 20. In the case where 「ロ」 is encircled in Cloumn 19, please enter its location, name and telephone number.
- A - ㉑ -----> 21. Regarding the classification of caretaker, please eccircle 「イ」 if it was a relative, 「ロ」 if it was a friend or acquaintance, 「ハ」 if it was a nurse, housekeeper or assistant nurse or 「ニ」 if it was staff of facilities.
- A - ㉒-㉕ -----> 22-25. These are columns to fill in when 「イ」 or 「ロ」 is selected in Column 21. Please enter the name of caretaker in Column 22, date of birth of the caretaker in Column 23, relation with the caretaker in Column 24, and period and number of days for nursing care in Column 25.
- A - ㉖ -----> 26. Please encircle the benefit to claim. In the case of industrial accident, please encircle 「介護補償給付」 and in the case of commuting accident 「介護給付」.
- A - ㉗ -----> 27. Please enter the date of submissin of the applicatin.
- A - ㉘ -----> 28. Please enter the Labour Standards Inspection Office having jurisdicstin over the workplace to which the worker directly belongs.
- A - ㉙ -----> 29. Please enter the postal code for the address of the claimant.
- A - ㉚ -----> 30. Please enter the telephone number for the applicant.
- A - ㉛ -----> 31. Please enter the address of the claimant.
- A - ㉜ -----> 32. Please enter the name of the claimant.
- A - ㉝ -----> 33. This is the column for sealing but signature wil also suffice.
- A - ㉞ -----> 34. This is the column to fill in when 「イ」 or 「ロ」 was selected in Column 21,. As the claim by the caretaker becomes necessary, please ask the caretaker to enter his/her address, name and telephone number, and seal (signature is accepted) in the column for the name.

## Example of How to Fill in the Certificate

### B-① 介護に要した費用の額の証明書

|  |                 |  |  |      |    |                            |    |
|--|-----------------|--|--|------|----|----------------------------|----|
| 被介護者氏名                                       |                 | B-② <input type="text"/>                                 |  | 対象年月 | 平成 | B-③ <input type="text"/> 年 | 月分 |
| 介護<br>人<br>の<br>証<br>明                       | 介護を行った日<br>及び日数 | B-④ <input type="text"/> 日から<br><input type="text"/> 日まで | <input type="text"/> 日から<br><input type="text"/> 日まで | 計    |    | 日間                         |    |
|  | 介護を行った<br>場所    | B-⑤ <input type="text"/>                                 |  |      |    |                            |    |
|  | 代金              | B-⑥ <input type="text"/>                                 |  | 円    |    |                            |    |
| B-⑦<br>平成 年 月における介護の代金として上記の金額を領収したことを証明します。 |                 |  |  |      |    |                            |    |
| B-⑧<br>平成 年 月 日                              |                 |  |  |      |    |                            |    |
| 介護人の住所                                       |                 | B-⑨ <input type="text"/>                                 |  |      |    |                            |    |
| 電話   |                 | B-⑩ <input type="text"/> - <input type="text"/>          |  |      |    |                            |    |
| 氏名   |                 | B-⑪ <input type="text"/>                                 |  |      |    | 印 B-⑫ <input type="text"/> |    |
| B-⑬ 職業                                       |                 | 家政婦・看護婦・その他 ( <input type="text"/> )                     |  |      |    |                            |    |
| B-⑭ 被介護者との親族関係                               |                 | 無・有 (被介護者の <input type="text"/> )                        |  |      |    |                            |    |
| B-⑮ 被介護者との同居の有無                              |                 | 有・無  |  |      |    |                            |    |

Please enter the name of the person for whom you gave nursing care.

Please enter the dates on which nursing care was given. Please use one copy of this form for each month. (Please do not enter for more than one month in one form.)

Please enter the dates on which you gave nursing care and the total number of such days in the month concerned.

Please enter clearly the place where you gave nursing care. (If it is the residence of the worker suffered, as indicated in the example, please enter the address of the worker.)

Please enter the amount of money which you received as payment for nursing care.

〔注意〕 介護人の職業欄、被介護者との親族関係の欄及び被介護者との同居の有無欄は、該当事項を○で囲み、必要事項を記載すること。



- B - ① -----> 1. This form is the document to be attached to the Application for Nursing Care (Compensation) Benefit when there are days in which the worker received nursing care with payment of expenses required for the care. This document is certified by the caretaker who should fill in each relevant column.
- B - ② -----> 2. Please enter the name of the person to whom nursing care was given.
- B - ③ -----> 3. Please enter the dates on which nursing care was given.  
Please use one copy of this form for each month.  
(Please do not enter for more than one month in one form.)
- B - ④ -----> 4. Please enter the dates when nursing care was given and the total number of such days.
- B - ⑤ -----> 5. Please enter clearly the place where nursing care was given.
- B - ⑥ -----> 6. Please enter the amount of money which you received as payment for nursing care.
- B - ⑦ -----> 7. Please enter the date of receipt of the payment.
- B - ⑧ -----> 8. Please enter the date of filling in this certificate.
- B - ⑨ -----> 9. Please enter the address of the caretaker.
- B - ⑩ -----> 10. Please enter the telephone number for the caretaker.
- B - ⑪ -----> 11. Please enter the name of the caretaker.
- B - ⑫ -----> 12. This is the column for sealing but signature will also suffice.
- B - ⑬ -----> 13. Please encircle the occupation of the caretaker.  
Encircle 「家政婦」 for a housekeeper and 「看護婦」 for a nurse. Please enter the name for other than these two.
- B - ⑭ -----> 14. If there is not relation with the person to whom nursing care was given, please encircle 「無」, and if there is a relation, encircle 「有」.
- B - ⑮ -----> 15. If the caretaker lives with the person to whom nursing care was given, please encircle 「有」, and if not, encircle 「無」.