

Industrial Accident Compensation Insurance Application
Guidance for Foreign Workers
< Volume 2 >

General outline of Industrial Accident Compensation Insurance
Details of Various Insurance Benefits

Industrial Accident Compensation Insurance Act applies to foreigners who work as employees in Japan regardless of nationality. Not only those who have resident status which allows work but also foreign students who have part time jobs are also covered by Industrial Accident Compensation Insurance when they get injured. This outlines Industrial Accident Compensation Insurance payments and describes contents of the Benefits.

Feel free to contact nearby Labour Standards Inspection Office regarding any further details such as the requirements for payment.

Please note that some kinds of the benefits can no longer be received after the benefit claimant return home country.

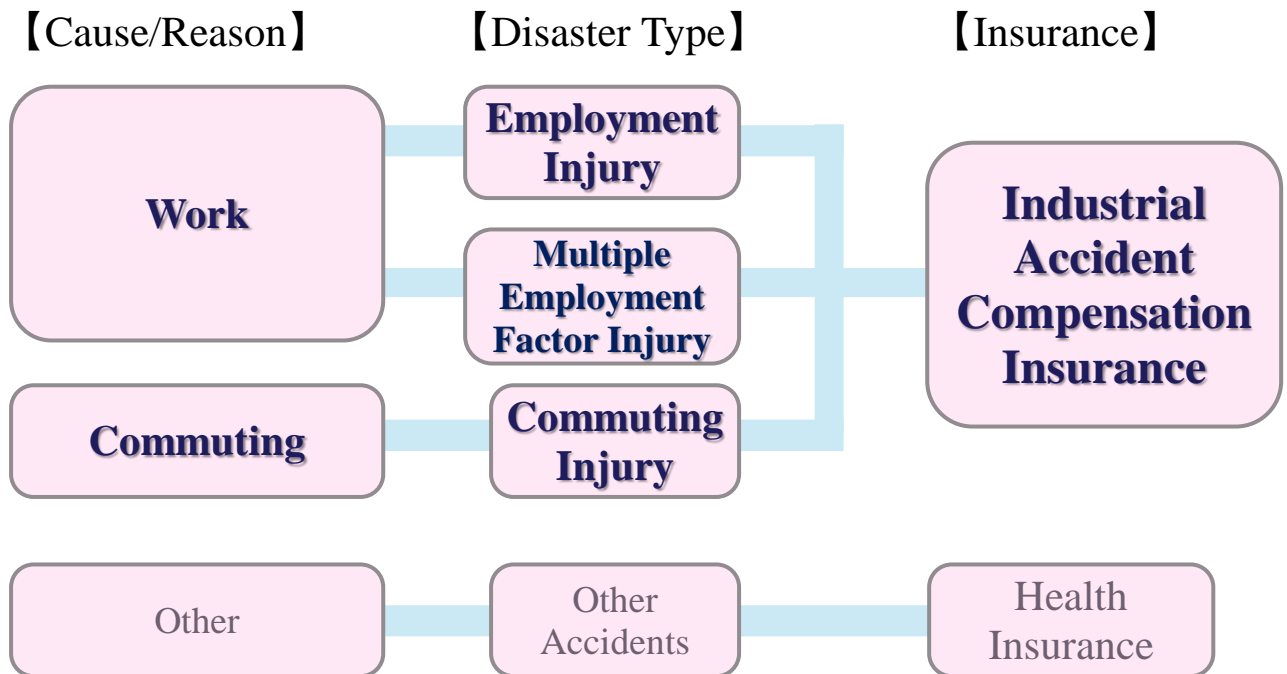
[Table of contents]

Outline to Industrial Accident Compensation Insurance Benefits ..	P2
Medical Treatment (Compensation) etc. Benefits	P14
Temporary Absence from Work (Compensation) etc. Benefits	P16
Injury and Disease (Compensation) etc. Pension	P17
Disability (Compensation) etc. Benefits	P18
Surviving Family (Compensation) etc. Benefits, Funeral Expenses etc. (Funeral Rites Benefits)	P26
Nursing Care (Compensation) etc. Benefits	P33
Examples	P36



Outline to Industrial Accident Compensation Insurance Benefits

This insurance is a system which provides insurance benefits such as medical expenses for workers who get injured, become ill or die due to work or commuting. As long as they work in Japan, non-Japanese are also eligible for Industrial Compensation Insurance.



*Health insurance is not applicable for industrial accidents.

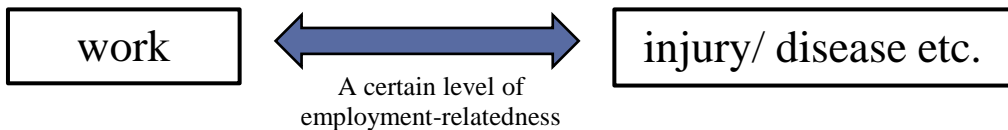
Types of Industrial Accident Compensation Insurance Benefits

- ◆ Medical Treatment (Compensation) etc. Benefits : a worker who is injured or becomes ill due to work or commuting is eligible to receive this benefits for the medical treatment.
- ◆ Temporary Absence from Work (Compensation) etc. Benefits: a worker who is injured or becomes ill due to work or commuting and unable to work in order to receive treatment is eligible to receive this benefits for compensation of wages.
- ◆ Injury and Disease (Compensation) etc. Pension: In case of not recovering from the injury or disease after 1 year and 6 months from the beginning of treatment and the severity of disability falls in certain physical disability certificate.
- ◆ Disability (Compensation) etc. Benefits: a worker who is injured or becomes ill due to work or commuting and the disabilities remain is eligible to receive this benefits.
- ◆ Surviving Family (Compensation) etc. Benefits : when a worker died due to work or commuting, the bereaved family is eligible to receive this benefits.
- ◆ Funeral Expenses etc. (Funeral Rites Benefits): The benefits cover the deceased worker's funeral expenses.
- ◆ Nursing Care (Compensation) etc. Benefits: The benefits cover the expenses of nursing care for those recipients of Disability (Compensation) etc. Pension or Injury and Disease (Compensation) etc. Pension with fixed disability.

【Definition of terms ①】

Employment Injury

When a worker suffers injury, disease, disability or death etc. resulting from employment-related cause, it is called Employment Injury.



- When injury / disease etc. is employment-related, the term "employment " is used.
- In principle, employers and directors who are not workers, cannot receive the compensation.

◇ What is an Employment Injury?

To be approved as an employment injury, following 3 cases are considered.

<1> Working in a building of workplace

If you are on duty in a building of workplace (office or factory) during the regular working hours or overtime hours, the accident is approved as employment injury unless the circumstances are exceptional.

* Following cases are not approved as an employment

- ① A worker is involved in private activity during working hours and suffers an accident
- ② A worker intentionally causes an accident
- ③ A worker is the victim of violence by a third party caused by personal enmity

<2> Not working in a building of workplace

If you are not at work during the break time or before or after working hours and an accident happens because of your private action, it is not approved as an employment injury. However, if an accident happens because of the bad maintenance of the building or equipment in the workplace, the accident is an employment injury. In addition, an accident happens during physiological phenomenon, such as using toilet, is considered as an employment injury.

<3> Working outside of the workplace

Business trip or sales activity is approved as an employment injury unless there are exceptional circumstances (for example, the worker pursues to his/her private activity aggressively).

◇ What is an Employment-related Disease?

To be approved as an employment-related disease, following 3 cases are considered in principle.

<1> Existence of adverse factor in the workplace

Harmful physical factor, chemical agent or the strain work with excessive workload is in the duty (e.g., asbestos).

<2> Exposed to adverse factor which could cause health problem

<3> The course of disease and clinical condition are reasonable from the medical perspective

If a worker contact with an adverse factor which exists in the working activity, an industrial disease occurs as in the result of the contact. So the symptoms must appear after the worker was exposed to the adverse factor. The timing of symptoms is different according to the nature of the adverse factor and contact condition.

Multiple Employment Factor Injury

Multiple Employment Factor Injury is injury or disease considered caused by employment at multiple businesses by multiple business workers. The injuries and diseases etc. in question include cerebral or cardiac diseases and mental disorders.

◇ Multiple business worker

A multiple business worker is a worker who is used concurrently in multiple workplaces that are not of the same employer when the injury or disease etc. occurs.

* Single business worker: a worker who is used in one workplace only

◇ Certifying Multiple Employment Factor Injury

The employment burden (working hours and stress, etc.) from the multiple workplaces is assessed comprehensively, and assessed whether it can be recognized as an industrial accident. There are also cases where the burden of work is judged to be from just one workplace and recognized to be caused by that work for a multiple business worker, which will be recognized as an industrial accident as in regular cases.

→P10,11

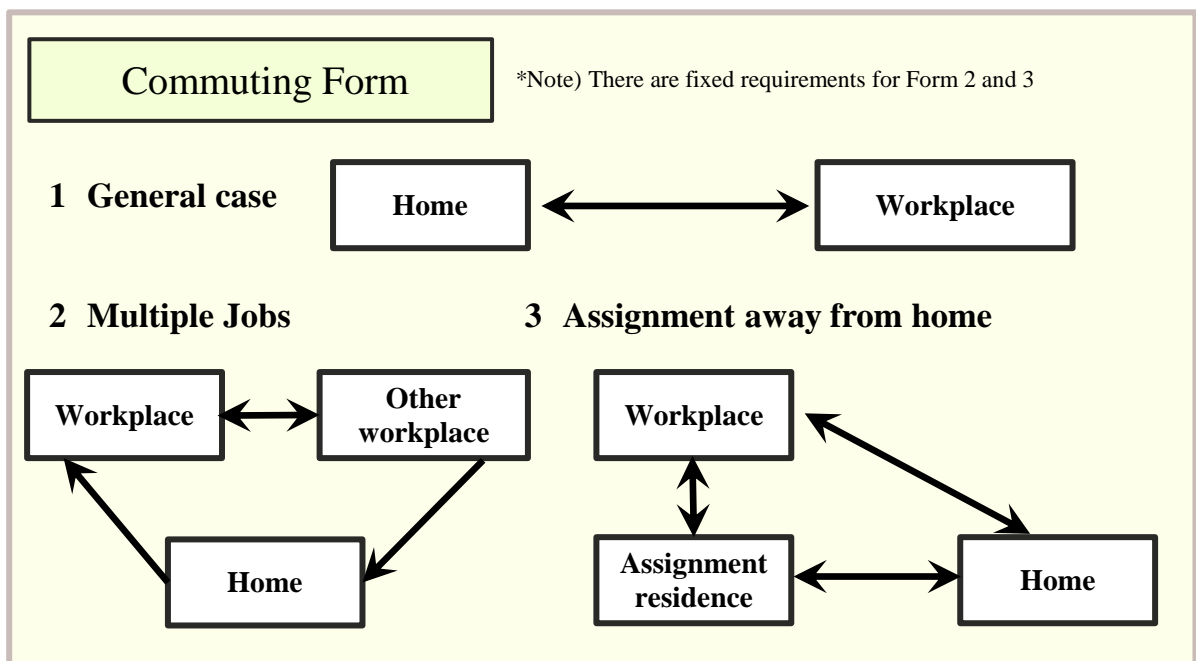
Commuting Injury

When a worker suffers injury, disease, disability or death resulting from commuting, it is called Commuting Injury.

◇ What is “commuting”?

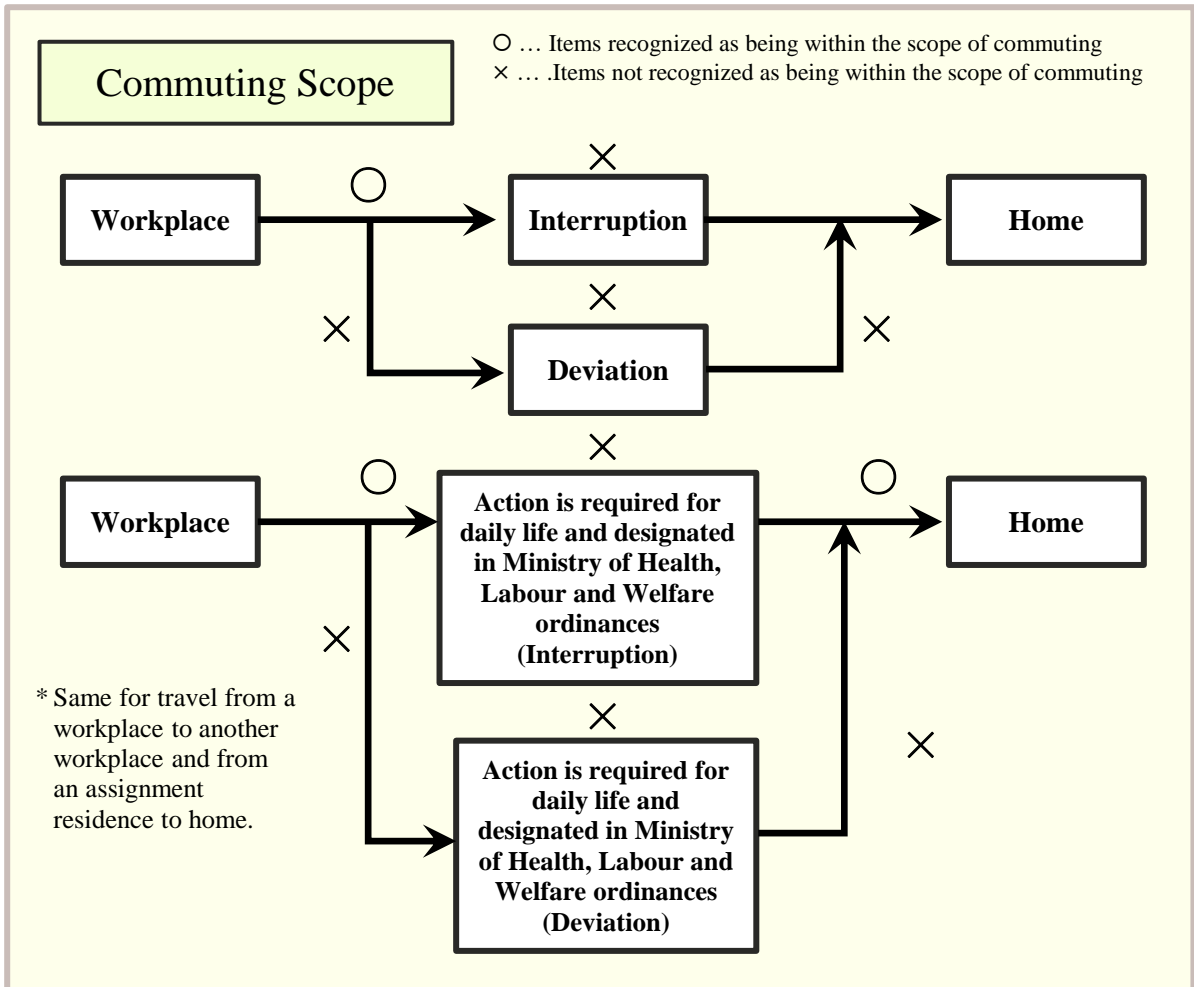
“Commuting” refers to the reasonable routes and methods used by workers who travel to or from work noted in ① to ③ below.

- ① Travel back and forth between a worker's residence and workplace (the place where workers start and finish work)
- ② Travel between the workplace where Ministry of Health, Labour and Welfare ordinance stipulates and another workplace (a worker with multiple jobs)
- ③ For employee transferred without family, travel between the residence in assignment location and the home



◇ Commuting Scope

If the worker deviates from the travel route or interrupts travelling, the time during the deviation or interruption, and the travel thereafter is not treated as commuting. However, in the event the minimum such deviation or interruption is necessary for daily life, for example purchasing everyday items, the travel after returning to the normal route is treated as commuting



◇ What is the basic daily benefits payment amount?

The basic daily benefits payment amount, in principle, should be an amount equivalent to the average wages specified in Article 12 of the Labour Standards Law

Average wages, in principle, is the amount calculated by dividing the total amount of wages paid to the worker over the 3 months previous to the day on which the need to calculate the amount arises* by the total number of days (the total number of calendar days including weekends) in the period. The wages which serve as the basis for calculating average wages refers to payments paid by employer to workers regardless of the names or titles given to those payments.

However, marriage allowance, other temporary wages, bonuses and other wages which are paid only one time or paid once in more than 3 months are not calculated for this amount.

In principle, the basic daily benefits payment amount for multiple employment workers is equal to the total of the basic daily benefits from the multiple workplaces

* It means the day when the accident resulting in injury or death occurred or the day on which a disease is diagnosed by a doctor. However if a wage calculation cut-off date is specified, the cut-off day in previous month is the day on which the need to calculate the amount arises

○ Exceptions

- ① In the following situations where it is determined that it is not appropriate to calculate the basic daily benefits payment amount from an amount equivalent to average wages, a special calculation method for the basic daily benefits payment amount can be used.
 - (a) If any work is missed during the average wages calculation period for receiving treatment of non-work-related injury or disease
 - (b) If a pneumoconiosis patient is transferred to a non-dust related job
 - (c) Other

- ② As for the Temporary Absence from Work etc. Benefits, the minimum or maximum amounts based on the recipient's age bracket can be applied after 1 year and 6 months have passed since the treatment began.

As for the Pension Benefits, the minimum or maximum amounts based on the recipient's age bracket can be applied from the first month the pension is paid.

Basic daily benefits payment amount Calculation Examples

(Example 1)

The worker receives wages of 200,000 yen per month, with end of month when the wage calculation closes. The accident occurs in October.

$$200,000 \text{ yen} \times 3 \text{ months} \div 92 \text{ days (July (31 days) + August (31 days) + September (30 days))} \doteq 6,522 \text{ yen}$$

(Example 2)

The worker employed by two companies receives wages of 200,000 yen from Company A and 100,000 yen from Company B per month, with end of month when the wage calculation closes. The accident occurs in July.

Company A basic daily benefits amount

$$(200,000 \text{ yen}) \times 3 \text{ months} \div 91 \text{ days [April (30 days) + May (31 days) + June (30 days)]} = 6,593.40 \text{ yen}$$

Company B basic daily benefits amount

$$(100,000 \text{ yen}) \times 3 \text{ months} \div 91 \text{ days [April (30 days) + May (31 days) + June (30 days)]} = 3,296.70 \text{ yen}$$

Totaled basic daily benefits amount

$$6,593.40 \text{ yen} + 3,296.70 \text{ yen} \doteq 9,891 \text{ yen}$$

*The above “wages” do not include temporarily paid wages or wages paid once in more than 3 months. “Wages paid once in more than 3 months such as bonuses” will be reflected when Surviving Family Special Pension Amounts and others are determined.

◇ What is the basic daily calculation amount?

The basic daily calculation amount is, in principle, the amount calculated by dividing the basic annual calculation amount, which consists of the total special payments received by a worker from an employer for 1 year prior to the day, a work or commuting related accident resulting in injury or death occurred, or the day on which a disease is diagnosed by a doctor, by 365. Special payments refers to bonuses and other wages paid once in more than 3 months which are excluded from calculation of the basic daily benefits payment amount. (Temporary wages, such as marriage allowance, are not included)

If the total special payments exceed 20% of the basic annual benefits amount (the amount equal to 365 times the basic daily benefits payment amount), the amount equivalent to 20% of the basic annual benefits amount will be used as the basic annual calculation amount. (the limit is 1,500,000 yen)

In principle, the basic daily benefits payment amount for multiple employment workers is equal to the total of the basic yearly benefits from the multiple workplaces divided by 365.

【Approval condition about each disease ①】

Brain and Heart Disorder

“Vascular brain disease” such as brain infarct and “ischemic cardiac disease” such as cardiac infarct are formed from vascular pathology, the root of their onset, due to a variety of daily lifestyle factors including mainly increased age, diet and living environments, and factors inherent in the individual such as heredity, and this gradually develops and worsens until suddenly manifesting. However, on occasion, vascular pathology and other effects can worsen as a result of excessive work, leading to development of brain and heart disorders.

In the approval standards, if the onset of brain and heart disorders can be * clearly proven to be a result of excessive workload, they can be eligible for Industrial Accident Compensation.

<Subject disease>

○ Vascular brain disease

- Intracerebral bleeding (Cerebral bleed)
- Subarachnoid bleeding
- Stroke
- Hypertensive encephalopathy

○ Ischemic cardiac disease etc.

- Cardiac infarct
- Angina
- Heart arrest (including sudden cardiac death)
- Critical heart failure
- Aortic dissection

[Requirements for Industrial accident approval]

In the event of any of the following cases, it is approved as an industrial accident

1. Excessive workload over a long period

Engaging in particularly excessive amounts of work leading to accumulated fatigue for a long time before onset of symptoms.

The symptoms are more associated with work if any of the following can be confirmed. (1) Overtime work largely exceeded 100 hours for 1 month before the onset of symptoms. (2) Overtime work exceeded 80 hours per month for 2 to 6 months before the onset of symptoms. (3) Overtime work does not match (1) or (2) but is close, and there is a cause of load from those determined (*) other than overtime work.

2. Excessive workload in a short period

Engaging in excessive amounts of work during a period close to the onset of symptoms. (1) The duty from 1 day before up to immediately before the onset of symptoms is especially excessive. (2) Even if the duty from 1 day before up to immediately before the onset of symptoms is not approved as especially excessive duty, the disease is considered to be related with the symptoms if excessive workload continues within about 1 week before the onset of symptoms.

Also, if it cannot be judged whether there was excessive load solely by the length of working hours, it will be judged in overall consideration of working hours and causes of load other than working hours (*).

3. Abnormal incidents

Encountering abnormal incidents that clearly mark the time and place causing the circumstances in between 1 day before up to immediately before the onset of symptoms. This requirement is considered, for example, when the worker encounters situations causing intense mental load such as extreme tension, agitation, fear, or shock, or situations forcing sudden, significant physical load, or sudden, severe changes to the working environment.

* Working hours irregularities (long hours on duty, successive days with no holiday, work with only a short interval between shifts, irregular shifts, system of changing shifts and night shifts), work involving movement outside the workplace (many business trips and other work involving movement outside the workplace), work involving mental load, work involving physical load, and working environment (temperature, undesired sound) will be examined as causes of load.

【Approval condition about each disease ②】

Mental Disorder

It is considered that mental disorder develops in the balance between the psychological burden from the outside (stress) and response capabilities which can deal with the psychological load.

When a mental disorder develops due to a serious psychological burden caused by work*, it will be covered by Industrial Accident Compensation.

*“Serious psychological burden caused by work” refers to a serious psychological burden that is objectively likely to cause a covered illness.

[Requirements for Industrial accident approval]

Industrial Accident compensation is approved when the following requirements are all filled.

1. Mental disorder covered by the approval standard develops

Mental disorders which are classified in Chapter V of the 10th revised version of International Statistical Classification of Diseases and Related Health Problems (ICD-10) “Mental and behavioral disorders”. (Cognitive impairment and disorder resulting from head injury are not included)
(e.g.) depression, acute stress reaction

2. Serious physiological burden caused by the duty during about 6 months before the onset of mental disorder covered by the approval standard is confirmed

(e.g.)

- Cases of experiencing an accident where a person foresees their own death
- Cases where someone has been subjected to psychological violence and harassment by a supervisor, etc., which is clearly unnecessary to the work and is of the sort that denies the person their character and humanity
- Cases of long working hours, etc.

*In the case of some repeated actions, like bullying or harassment, if it started more than 6 months prior to the development of the disorder and continued until the development, the psychological burden is evaluated from the actions started.

3. The mental disorder is not resulting from psychological burden outside work or individual factors

Private events (divorce, living away from the spouse, death of spouse, child, parent, or sibling) are carefully judged if they are the cause of disease.

Presence and the contents of individual factors, such as history of mental disorder and alcoholism, are examined and if they exist, they are carefully judged if they are not the cause of disease.

【Approval condition about each disease ③】

Disorder of Upper Limbs

Excess use of arms and hands could cause inflammation of neck, shoulder, arm, hand or finger or abnormality of joint or sinew.

Disorder of upper limbs means such inflammation and abnormality.

<typical diagnostic names>

- Lateral epicondylitis (medial epicondylitis)
- Cubital tunnel syndrome
- Supinator (pronator teres) syndrome
- Arthritis of the hand
- Tendon sheath inflammation
- Carpal canal syndrome
- Cheirospasm

[Requirements for Industrial Accident approval]

Industrial Accident Compensation is approved when the following requirements are all filled.

1. The symptoms develop after the engaging the work which put burden on upper limbs* for long period (more than 6 months in principle)

The following tasks fall into the category

- ① Task with frequent repeating motion of upper limbs
- ② Task which is conducted with upper limbs upward
- ③ Task which has the less movement of neck and shoulder and the posture is restricted
- ④ Task which puts burden on particular body parts on upper limbs

* upper limbs means back of the head, neck, scapular arch, upper arm, lower arm, hand, and finger.

2. Being involved in a heavy task before the onset of symptoms

In the case that a worker was involved in the task which put burden on upper limbs for 3 months before the onset of symptoms in the following circumstances.

- In the case workload is almost stable
The worker was involved in the task which had workload by 10% or more for about 3 months compared with the similar task in which the same-sex and similar-age worker is involved
- In the case workload is not stable
 - ① There was workload per day by 20 % or more than usual and the worker had such days about 10 days a month and such circumstance continued 3 months (If the total workload a month is not different from the usual workload, it is included)
 - ② During about 1/3 working hours a day, the workload was over by 20 % or more than usual, and the worker had such days about 10 days a month and such circumstance continued about 3 months (If the average workload a days is not different from the workload, it is included).

* When judging if the worker was involved in heavy task, not only the workload but the following conditions are also considered.

- Long time work, continuous work
- Excessive stress
- Heteronomous and high work pace
- Unsuitable work environment
- Excessive weight load, use of power

3. Engaging excessive workload and the course of the onset of symptoms are approved as medically reasonable ones

【Approval condition about each disease ④】

Backache

There are 2 types of backache which Industrial Accident Compensation covers and medical treatment is necessary. Approval requirement is set for each type.

[Requirements for Industrial accident approval]

1. Backache resulting from accident

Backache caused by injury and fills the both requirement of ① and ②

- ① Back injury, or sudden power caused the injury was generated by a sudden accident during working.
- ② It is medically approved that the power worked on the back caused the backache or significantly worsened the previous symptoms of backache or underlying medical problem.

2. Backache not resulting from accident

The worker who handled heavy load and suffered excessive burden on the back had the backache and it is approved that the work caused the ache judging from the condition and period of the work.

Backache not resulting from accident is divided into 2 types according to the causes.

◇ Backache caused by muscle fatigue

Backache caused by muscle fatigue after being involved in the task in relatively short period (about 3 month or more) is covered by Industrial Accident Compensation.

- Task with handling heavy goods about 20 kg or more handling different in weight heavy goods
- in a half-crouching position repeatedly
- Task required maintaining an awkward position for the back for some hours every day
- Task required limited movement (a worker cannot stand up for a long time and have to keep the same position)
- Task with receiving constant big shaking on the back

◇ Backache caused by deformation of bone

Backache caused by the bone deformation resulting from the involvement in the task handling heavy goods, including following, for a long time (about 10 years or more) is covered by Industrial Accident Compensation.

- Task handling heavy goods of about 30 kg or more for 1/3 working hours or more
- Task handling heavy goods of about 20 kg or more for 1/2 working hours or more

*Backache caused by bone deformation is approved to be covered by Industrial Accident Compensation only when the deformation “obviously exceeds the normal change by aging”

Medical Treatment (Compensation) etc. Benefits

When a worker is injured or becomes ill as a result of work or commuting and requires medical care, until the relevant injury or disease is *"Cured", the worker can receive Medical Compensation Benefits (for employment injury), Multiple Business Workers Medical Benefits (for multiple employment factor injury) or Medical Treatment Benefits (for commuting injury).

Benefit Details

Medical Treatment (Compensation) etc. Benefits consist of "Medical Treatment Benefits" and "Treatment Expense Payment".

- "Medical Benefits" are benefits in kind where care and medicine can be supplied free of charge at Rosai (Industrial Accident Compensation) hospitals, designated medical facilities and pharmacies, etc.(hereafter referred to as "designated medical facilities etc."
- "Treatment Expense Payments" are capital benefits where expenses incurred for treatment are paid when a worker receives treatment at a medical facility or pharmacy, etc. other than designated medical facilities etc. because such facilities are not located close by or other reasons.

The scope and period of medical treatment covered by the benefits are the same for both. Medical Treatment (Compensation) etc. Benefits include general items required for medical care including treatment costs, (e.g.: treatment cost, hospitalization fees, transportation expenses, etc.)and are provided until injuries or diseases are *cure or symptoms stabilized

◇ What does "Cured" mean?

In Industrial Accident Compensation Insurance "cured" does not refer only to returning the various organs and tissues of the body to their original healthy state, but can also refer to a state where the symptoms of injuries and diseases are stabilized and where no further medical effect can be expected (Note2)even if further generally recognized medical treatment is provided (Note 1), referring to a condition of "stabilized symptoms".

As such, even in situations where some symptoms remain such as "situations where treatment using medical or physical therapy cannot be expected to provide more than temporary recovery", and if it is determined that no further medical effects can be expected, the situation is treated as "cured" (symptoms stabilized)for the view of Industrial Accident Compensation Insurance, and further Medical Treatment (Compensation) etc. Benefits will not be provided.

(Note 1) "Generally recognized medical treatment" refers to treatment recognized within the scope of Industrial Accident Compensation Insurance (generally based on health insurance). As such, treatment methods which are still in experimental or research stages are not included in these medical treatments.

(Note 2) "No further medical effect can be expected "refers to a condition where no recovery or improvement of injury or disease symptoms can be expected.

Claim Procedures

● When claiming Medical Treatment Benefits

Submit a Medical Treatment Benefits Claims Form for Medical Compensation Benefits and Multiple Business Worker Medical Benefits (Form No. 5) or a Medical Treatment Benefits Claims Form for Medical Treatment Benefits (Form No. 16-3) to the chief of the relevant labour standards inspection office through the designated medical facilities etc.

● When claiming treatment expenses

Submit a Treatment Expense Claims Form for Medical Compensation Benefits and Multiple Business Worker Medical Benefits (Form No. 7) or a Treatment Expense Claims Form for Medical Treatment Benefits (Form No. 16-5) to the chief of the relevant labour standards inspection office. In addition, if receiving medication from a pharmacy, submit Form No. 7 (No. 16-5-2), receiving treatment from a judo bonesetter, Form No. 7 (No. 16-5-3), from a acupuncturist, moxa specialist or shiatsu massage therapist, Form No. 7 (No. 16-5-4) or when receiving home nursing from a home nursing company, Form No. 7 (16-5-5).

● Changing designated medical facilities, etc.

When a worker who is already receiving treatment at a designated medical facility, etc. changes designated medical facilities due to returning to their home town or other reasons, a “Registration (of Change) of Designated Medical Facility, etc. where Medical Treatment Benefits for Medical Compensation Benefits and Multiple Business Worker Medical Benefits are Received” (Form 16) or “Registration (of Change) of Designated Medical Facility, etc. where Medical Treatment Benefits for Medical Treatment Benefits are Received” (Form 16-4) to the chief of the relevant labour standards inspection office through the designated medical facilities, etc after changing.

* Those receiving treatment from medical facilities and drugstores etc. that are not designated medical facilities etc., when changing to a designated medical facility etc., need not submit Form No. 6 or Form No. 16-4. Please submit Form No. 5 and Form No. 16-3.

Transportation Expenses

For hospital travel costs, the distance between worker’s residence or workplace and the medical facility must in principle, be 2km or more. At least one of items following ①②③ is required to be eligible for payment.

- ① Travel to an appropriate medical facility (*2) within the same village, city or town.
- ② Travel to an appropriate medical facility in a neighboring village, city or town because none is available within the same village, city or town.(This includes situations where even if there is an appropriate medical facility in the same village, city or town, travel to a facility in a neighboring village, city or town is easier)
- ③ Travel to the nearest possible appropriate medical facility in a village, city or town outside the same or neighboring village, city or town because no such facility exists there.

(*1) Travel costs may be paid in some circumstances even if the distance is less than 2km one-way.

(*2) Appropriate medical facility refers to a medical facility suitable for treatment of the relevant injury or disease.

Statute of Limitations

Because Medical Treatment Benefits are benefits in kind, there are no issues with statute of limitations on claim rights, however if claims are not made within 2 years of the day on which care expenses are paid, claim rights will lapse due to the statute of limitations.

Temporary Absence from Work (Compensation) etc. Benefits

When a worker is injured or becomes ill as a result of work or commuting and is unable to work in order to receive medical treatment, and thus cannot earn wages, they can receive Temporary Absence from Work Compensation Benefits (for employment injury) or Multiple Business Workers Temporary Absence from Work Benefits (for multiple employment factor injury) beginning from the 4th day of the absence from work.

Benefits Details

When a worker fulfills the following 3 conditions, they can receive Temporary Absence from Work (Compensation) etc. Benefits and Temporary Absence from Work Special Allowances beginning from the 4th day of the absence from work.

- ① receiving medical treatment because of being injured or becoming ill as a result of work or commuting,
- ② being unable to work
- ③ being unable to earn wages

In the case of a single business worker (a worker who is used in one workplace only)

- Temporary Absence from Work Compensation Benefits / Temporary Absence from Work Benefits = (60% of basic daily benefits payment amount) × No. of days of missed work
- Temporary Absence from Work Special Allowances = (20% of basic daily benefits payment amount) × No. of days of missed work

In the case of a multiple business worker (a worker who is used by multiple workplaces that do not have the same employer)”

- Temporary Absence from Work Compensation Benefits / Temporary Absence from Work Benefits = (60% of basic daily benefits payment amount equal to the total from multiple workplaces) × No. of days of missed work
- Temporary Absence from Work Special Allowances = (20% of basic daily benefits payment amount equal to the total from multiple workplaces) × No. of days of missed work

The first 3 days of missed work is called the waiting period and according to the Labour Standards Law, for employment injury, during this time the employer shall provide Temporary Absence from Work Compensation (60% of average wages per day). However in the case of multiple employment factor injury and commuting injury, there are no stipulations by law regarding responsibility for compensation by the employer.

In addition, for example, if the worker misses only a portion of their scheduled working hours for hospital visits, they can receive 60% of the basic daily benefits payment amount for the wages of the missed time.

Claim Procedures

Submit a Temporary Absence from Work Compensation Benefits / Multiple Business Workers Temporary Absence from Work Benefits Claims Form (Form No.8) or a Temporary Absence from Work Benefits Claims Form (Form No.16-6) to the chief of the relevant labour standards inspection office.

Statute of Limitations

Claim rights for Temporary Absence from Work (Compensation) etc. Benefits are earned for each day on which a worker cannot work and earn wages because of medical treatment and if claims are not made within 2 years of the following day, claim rights will lapse due to the statute of limitations.

Injury and Disease (Compensation) etc. Pension

When a worker was injured or became ill due to work-related causes and received medical treatment for 1 year and 6 months, the worker is eligible to receive Injury and Disease Compensation Pension (for employment injury), Multiple Business Workers Injury and Disease Pension (for multiple employment factor injury) or Injury and Disease Pension (for commuting injury) from that day. The requirements are the following conditions

- (1) The injuries or disease have not been cured.
- (2) The severity of disabilities resulting from the injury or disease falls within the Injury and Disease classifications of the Injury and Disease class table.

Benefits Details

Injury and Disease (Compensation) etc. Pension, Injury and Disease Special Allowance and Injury and Disease Special Pension can be provided depending on the class of injury or disease

Injury/disease class	Injury and Disease (Compensation) etc. Pension	Injury and Disease Special Allowance (lump sum)	Injury and Disease Special Pension
Class 1	313 days of basic daily benefit payment amount	1,140,000 yen	313 days of basic daily calculation amount
Class 2	277 days of basic daily benefit payment amount	1,070,000 yen	277 days of basic daily calculation amount
Class 3	245 days of basic daily benefit payment amount	1,000,000 yen	245 days of basic daily calculation amount

Pension Payment Months

Injury and Disease (Compensation) etc. Pension is paid for amount of the previous 2 months 6 times every year in February, April, June, August, October and December. The payment starts the following month when the above conditions (1) and (2) are met.

* Workers who have suffered a class 1 or 2 injury or disease and have a thoracoabdominal organ, nervous system or mental disability and who are already receiving nursing care can receive Nursing Care (Compensation) etc. Benefits. (→ P33)

Procedures

Determination of whether Injury and Disease (Compensation) etc. Pension will be provided or not is made under the authority of the chief of the relevant labour standards inspection office, so no claims procedures are required, however if injuries or diseases are not cured within 1 year and 6 months from beginning the care, within 1 month thereafter a “Notification of Injury and Disease Conditions (Form No. 16-2) must be submitted to the chief of the Labour standards inspection office.

Disability (Compensation) etc. Benefits

When a worker is injured or becomes ill as a result of work or commuting, once the injury or disease is cured (stabilized symptoms), if any disabilities remain, the worker can receive Disability Compensation Benefits (for employment injury), Multiple Business Workers Disability Benefits (for multiple employment factor injury) or Disability Benefits (for commuting injury)

Benefits Details

If remaining disabilities fall within the disability classifications listed in the disability classification table, the following benefits can be provided depending on the severity of the disability.

- For class 1 through class 7 disabilities
Disability (Compensation) etc. Pension, Disability Special Allowance, Disability Special Pension
- For class 8 through class 14 disabilities
Disability (Compensation) etc. Lump Sum, Disability Special Allowance, Disability Special Lump Sum

Disability class	Disability (Compensation) etc. Benefits		Disability Special Allowance (*)		Disability Special Pension		Disability Special Lump Sum	
			Lump Sum		Pension			
Class 1	Pension	313 days of basic daily benefits payment amount		3,420,000 yen	Pension	313 days of basic daily calculation amount		
Class 2	"	277 "	"	3,200,000 yen	"	277 "		
Class 3	"	245 "	"	3,000,000 yen	"	245 "		
Class 4	"	213 "	"	2,640,000 yen	"	213 "		
Class 5	"	184 "	"	2,250,000 yen	"	184 "		
Class 6	"	156 "	"	1,920,000 yen	"	156 "		
Class 7	"	131 "	"	1,590,000 yen	"	131 "		
Class 8	Lump Sum	503 "	"	650,000 yen			Lump Sum	503 days of base daily calculation amount
Class 9	"	391 "	"	500,000 yen			"	391 "
Class 10	"	302 "	"	390,000 yen			"	302 "
Class 11	"	223 "	"	290,000 yen			"	223 "
Class 12	"	156 "	"	200,000 yen			"	156 "
Class 13	"	101 "	"	140,000 yen			"	101 "
Class 14	"	56 "	"	80,000 yen			"	56 "

* If the worker has already received an Injury and Disease Special Allowance for the same accident, it will be subtracted from the amount paid.

* Workers who have suffered a class 1 or 2 injury or disease and have a thoracoabdominal organ, nervous system or mental disability and who are already receiving nursing care can receive Nursing Care (Compensation) etc. Benefits. (→ P33)

Claim Procedures

Submit “Disability Compensation Benefits / Multiple Business Workers Disability Benefits Claims Form” (Form 10) or “Disability benefits Claims Form” (Form 16-7) to the chief of the relevant labour standards inspection office

Statute of Limitations on Claims

If claims for Disability (Compensation) etc. Benefits are not made within 5 years of the following day injuries or diseases are cured(stabilized symptoms), claim rights will lapse due to the statute of limitations.

Disability Class Table

Industrial Accident Compensation Insurance Act Enforcement Ordinance Appendix Table 1 Disability Class Table

Disability class	Benefit Details	Physical Disability	Disability class	Benefit Details	Physical Disability
Class 1	313 days of the basic daily benefits payment amount for 1 year while the disability is present	1 Has lost vision in both eyes 2 Has lost digestive and speech functions 3 Has significant disabilities with nervous system or mental disability and requires constant nursing care 4 Has serious obstacles in functioning of organs in the chest and abdomen and requires continuous care 5. Deleted 6 Has lost both arms above the elbow 7 Has lost use of both arms 8 Has lost both legs above the knee 9 Has lost the use of both legs	Class 4	Same 213 days	1 Vision in both eyes is under 0.06 2 Has significant disability with speech or digestive functions 3 Has lost hearing completely in both ears 4 Has lost 1 arm above the elbow 5 Has lost 1 leg above the knee 6 Has lost the use of all fingers on both hands 7 Has lost both feet above the Lisfranc joint
Class 2	Same 277 days	1 Has lost vision in 1 eye and vision in other eye is 0.02 or less 2 Vision in both eyes is 0.02 or less 2-2 Has significant disabilities with nervous system or mental disability and requires on call nursing care 2-3 Has significant disability with thoracoabdominal organ function and requires on call nursing care 3 Has lost both arms above the hands 4 Has lost both legs above	Class 5	Same 184 days	1 Has lost vision in 1 eye, and vision in other eye is 0.1 or less 1-2 Has significant disabilities with nervous system or mental disability, and cannot perform any but the simplest of work 1-3 Has significant disabilities with thoracoabdominal organ function, and cannot perform any but the simplest of work 2 Has lost 1 arm above the hand 3 Has lost 1 leg above the foot 4 Has lost use of 1 arm 5 Has lost use of 1 leg 6 Has lost all the toes on both feet
Class 3	Same 245 days	1 Has lost vision in 1 eye and vision in other eye is 0.06 or less 2 Has lost digestive or speech functions 3 Has significant disabilities with nervous system or mental disability and cannot work a lifetime job 4 Has significant disability with thoracoabdominal organ function and cannot work a lifetime job 5 Has lost all fingers on both hands	Class 6	Same 156 days	1 Vision in both eyes is under 0.1 2 Has significant disability with speech or digestive functions 3 Hearing in both ears is such that even loud speaking cannot be heard unless directly near the ear 3-2 Has lost hearing completely in 1 ear and hearing in remaining ear is of a level that it is difficult to hear normal conversation further than 40 centimeters

Disability class	Benefit Details	Physical Disability	Disability class	Benefit Details	Physical Disability
		<p>4 Has significant deformation or mobility impairment in spine</p> <p>5 Has lost use of 2 of the 3 major joints in 1 arm</p> <p>6 Has lost use of 2 of the 3 major joints in 1 leg</p> <p>7 Has lost all 5 fingers or 4 fingers including the thumb on 1 hand</p>	Class 8	503 days of basic daily benefits payment amount	<p>1 Has lost vision in 1 eye or vision In 1 eye is 0.02 or less</p> <p>2 Has mobility Impairment in spine</p> <p>3 Has lost 2 fingers including the thumb or 3 fingers excluding the thumb on 1 hand</p> <p>4 Has lost use of 3 fingers including the thumb or 4 fingers excluding the thumb on 1 hand</p> <p>5 1 leg has been shortened by 5 centimeters or more</p> <p>6 Has lost use of 1 of the 3 major joints in 1 arm</p> <p>7 Has lost use of 1 of the 3 major joints in 1 leg</p> <p>8 Has pseudoarthrosis and in 1 arm</p> <p>9 Has pseudoarthrosis and in 1 leg</p> <p>10 Has lost all toes on 1 foot</p>
Class 7	Same 131 days	<p>1 Has lost vision in 1 eye and vision in other eye is 0.6 or less</p> <p>2 Hearing in both ears is of a level that it is difficult to hear normal conversation further than 40 centimeters</p> <p>2-2 Has lost hearing completely in 1 ear and hearing in remaining ear is of a level that It Is difficult to hear normal conversation further than 1 meter</p> <p>3 Has significant disabilities with nervous system or mental disability, and cannot perform any but the simplest of work</p> <p>4 Deleted</p> <p>5 Has significant disabilities with thoracoabdominal organ function, and cannot perform any but the simplest of work</p> <p>6 Has lost 3 fingers including the thumb or 4 fingers excluding the thumb on 1 hand</p> <p>7 Has lost use of all 5 fingers or 4 fingers including the thumb on 1 hand</p> <p>8 Has lost 1 foot above the Lisfranc joint</p> <p>9 Has pseudoarthrosis and significant mobility Impairment in 1 arm</p> <p>10 Has pseudoarthrosis and significant mobility impairment in 1 leg</p> <p>11 Has lost the use of all toes on both feet</p> <p>12 Has significant external appearance issues</p> <p>13 Has lost both testis</p>	Class 9	Same 391 days	<p>1 Vision in both eyes is 0.6 or less</p> <p>2 Vision in 1 eye is 0.06 or less</p> <p>3 Has hemlmaurosis, tunnel visions or deformed vision in both eyes</p> <p>4 Has significant Impairment In the eyelids of both eyes</p> <p>5 Has lost the nose or has significant impairment in the function of the nose</p> <p>6 Has disability with digestive and speech function</p> <p>6-2 Hearing In both ears is of a level that it is difficult to hear normal conversation further than 1 meter</p> <p>6-3 Hearing in 1 ear is so poor that loud voices cannot be heard even close by and hearing in the remaining ear is of a level that it is difficult to hear normal conversation further than 1 meter</p> <p>7 Has completely lost hearing in 1 ear</p> <p>7-2 Has disabilities with nervous system or mental disability which limits the level of work that can be performed</p>

Disability class	Benefit Details	Physical Disability	Disability class	Benefit Details	Physical Disability
		<p>7-3 Has disability with thoracoabdominal organ function which limits the level of work that can be performed</p> <p>8 Has lost thumb or 2 fingers excluding thumb on 1 hand</p> <p>9 Has lost use of 2 fingers including thumb, or 3 fingers excluding thumb on 1 hand</p> <p>10 Has lost 2 or more toes, including big toe on 1 foot</p> <p>11 Has lost use of all toes on 1 foot</p> <p>11-2 Has considerable external appearance issues</p> <p>12 Has significant disability with genitals</p>	Class 11	Same 223 days	<p>1 Has significant disability with modulation function or mobility impairment in both eyes</p> <p>2 Has significant mobility impairment in the eyelids of both eyes</p> <p>3 Has significant loss of the eyelid of 1 eye</p> <p>3-2 Has dental prosthetics in 10 or more teeth</p> <p>3-3 Hearing in both ears is of a level that it is difficult to hear quiet conversation further than 1meter</p> <p>4 Hearing in 1 ear is of a level that it is difficult to hear normal conversation further than 40 centimeters</p> <p>5 Has deformation of spine</p> <p>6 Has lost index finger, middle finger or ring finger on 1 hand</p> <p>7 Deleted</p> <p>8 Has lost use of 2 toes including big toe on 1 foot</p> <p>9 Has disability with thoracoabdominal organ function which presents significant impairment to execution of work</p>
Class 10	Same 302 days	<p>1 Vision in 1 eye is 0.1 or less</p> <p>1-2 Has diplopia in vision as frontal vision</p> <p>2 Has disability with digestive or speech functions</p> <p>3 Has dental prosthetics in 14 or more teeth</p> <p>3-2 Hearing in both ears is of a level that it is difficult to hear normal conversation further than 1 meter</p> <p>4 Hearing in 1 ear is such that even loud speaking cannot be heard unless directly near the ear</p> <p>5 Deleted</p> <p>6 Has lost use of thumb or 2 fingers excluding thumb on 1 hand</p> <p>7 1 leg has been shortened by 3 centimeters or more</p> <p>8 Has lost big toe or other 4 toes on 1 foot</p> <p>9 Has significant disability in function of 1 of the 3 major joints in 1 arm</p> <p>10 Has significant disability in function of 1 of the 3 major joints in 1 leg</p>	Class 12	Same 156 days	<p>1 Has significant disability with modulation function or mobility impairment in 1 eye</p> <p>2 Has significant mobility impairment in the eyelid of 1 eye</p> <p>3 Has dental prosthetics in 7 or more teeth</p> <p>4 Has lost majority of the auricle the pinna of 1 ear</p> <p>5 Has significant deformation of collarbone, sternum, ribs, shoulder blade or pelvic bone</p> <p>6 Has significant disability of function in 1 of 3 major joints in arm</p> <p>7 Has significant disability of function in 1 of 3 major joints in leg</p> <p>8 Has deformation of long bones</p> <p>8-2 Has lost pinky finger on 1 hand</p> <p>9 Has lost use of index finger, middle finger or ring finger on one hand</p> <p>10 Has lost 2nd toe, has lost 2 toes including 2nd toe or has lost 3 toes excluding 2nd toe on 1 foot</p>

Disability class	Benefit Details	Physical Disability	Disability class	Benefit Details	Physical Disability
		11 Has lost use of big toe or 4 other toes on 1 foot 12 Has obstinate localized nervous symptoms 13 Deleted 14 Has external appearance issues	Class 13		10 Has lost the use of the second toe of 1 foot, use of 2 toes including the second toe, or those who have lost the use of the three toes other than the big and second toes
Class 13	Same 101 Days	1 Vision in 1 eye is 0.6 or less 2 Has hemiamaurosis, tunnel visions or deformed vision in 1 eye 2-2 Has diplopia In vision other than frontal vision 3 Has partial loss of eyelids or loss of eyelashes in 1 eye 3-2 Has dental prosthetics In 5 or more teeth 3-3 Has disability with thoracoabdominal organ function 4 Has lost use of pinky finger In 1 hand 5 Has lost part of thumb bones in 1 hand 6 Deleted 7 Deleted 8 1 leg has been shortened by 1 centimeter or more 9 Has lost either or both 4th and 5th toes on 1 foot	Class 14	Same 56 Days	1 Has partially lost eyelid but still has eyelashes in 1 eye 2 Has dental prosthetics in 3 or more teeth 2-2 Hearing in one ear is of a level that it is difficult to hear quiet conversation further than 1 meter 3 Has appearance deformity the size of the palm on the exposed surfaces of arms 4 Has appearance deformity the size of the palm on the exposed surfaces of legs 5 Deleted 6 Has lost portion of the bones of 1 finger other than the thumb on 1 hand 7 Has become unable to extend and contract the last joint of any finger, except the thumb, on 1 hand 8 Has lost use of either or both 4th and 5th toes on 1 foot 9 Has localized nervous symptoms 10 Deleted

Notes

- 1 Vision shall be measured in accordance with international visual acuity measurement standards. The vision of those with some abnormality in refraction shall be measured in relation to corrected vision.
- 2 "Has lost fingers" means "has lost, for the thumb, the part upward of the thumb joint, and for the other fingers, the parts upward of the first joint".
- 3 "Has lost the use of fingers" means "has lost half or more of the finger tip" or "has serious mobility impairment to the middle finger joints or the first finger joints (for the thumb, the thumb joint)"
- 4 "Has lost toes" means having lost all the specified toes.
- 5 "Has lost the use of the toes" means "has lost, for the big toe, half or more of the tip of the toe, and for the other toes, the part above the toe tip joint", or "has serious mobility impairment in the middle toe joints or the first toe joints (for the big toe, the toe joint)"

Disability (Compensation) etc. Pension Prepaid Lump Sum

Claimant's eligible to receive disability (compensation) etc. pension can opt to receive a 1 time lump sum prepayment instead.

Benefit Details

The amount of the prepaid lump sum can be selected from the fixed amounts below which are established based on the class of the relevant disability (refer to the table below). If a prepaid lump sum is paid, the monthly disability (compensation) etc. pension payments will cease until such time as they have reached the amount of the prepaid lump sum (lump sums which exceed a single year's portion will be reduced by the statutory rate of interest).

Disability Class	Prepaid Lump Sum Amount	
Class 1	basic daily Calculation amount	200 days, 400 days, 600 days, 800 days, 1000 days, 1200 days or 1340 days
Class 2	"	200 days, 400 days, 600 days, 800 days, 1000 days or 1190 days
Class 3	"	200 days, 400 days, 600 days, 800 days, 1000 days or 1050 days
Class 4	"	200 days, 400 days, 600 days, 800 days or 920 days
Class 5	"	200 days, 400 days, 600 days, or 790 days
Class 6	"	200 days, 400 days, 600 days, or 670 days
Class 7	"	200 days, 400 days or 560 days

Claim Procedures

When making a claim for a disability (compensation) pension prepaid lump sum, in principle a "Disability Compensation etc. Pension/ Multiple Business Workers Disability Pension/ Disability Pension Prepaid Lump Sum Claims Form" (Pension Application Form No. 10) should be submitted together with the claim for disability (compensation) pension to the chief of the relevant labour standards inspection office. However, a claim can be made even after receiving disability (compensation) etc. pension payments if the claim is made within one year of the day following receipt of the pension payment determination notice. In this situation, the claim should be for an amount within the scope of an amount where the already paid amount of the pension is subtracted from the maximum possible amount for the relevant disability class.

Statute of Limitations

Note that the statute of limitation of claim right for disability (compensation) etc. pension prepaid lump sum is 2 years after the next day when disease or injury is cured (stabilized symptoms)

Disability (Compensation) etc. Pension Balance Lump Sum

In the event a person eligible for Disability (Compensation) etc. Pension dies, if the already paid total amount of Disability (Compensation) etc. Pension and Disability (Compensation) etc. Pension Prepaid Lump Sum is lower than the fixed amount set for the relevant disability class, a Disability (Compensation) etc. Pension Balance Lump Sum can be provided to surviving family.

Benefit Details

The amount of the Disability (Compensation) etc. Pension Balance Lump Sum will be an amount from the following table based on the class of disability minus the total amount of Disability (Compensation) etc. Pension Prepaid Lump Sum. In addition, there is a balance lump sum payment system for Disability Special Pension as with the Disability (Compensation) etc. Pension.

Disability Class	Disability (Compensation) etc. Pension Balance Lump Sum	Disability Special Pension Balance Lump Sum
Class 1	basic daily benefits amount × 1,340 days	basic daily calculation amount × 1,340 days
Class 2	" 1,190 days	" 1,190 days
Class 3	" 1,050 days	" 1,050 days
Class 4	" 920 days	" 920 days
Class 5	" 790 days	" 790 days
Class 6	" 670 days	" 670 days
Class 7	" 560 days	" 560 days

● Surviving family which can receive Disability (Compensation) etc. Pension Balance Lump Sum

The surviving family which can receive Disability (Compensation) etc. Pension Balance Lump Sum must meet the conditions provided in (1) or (2) below, with the priority for reception being the for those listed in (1) and (2)

- (1) Spouse (including those who have not submitted a marriage registration but were engaged in a common law marriage with the worker, this applies for category (2) as well), child, parent, grandchild, grandparent and sibling who depended on the worker's income for their livelihood at the time of the worker's death.
- (2) Spouse, child, parent, grandchild, grandparent and sibling other than those listed above in (1).

Claim Procedures

When making a claim for a disability (compensation) pension balance lump sum, submit a Disability Compensation Pension Balance Lump Sum / Multiple Business Workers Disability Pension Balance Lump Sum/ Disability Pension Balance Lump Sum Payment Claims Form (Form No. 37-2) to the chief of the relevant labour standards inspection office.

● Attachments required when submitting a claim

Station	Attachment
Must be attached in all cases	Family register certified copy or extract or other materials which certify a relationship with the deceased worker
If living in a marriage relationship with the deceased worker but have not filed a marriage registration	Materials proving the relationship and circumstances
If your livelihood was dependent upon the income of the deceased worker	Materials proving the relationship and circumstances

*Submission of materials other than those listed may be required.

Statute of Limitations

If claims for Disability (Compensation) etc. Pension Balance Lump Sum are not made within 5 years of the day following the day the recipient died, claim rights will lapse due to the statute of limitations

Surviving Family (Compensation) etc. Benefits Funeral Expenses etc. (Funeral Rites Benefits)

When a worker dies as a result of work or commuting, the surviving family can receive Surviving Family (Compensation) etc. Benefits. In addition, Funeral Expenses etc. (Funeral Rites Benefits) can be provided to those holding a funeral for the deceased.

Surviving Family (Compensation) etc. Benefits consist of 2 types, “Surviving Family (Compensation) etc. Pension” and “Surviving Family (Compensation) etc. Lump Sum”.

Surviving Family (Compensation) etc. Pension

Surviving Family (Compensation) etc. Pension is paid to the highest priority member (called the “eligible recipient”) among the “qualified recipients”

Qualified Recipients

Qualified recipients for Surviving Family (Compensation) etc. Pension are spouse, child, parent, grandchild, grandparent and sibling of the worker who depended on the worker's income for their livelihood at the time of death, however for surviving family other than the wife the individuals must be above or below set ages or suffering from certain disabilities at the time of the worker's death to be eligible.

In addition, depended on the worker's income for their livelihood at the time of death” does not mean only those who were mainly or chiefly supported by the worker's income, but rather simply having been dependent on the worker's income for a portion of the livelihood is sufficient, including 2 income families. The order of priority of eligible recipients is as follows.

- ① Wife or a husband who is 60 years or older or suffers from certain disability
- ② Child who has not yet reached the first March 31st after their 18th birthday or who suffers from certain disability
- ③ Parent who is 60 years or older or suffers from certain disability
- ④ Grandchild who has not yet reached the first March 31st after their 18th birthday or who suffers from certain disability
- ⑤ Grandparent who is 60 years or older or suffers from certain disability
- ⑥ Sibling who has not yet reached the first March 31st after their 18th birthday, is 60 years or older, or who suffers from certain disability
- ⑦ Husband who is between 55 and 60 years old
- ⑧ Parent who is between 55 and 60 years old
- ⑨ Grandparent who is between 55 and 60 years old
- ⑩ Sibling who is between 55 and 60 years old

* Certain disability refers to a physical disability of disability class 5 or higher.

* For spouse this includes those who have not submitted a marriage registration but lived in a marriage relationship with the deceased. In addition, any unborn children at the time of the worker's death become qualified recipients at birth

* If the priority recipient dies or remarries, or otherwise loses their right to receive the benefits, the person with the next highest priority becomes the eligible recipient.

* Even if the husband, parent, grandparent or sibling between 55 and 60 years old in items -Dare the eligible recipients, pension will not be supplied until they reach 60 years old.

Benefit Details

Surviving Family (compensation) etc. pension, surviving Family special allowance and surviving Family special pension can be provided depending on the number of surviving family. If there are 2 or more eligible recipients, the amount received by each recipient will be divided equally of the total.

No. of surviving family	Surviving family (compensation) etc. pension	Special survivor payment (lump sum)	Special survivor pension
1 person	153 days of basic daily benefits payment amount (175 days of basic daily benefits payment amount for surviving spouse of over 55 years old, or with a designated disability)	3,000,000 yen	153 days of basic daily calculation amount (175 days of basic doily calculation payment amount for surviving spouse of over 55 years old, or with a designated disability).
2 persons	201 days of basic daily benefits payment amount		201 days of basic daily calculation amount
3 persons	223 days of basic daily benefits payment amount		223 days of basic daily calculation amount
More than 4 people	245 day s of basic daily benefits payment amount		245 days of basic daily calculation amount

Claim Procedures

Submit a Surviving Family Compensation Pension/ Multiple Business Workers Surviving Family Pension Payment Claims Form (Form No. 12) or a Surviving Family Pension Payment Claims Form (Form No. 16-8) to the chief of the relevant labour standards inspection office. Application for provision of special allowances should, in principle, be made at the same time as claims for surviving Family (compensation) etc. benefits and use the same form as surviving Family (compensation) etc. benefits.

● Materials required when submitting

*Submission of materials other than those listed may be required.

Situation	Attachments
Must be attached in all cases	Death certificate, postmortem certificate, autopsy report, or certificate of details of such, or other materials which certify the circumstances and date of the worker's death
	Family register certified copy or extract or other materials which certify the relationship between die claimant and other qualified recipients with the deceased worker
	Materials certifying that the claimant or other qualified recipients were dependent upon the income of the deceased worker
If the claimant or another qualified recipient was living in a marriage relationship with the deceased worker but had not filed a marriage registration	Materials proving the relationship and circumstances
If there the claimant or another qualified recipient is a qualified recipient because of certain disabilities	Medical certificate or other materials which certify the relevant person still suffers from the disability after the worker's death
If any of the qualified recipients' livelihoods was tied to that of the deceased worker's	Materials proving the relationship and circumstances
If the worker's wife is disabled	Medical certificate or other materials which certify the wife still suffers from the disability after the worker's death, that the disability began after the worker's death or that the disability is no longer an issue
If receiving surviving Family pension, basic surviving family pension, widow's pension, etc. for the same reasons	Materials showing the amount of benefits received

Statute of Limitations

If claims for surviving family (compensation) etc. pension are not made within 5 years of the day following the day the recipient died, claim rights will lapse due to the statute of limitations.

Surviving Family (Compensation) etc. Lump Sum

(1) Surviving Family (Compensation) etc. Lump Sum

It will be provided in any of the following circumstances

- ① If no surviving family eligible to receive Surviving Family (Compensation) etc. Pension exists at the time of the worker's death
- ② If all eligible Surviving Family (Compensation) etc. Pension recipients down to those with the lowest priority should lose their claim rights, or if the total amount of pension and surviving Family (compensation) etc. pension prepaid lump sum paid (P30) to eligible surviving family totals less than 1000 days worth of the basic daily benefits amount

(2) Eligible recipient

Eligible recipients for surviving family (compensation) etc. lump sums are those from the following list in order of priority (for 2 and 3 the order of priority is child, father, mother, grandchild, grandparent) and if there are 2 or more eligible recipients at the same priority, each will be treated as eligible recipients.

- ① Spouse
- ② Child, parent, grandchild or grandparent who depended on the worker's income at the time of his/her death.
- ③ Other child, parent, grandchild or grandparent
- ④ Sibling

Benefit Details

For the above situation ① of (1)

1,000 days of the basic daily benefits payment amount will be provided. In addition to 3,000,000 yen being provided as surviving family special allowance, 1,000 days of the basic daily calculation amount will be provided as surviving family special lump sum.

For the above situation ② of (1)

1,000 days of the basic daily benefits payment minus total amount of Surviving Family (Compensation) etc. Pension already paid is provided.

If the total amount of Surviving Family Special Pension paid to all eligible recipients is less than 1,000 days worth of the basic daily calculation amount, a Surviving Family Special Lump Sum consisting of an amount equal to 1,000 days worth of the basic daily calculation minus the already paid total shall be provided. (Surviving family Special Allowances is not provided in these circumstances.)

Claim Procedures

Submit a Surviving family Compensation Lump Sum/ Multiple Business Workers Surviving Family Lump Sum Claims Form (Form 15) or Surviving family Lump Sum benefits Claims Form (Form 16-9) to the chief of the relevant labour standards inspection office. Application for provision of surviving family special pension should, in principle, be made at the same time using the same form as Surviving Family (Compensation) etc. Lump Sum Money.

● Materials required when submitting

Situation	Materials
If living in a marriage relationship with the deceased worker but have not filed a marriage registration	Materials proving the relationship and circumstances
If your livelihood was dependent upon the income of the deceased worker	Materials proving the relationship and circumstances
If there is no surviving family who is qualified to receive Surviving Family (Compensation) etc. Pension when the worker dies	a. Death certificate, postmortem certificate, autopsy report, or certificate of details of such, or other materials which certify the circumstances and date of the worker's death b. Family register certified copy or extract or other materials which certify the relationship between the claimant and other qualified recipients with the deceased worker
If all eligible surviving family compensation pension recipients down to those with the lowest priority should lose their claim rights, and the total amount of pension and Surviving Family (Compensation) etc. Pension prepaid lump sum paid to eligible is less than 1,000 days of the basic daily benefits payment amount	Materials from "b" above

*Submission of materials other than those listed may be

Statute of Limitations on Claims

If claims for surviving Family (compensation) etc. lumps sums are not made within 5 years of the day following the day the recipient died, claim rights will lapse due to the statute of limitations as with surviving Family (compensation) etc. pension

Prepaid Lump Sum of Surviving Family (Compensation) etc. Pension

Surviving family's eligible to receive Surviving Family (Compensation) etc. Pension can opt to receive a 1 time lump sum prepayment instead. In addition, individuals who stopped receiving pension payments because they were under pension age, can receive prepayments.

Benefit Details

Prepaid lump sum amounts can be selected from amount 200 days, 400 days, 600 days, 800 days and 1000 days of basic daily benefits amount. If a prepaid lump sum is paid, the monthly Surviving Family (Compensation) etc. Pension payments will cease until such time as they have reached the amount of the prepaid lump sum (lump sums which exceed a single year's portion will be reduced by the statutory rate of interest).

Claim Procedures

When making a claim for a Surviving Family (Compensation) etc. Pension, in principle a "Surviving Family Pension/ Multiple Business Workers Surviving Family Pension/ Surviving Family Pension Prepaid Lump Sum Claims Form" (Pension Application Form No. 1) should be submitted together with the claim for Surviving Family (Compensation) etc. Pension to the chief of the relevant labour standards inspection office. However, a claim can be made even after receiving Surviving Family (Compensation) etc. Pension payments if the claim is made within one year of the day following receipt of the pension payment determination notice. In this situation, the claim should be for an amount within the scope of an amount where the already paid amount of the pension is subtracted from 1000 days of the basic daily benefits payment amount

Statute of limitation

If claims for Surviving Family (Compensation) etc. Pension Prepaid Lump Sum are not made within 2 years of the day following the day the victim died, claim rights will lapse due to the statute of limitations.

Surviving Family (Compensation) etc. Pension Recipient Changes

If the eligible recipient of surviving family (compensation) etc. pension becomes ineligible to receive the benefits for the following reasons, the payment of the benefits will move to the next surviving family member in order of priority.

- (1) The recipient dies
- (2) The recipient weds (For those who have not submitted a marriage registration but lived in a marriage relationship with the deceased)
- (3) If the recipient is adopted by someone other than a direct relation (Including situations where no registration is filed but the recipient lives in situation equivalent to being adopted)
- (4) If the recipient's position as a member of the family of the deceased worker ends due to divorce, etc.
- (5) If the recipient is a child, grandchild or sibling and reaches the first March 31st after they turn 18 years old (excluding those who have a regular disability from the time the worker died)
- (6) The need for assistance for the recipient (a husband, child, parent, grandchild, grandparent or sibling with certain disability) does not exist any more.

Claim Procedures

Submit a Surviving Family Compensation Pension/ Multiple Business Workers Surviving Family Pension/ Surviving Family Pension Payment Claims Form (Form No. 13) to the chief of the relevant labour standards inspection office. Application for provision of surviving Family special pension should, in principle, be made at the same time using the same form.

● Materials required when submitting

Situation	Attachments
Must be attached in all case	Family register certified copy or extract or other materials which certify the relationship between the claimant and other qualified recipients whose livelihood is the same as the claimant showing the relationship with the deceased worker
If the claimant or another qualified recipient whose livelihood is the same as the claimant is a qualified recipient because of regular disabilities	Medical certificate or other materials which certify the relevant person still suffers from the disability after the worker's death
If any of the qualified recipients' livelihoods was tied to that of the deceased worker's	Materials proving the relationship and circumstances

*Submission of materials other than those listed may be required.

Funeral Expenses etc. (Funeral Rites Benefits)

Funeral Expenses etc. (Funeral Rites Benefits) are not necessarily available only to surviving family, but generally reserved for surviving family who hold a funeral for the deceased. If there is no surviving family to hold a funeral but a company funeral is held by the deceased's company instead, the funeral expenses etc. (Funeral Rites Benefits) can be paid to the company

Benefit Details

Funeral Expenses etc. (Funeral Rites Benefits) amounts are 315,000 yen plus 30 days of the basic daily benefits payment amount. However, if this amount is less than 60 days of the basic daily benefits payment amount, an amount equal to 60 days of the basic daily benefits payment amount will be provided.

Claim Procedures

Submit a Funeral Expenses or Multiple Business Workers Funeral Benefits Claims Form (Form No. 16) or a Funeral Rites Benefits Claims Form (Form No. 16-10) to the chief of the relevant labour standards inspection office.

● Materials required when submitting

Death certificate, postmortem certificate, autopsy report, or certificate of details of such, or other materials which certify the circumstances and date of the worker's death. (If the materials have already been submitted together with a surviving family (compensation) etc. allowance claims form, they are not needed)

Statute of Limitations on Claims

If claims for Funeral Expenses etc. (Funeral Rites Benefits) are not made within 2 years of the day following the day the worker died, claim rights will lapse due to the statute of limitations.

Nursing Care (Compensation) etc. Benefits

All class 1 recipients of Disability (Compensation) etc. Pension and class 2 recipients who have mental, nerve or thoracoabdominal organ disabilities and who are already receiving nursing care can receive Nursing Care Compensation etc. Benefits (for employment injury), Multiple Business Workers Nursing Care Benefits (for multiple employment factor injury) or Nursing Care Benefits (for commuting injury).

Payment Conditions

1 Must have a regular disability.

Nursing care (compensation) etc. benefits are divided into those who require constant nursing care and those who require on call nursing care according to the severity of disabilities. The disability conditions for constant nursing care and on call nursing care are as follows.

	Detailed Disability Conditions of Relevant Person
Constant Nursing Care	<p>① person with nervous system or thoracoabdominal organ disabilities and are in a condition which requires constant nursing (Disability class 1 category 3 and 4, injury and illness class 1 category 1 and 2)</p> <p>② { <ul style="list-style-type: none"> • Those who have lost sight in both eyes in addition to other class 1 or class 2 disabilities, injuries or illness. • Those who have lost both upper or lower limbs and require care </p> <p>Others who require the same degree of nursing care as those in ①</p>
On Call Nursing Care	<p>① Victims with nervous system or thoracoabdominal organ disabilities and are in a condition which requires on call nursing (Disability class 2 category 2-2 and 2-3, injury and illness class 2 category 1 and 2)</p> <p>② Those who are disability class 1 or equivalent but do not require constant nursing care</p>

2 Already receiving nursing care

If currently receiving nursing care from a private sector for-profit nursing service or from family, friends or acquaintances.

3 Not currently hospitalized in a hospital or a clinic

4 Not currently admitted to an elderly healthcare facility, disability support center (limited only to those cases receiving assisted living care), special elderly nursing home or special nursing home for atomic bomb victims.

If admitted to one of these facilities, it is considered that the victim is receiving sufficient care at the facility and is thus not eligible.

Payment Conditions

Nursing Care (Compensation) etc. Benefits payment amounts are as follows (as of March 1, 2024).

(1) For constant nursing care

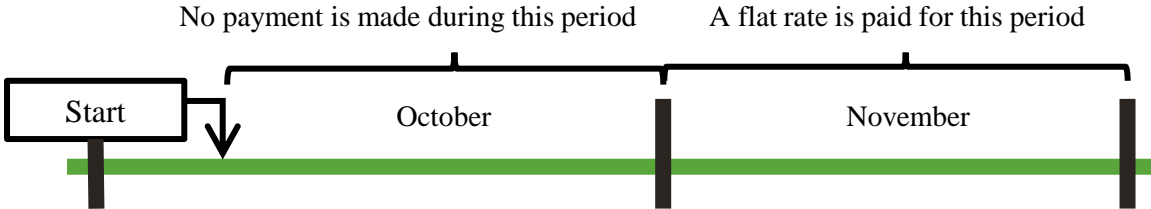
- ① If not receiving nursing care from family, friends or acquaintances, the amount paid for nursing care expenses will be provided (with a maximum limit of 172,550 yen).
- ② If receiving nursing care from family, friends or acquaintances:
 - I. If no expenses are paid for nursing care, a flat rate of 77,890 yen will be paid.
 - II. If expenses are paid for nursing care and are under a total of 77,890 yen, a flat rate of 77,890 yen will be paid.
 - III. If expenses are paid for nursing care, and are over 77,890 yen, that amount will be paid (with a maximum limit of 172,550 yen).

(2) For on call nursing

- ① If not receiving nursing care from family, friends or acquaintances, the amount paid for nursing care expenses will be provided (with an maximum limit of 86,280 yen).
- ② If receiving nursing care from family, friends or acquaintances:
 - I. If no expenses are paid for nursing care, a flat rate of 38,900 yen will be paid.
 - II. If expenses are paid for nursing care and are under a total of 38,900 yen, a flat rate of 38,900 yen will be paid.
 - III. If expenses are paid for nursing care, and are over 38,900 yen, that amount will be paid (with a maximum limit of 86,280 yen).

● If nursing care begins part way through the month

- ① If paid nursing care begins part way through the month →
Nursing care expenses will be paid within the maximum amount.
- ② If unpaid nursing care by family etc. begins part way through the month →
No payment will be made for the concerned month.
(Ex.) In a case where unpaid nursing care by family etc. is started in October of the year



* Even in this situation, in the “Claims Month” field on the claims form the date that nursing care started should be noted (The month would be October in this example).

Claim Procedures

When making a claim for nursing care (compensation) benefits, submit a Nursing Care Compensation Benefits/ Multiple Business Workers Nursing Care Benefits/ Nursing Care Benefits Payment Claims Form (Form No. 16-2-2) to the chief of the relevant labour standards inspection office.

● Materials required when submitting

Situation	Detailed Disability Conditions of Relevant Victim
Must be attached in all cases	Medical certificate from doctor or dentist
If paying nursing care expenses	Materials which certify the number of days of nursing care and expenses

*Submission of materials other than those listed may be required.

Those receiving Injury and Disease (Compensation) etc. pensions and those with class 1 category 3 or 4 or class 2 category 2-2 or 2-3 do not need to attach a medical certificate. A medical certificate does not need to be attached from the second submission of a nursing care (compensation) etc. claims form onward. Claims for nursing care (compensation) etc. benefits are handled in 1 month units, however up to 3 months worth of claims can be submitted at one time.

Statute of Limitations on Claims

If claims for nursing care (compensation) etc. benefits are not made within 2 years of the first day of the month following the month nursing care was received, claim rights will lapse due to the statute of limitations.

Examples for Filling Out Various Claims Forms

- 1. Medical Treatment Benefits Claims Form for Medical Compensation Benefits and Multiple Business Worker Medical Benefits (Form No. 5)**
- 2. Treatment Expense Claims Form for Medical Compensation Benefits and Multiple Business Worker Medical Benefits (Form No. 7)**
- 3. Temporary Absence from Work Compensation Benefits/ Multiple Business Workers Temporary Absence from Work Benefits Payment Claims Form (Form No. 8)**
- 4. Disability Compensation Benefits/ Multiple Business Workers Disability Benefits Payment Claims Form (Form No. 10)**
- 5. Surviving Family Compensation Pension/ Multiple Business Workers Surviving Family Pension Payment Claims Form (Form No. 12)**
- 6. Surviving Family Compensation Lump Sum/ Multiple Business Workers Surviving Family Lump Sum Payment Claims Form (Form No. 15)**
- 7. Funeral Expenses or Multiple Business Workers Funeral Rites Benefits Claims Form (Form No. 16)**
- 8. Nursing Care Compensation Benefits/ Multiple Business Workers Nursing Care Benefits Payment Claims Form (Form No. 16-2-2)**

Medical Treatment Benefits Claims Form for Medical Compensation Benefits and Multiple Business Worker Medical Benefits

Use from 16-3 for commuting injury

(Form No. 5) (Example)

様式第5号(表面) 労働者災害補償保険 業務災害用 複数業務要因災害用

裏面に記載してある注意事項をよく読んで、記入してください。

標準字体 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

アイウエオカキクケコ サシセソ タチツテト ナニヌ ネノハ

Have this filled out by your work place if you are uncertain

Fill out in the order of era name, year and month.

Era name: 5 for Showa, 7 for Heisei, 9 for Reiwa

Fill out the name and job of the person who confirmed the circumstances of the accident. If there is no applicable person, fill out the name and job of the person at the workplace where the accident was reported.

Enter "1" if you are a male or "3" if you are a female

Leave a space between first and last names and write names in Katakana.

Industrial Accident Compensation Insurance number

Birth day

date of injury or attack

Name (Katakana)

Name

zip code

フリガナ

Address

Industrial Category

Position

Name

The cause of the accident and the outback situation

① Where
② What were the circumstances
③ What type of work were you carrying out at the time
④ What was the cause
⑤ Clarify what type of accident occurred

* Employer Certification Field

Chief of the Labour Standards Inspection Office 労働基準監督署長 殿

Claimant's 住所 Address

氏名 Name

支不支給決定 復命書番号

署長 副署長 課長 係長 係

調査年月日

決定年月日

不支給の理由

To be filled out by claimant

To be filled out by company

* Consult with the supervising institution when submitting if certification from the company cannot be obtained

様式第5号(裏面)

有 無	有の場合のその数 (ただし表面の事業場を含まない)	②その他就業先の有無 有の場合でいずれかの事業で特別加入している場合の特別加入状況 (ただし表面の事業を含まない)
	社	労働保険事務所又は労働保険事務組合
労働保険番号(特別加入)		加入年月日 年 月 日

In the case of being employed in multiple workplaces, circle 有 and indicate the number of workplaces.

Please complete in the case of being employed in multiple workplaces and having taken out special insurance.

[項目記入にあたっての注意事項]

- 1 記入すべき事項のない欄又は記入枠は空欄のままとし、事項を選択する場合には該当事項を○で囲んでください。(ただし、⑧欄並びに⑨及び⑩欄の元号については、該当番号を記入枠に記入してください。)
- 2 ⑬は、災害発生の事実を確認した者(確認した者が多数のときは最初に発見した者)を記載してください。
- 3 傷病補償年金又は複数事業労働者傷病年金の受給権者が当該傷病に係る療養の給付を請求する場合には、労働保険番号欄に左詰めで年金証書番号を記入してください。また、⑨及び⑩は記入しないでください。
- 4 複数事業労働者療養給付の請求は、療養補償給付の支給決定がなされた場合、遡って請求されなかったものとみなされます。
- 5 ②「その他就業先の有無」欄の記載がない場合又は複数就業していない場合は、複数事業労働者療養給付の請求はないものとして取り扱います。
- 6 疾病に係る請求の場合、脳・心臓疾患、精神障害及びその他二以上の事業の業務を要因とすることが明らかでない疾病以外は、療養補償給付のみで請求されることとなります。

[その他の注意事項]

この用紙は、機械によって読取りを行いますので汚したり、穴をあけたり、必要以上に強く折り曲げたり、のりづけしたりしないでください。

派遣事業主 証明欄	派遣元事業主が証明する事項(表面の⑭、⑰及び⑱)の記載内容について事実と相違ないことを証明します。	
	事業の名称	電話() —
	年 月 日	〒 —
	事業場の所在地	
	事業主の氏名	
	(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)	

社会保険 労務士 記載欄	作成年月日・提出代行者・事務代理者の表示	氏名	電話番号
			() —

Treatment Expense Claims Form for Medical Compensation Benefits and Multiple Business Worker Medical Benefits (Form No. 7) (Example)

Use from 16-5-1 for commuting injury

Have this filled out by your work place if you are uncertain

Enter "1" if you are a male or "3" if you are a female

Enter "1" for Ordinary Savings Accounts and "3" for Current Accounts.

Fill out in the order of era name, year and month.
Era name: 5 for Showa, 7 for Heisei, 9 for Reiwa

Leave a space between first and last names and write names in Katakana.

Fill out ⑩⑪⑫⑬, the bank name and account holder in the left column are necessary only when opening a new account or changing the reported account.

Employer Certification Field

To be filled out by medical institution

To be filled out by claimant

To be filled out by medical institution

To be filled out by company

* Consult with the supervising institution when submitting if certification from the company cannot be obtained

Fill out the name and job of the person who confirmed the circumstances of the accident. If there is no applicable person, fill out the name and job of the person at the workplace where the accident was reported.

様式第7号(1) (裏面)

(イ) 労働者の所属事業場の名称・所在地 Name and address in workplace	(ウ) Time of injury or attack 負傷又は発病の時刻 Am 午前 Pm 午後 時 分 頃	(ロ) 災害発生 の事実を 確認した 者の氏名 Job Name
(ア) 災害の原因及び発生状況 (あ) どのような場所(で)い) どのような作業をしているときに(う) どのような物又は環境に(え) どのような不安全又は有害な状態があつて(お) どのような災害が発生したか(か) ⑦と⑧と初診日が異なる場合はその理由を詳細に記入すること		
The cause of the accident ant the outback situation		

- ① Where
- ② What were the circumstances
- ③ What type of work were you carrying out at the time
- ④ What was the cause
- ⑤ Clarify what type of accident occurred

診療内容	点数(点)	診療内容	金額	摘要
First visit 初診 時間外・休日・深夜 outside hours/ day off / midnight	回 x times	初診 First visit	円 yen	三、 傷病補償金又は復讐事業労働者傷病年金の受給権者が当該傷病に係る療養の費用を請求する場合の請求事項(イ)及び(ウ)から(イ)までは記載する必要がないこと。 事業主の証明は必要がないこと。 二、 (四〇三) (ロ)及び(ウ)は、第二回以後の請求の場合には記載する必要がないこと。 第二回以後の請求が離職後である場合には事業主の証明は受ける必要がないこと。 傷病補償金又は復讐事業労働者傷病年金の受給権者が当該傷病に係る療養の費用を請求する場合の請求事項(イ)及び(ウ)から(イ)までは記載する必要がないこと。 事業主の証明は必要がないこと。
再診 外来診療科 outpatient	回 x times	再診 Second visit	円 yen	
継続管理加算 follow-up addition	回 x times	指導 Instruction	円 yen	
外来管理加算 outpatient addition	回 x times	その他 Other	円 yen	
時間外 outside hours	回 x times			
休日 day off	回 x times	食事(基準 Food (basic))	円 yen	
深夜 midnight	回 x times			
指導 Instruction	回 x times	小計 Subtotal ②	円 yen	
在宅 Home care: 往診 house care	回 x times	摘要 summary		
夜間 night	回 x times			
緊急・深夜 emergency / midnight	回 x times			
在宅患者訪問診療 visiting care	回 x times			
その他 other	回 x times			
薬剤 medicine	回 x times			
投薬 Dosage 内服 薬剤 internal care: medicine	単位 units			
調剤 dispensing	x times			
外用 薬剤 external use: medicine	単位 units			
調剤 dispensing	x times			
処方 treatment	回 x times			
麻薬 narcotic and toxicant	回 times			
調基 basic dispensing fee	回 times			
注射 Injection 皮下筋内肉内	回 times			
静脈内 intravenous	回 times			
その他 other	回 times			
処置 Treatment 薬剤 medicine	回 times			
手術 Operation anesthesia	回 times			
麻酔 薬剤 medicine	回 times			
検査 Check: 薬剤 medicine	回 times			
画像 Image diagnosis 診断 薬剤 medicine	回 times			
その他 Other 処方せ prescription	回 times			
入院 Housing stay 入院年月日 年 月 日				
病・診・衣	入院基本料・加算 Basic hospital fee addition	日間 x days		
		日間 x days		
		日間 x days		
		日間 x days		
特定入院料・その他 Specified hospital fee / other				
小計 Subtotal	点 ① Points ①	円 合計金額 ①+②	円 yen	

To be filled out by medical institution (Details of the treatment and the amount)

⑧その他就業先の有無

有の場合のその数 (ただし表面の事業場を含まない)

有

無

労働保険事務組合又は特別加入団体の名称

加入年月日

年 月 日

保険番号(特別加入)

- 四、復讐事業労働者療養給付の請求は、療養補償給付の支給決定がなされた場合、随って請求されなかつたものとみなすこと。
- 五、⑧その他就業先の有無欄の記載がない場合又は複数就業していない場合は、復讐事業労働者療養給付の請求はないものとして取り扱うこと。
- 六、疾病に係る請求の場合、脳・心臓疾患、精神障害及びその他一以上の事業の業務を要することが明らかな疾病以外は、療養補償給付のみで請求されることとなること。

派遣元事業主が証明する事項(表面の⑦並びに(ヌ)及び(リ)の記載内容について) 相違ないことを証明します。

派遣元事業主証明欄

事業の名称

事業場の所在地

事業主の氏名

電話()

〒

が団体であるときはその名称及び代表者の氏名)

社会保険労働士記載欄

作成年月日・提出日

代理者の表示 氏 名

電話番号

In the case of being employed in multiple workplaces, circle 有 and indicate the number of workplaces.

Please complete in the case of being employed in multiple workplaces and having taken out special insurance.

Temporary Absence from Work Compensation / Multiple Business Worker Temporary Absence from Work Benefits Payment Claims Form (Form No. 8)

様式第8号(表面)

Use from 16-6 for commuting injury

字体 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

業務災害用
複数業務災害用
休業補償給付支給請求書
複数事業労働者休業給付支給請求書
休業特別支給金支給申請書

※ 帳票種別 ① 管轄局番 ② 期別再別 元号 年 月 日 ③ 業通別 ④ 三者コード ⑤ 日雇コード ⑥ 特別加入者

Enter "1" if you are a male or "3" if you are a female

Have this filled out by your work place if you are uncertain

Workers' compensation insurance number

Leave a space between first and last names and write names in Katakana.

Fill out in the order of era name, year and month.
Era name: 5 for Showa, 7 for Heisei, 9 for Reiwa

Fill out the period you did not work because of treatment (19) and the days you did not receive (20) in the period.

Enter "1" for Ordinary Savings Accounts and "3" for Current Accounts.

Name

Address

Period when I was not able to work because of recuperation

Kind of deposit

Account number

Name of financial information

Branch name

Account holder

The full name of the account holder of a title died

Fill out (23)(24)(25)(26), the bank name and account holder in the left column are necessary only when opening a new account or changing the reported account.

Employer Certification Field

事業名称

事業場の所在地

事業主の氏名

労働者の直接所属事業場名称所在地

傷病の部位及び傷病名

治療の期間

傷病の経過

診療担当者の証明

Date

Hospital or clinic

Name of the doctor in charge

Date of application

Zip code

Telephone

Claimant's Address

Name

労働基準監督署長 殿

To be filled out by claimant

To be filled out by medical institution

To be filled out by company

* Consult with the supervising institution when submitting if certification from the company cannot be obtained

(注 意)

㉟労働者の職種		㉞負傷又は発病の時刻		㉟平均賃金(算定内訳別紙1のとおり)	
		午前	午後	円	銭
㉞所定労働時間		午前	午後	分	分
㉞災害の原因、発生状況及び発生当日の就労・療養状況		㉞休業補償給付額、休業特 別支給金額の改定比率 (平均給与額 証明書のとおり)			
(あ)どのような場所で(い)どのような作業をしているときに(う)どのような物又は環境に(え) どのような不安全又は有害な状態があつて(お)どのような災害が発生したか(か)㉞と初診日 と災害発生日が同じ場合は当日所定労働時間内に通院したが、㉞と初診日が異なる場合はその 理由を詳細に記入すること					
(イ) 基礎年金番号		(ロ) 被保険者資格の取得年月日			
		年 月 日			
㉞ 厚生年金保険 等の支給関係	(ハ) 当該傷病に 関して支給 される年金 の種類等	厚生年金保険法の		イ ロ 年 年 年 金 金 金 保 保 保 険 険 険 法 の 法 の 法 の	
		国民年金法の		イ ロ 年 年 年 金 金 金 保 保 保 険 険 険 法 の 法 の 法 の	
		船員保険法の		イ ロ 年 年 年 金 金 金 保 保 保 険 険 険 法 の 法 の 法 の	
支給される年金の額		円			
支給されることとなった年月日		年 月 日			
基礎年金番号及び厚生年金等の年金証書の年金コード					
所轄年金事務所等					

一、所定労働時間については、当該負傷した日及びその翌日の業務外の傷病の療養等のために休業した賃金の額を算定した賃金を平均賃金に算定する。この算定方法については、別紙2を参照されたい。

二、別紙1の記載内容については、(ア)及び(イ)の欄に、前回の請求又は後回の請求に付いて記載してください。

三、別紙2は、㉞欄の「賃金」欄又は発病した日(別紙2に記してある場合)に限り添付してください。

四、別紙3は、㉞欄の「請求した年金の種類」欄に、その他就業先を添付してください。

五、請求人申請人が災害発生日を記載し、その他の事項を証明することのできる書類を添付してください。

六、請求申請が離職後である場合、療養のたもてなかつた期間の全部又は一部が離職前(ただし、事業主の証明は受けることができます)に、事業主の証明は受けることができます。

七、請求申請が離職後である場合、療養のたもてなかつた期間の全部又は一部が離職前(ただし、事業主の証明は受けることができます)に、事業主の証明は受けることができます。

Please make clear the place where the accident occurred, details of your work at the time, and the situation. If (7), the first day of medical care and the day the accident occurred were all on the same day, please state if you visited hospital within fixed working hours. If (7) and the first day of medical care differ, then please give the reason.

Only fill out this section if you receive pension payments from the welfare pension insurance system etc. for the same injury, disease etc.

In the case of being employed in multiple workplaces, circle 有 and indicate the number of workplaces. It is necessary to complete Separate Sheets 1 and 3 of Form No. 8 for each workplace (or Form 16-6 for commuting injury).

Please complete in the case of being employed in multiple workplaces and having taken out special insurance.

㉞その就業先の有無	
有	有の場合その数(ただし表面の事業場を含まない)
無	
有の場合	労働保険事務組合又は特別加入団体の名称
無の場合	
有の場合	加入年月日
無の場合	
有の場合	給付基礎日額
無の場合	
労働保険番号(特別加入)	

社会保険 労務士 記載欄	作成年月日・提出代行者・事務代理者の表示	氏名	電話番号
		()	—

Disability Compensation Payment/ Multiple Business Worker Payment Claims Form (Form No. 10) (Example)

労働者災害補償保険
業務災害用
複数業務要因災害用

支給請求書
支給申請書

労働者災害補償保険
業務災害用
複数業務要因災害用

① 労働保険番号
Industrial Accident Compensation Insurance number

② 年金証書の番号
Pension certificate number

③ 氏名
Name (Katakana)
氏名
Name (男・女)
生年月日
Date of birth
フリガナ
Address (Katakana)
住所
Address
フリガナ
Address
職種
Occupation
所属事業場
名称・所在地

④ 負傷又は発病年月日
Date of injury or attack
⑤ 傷病の治癒した年月日
Date of wound recovered
⑦ 平均賃金
Average wages
⑧ 特別給与の総額(年額)
Special allowance (annual total)

⑥ 災害の原因及び発生状況
The cause of the disaster and the outbreak situation

⑦ 厚年等の年金証書の基礎年金番号・年金コード
Individual pension number
⑧ 被保険者資格の取得年月日
Total of special salary in one year

⑨ 当該傷病に關して支給される年金の種類
Kind of pension
⑩ 障害等級
Grade of disability
⑪ 支給される年金の額
Amount of provided pension
⑫ 支給されることとなった年月日
Date to have been provided
⑬ 厚年等の年金証書の基礎年金番号・年金コード
Pension code of annuity bond of welfare annuity

⑭ 事業の名称
Name of business
⑮ 事業主の氏名
Name of business owner
⑯ 障害の部位及び状態
Part and symptom of existing trouble
⑰ 添付する書類名
Name of appended document
⑱ 年金の払戻しを希望する金融機関
Financial Institution or post office where transfer of pension is hoped

⑲ 上記により
Date of application
⑳ 請求人の住所
Address
㉑ 請求人の氏名
Name
㉒ 預金の種類及び口座番号
Account number
㉓ 振込を希望する金融機関の名称
Branch name
㉔ 預金の種類及び口座番号
Account number

Circle "男" for male or "女" for Female.

Use from 16-7 for commuting injury

Have this filled out by your work place if you are uncertain

Clarify the location where the accident occurred, the work being carried out and the conditions at that time

Only fill out this section if you receive pension payments from the welfare pension insurance system etc. for the same injury, disease etc.

To be filled out by claimant

To be filled out by company

様式第10号(裏面)

⑩その他就業先の有無	
有	有の場合のその数 (ただし表面の事業場を含まない)
無	有の場合でいずれかの事業で特別加入している場合の特別加入先 社 労働保険番号()
労働保険番号(特別加入)	加入年月日 年 月 日
	給付基礎日額 円

In the case of being employed in multiple workplaces, circle 有 and indicate the number of workplaces. It is necessary to complete Separate Sheets 1 and 3 of Form No. 8 for each workplace (or Form 16-6 for commuting injury). However, it is unnecessary if you have already submitted Separate Sheets 1 and 3 when claiming Temporary Absence from Work (Compensation) etc. Benefits.

【注意】

- 1 ※印欄には記載しないこと。
- 2 事項を選択する場合には該当する事項を○で囲むこと。
- 3 ③の労働者の「所属事業場名称・所在地」欄には、労働者の直接所属する事業場が一括適用の取扱いを受けている場合に、労働者が直接所属する支店、工事現場等を記載すること。
- 4 ⑦には、平均賃金の算定基礎期間中に業務外の傷病の療養のため休業した期間が含まれている場合に、当該平均賃金に相当する額がその期間の日数及びその期間中の賃金と業務上の傷病の療養のため休業した期間の日数及びその期間中の賃金とみなして算定した平均賃金に相当する額に満たないときは、当該みなして算定した平均賃金に相当する額を記載すること(様式第8号の別紙1に内訳を記載し添付すること。ただし、既に提出されている場合を除く。)
- 5 ⑧には、負傷又は発病の日以前1年間(雇入後1年に満たない者については、雇入後の期間)に支払われた労働基準法第12条第4項の3箇月を超える期間ごとに支払われる賃金の額を記載すること(様式第8号の別紙1に内訳を記載し添付すること。ただし、既に提出されている場合を除く。)
- 6 請求人(申請人)が傷病補償年金又は複数事業労働者傷病年金を受けていた者であるときは、
 - (1) ①、④及び⑥には記載する必要がないこと。
 - (2) ②には、傷病補償年金又は複数事業労働者傷病年金に係る年金証書の番号を記載すること。
 - (3) 事業主の証明を受ける必要がないこと。
- 7 請求人(申請人)が特別加入者であるときは、
 - (1) ⑦には、その者の給付基礎日額を記載すること。
 - (2) ⑧は記載する必要がないこと。
 - (3) ④及び⑥の事項を証明することができる書類その他の資料を添えること。
 - (4) 事業主の証明を受ける必要がないこと。
- 8 ⑩については、障害補償年金、複数事業労働者障害年金又は障害特別年金の支給を受けることとなる場合において、障害補償年金、複数事業労働者障害年金又は障害特別年金の払渡しを金融機関(郵便貯金銀行の支店等を除く。)から受けることを希望する者にあつては「金融機関(郵便貯金銀行の支店等を除く。)」欄に、障害補償年金、複数事業労働者障害年金又は障害特別年金の払渡しを郵便貯金銀行の支店等又は郵便局から受けることを希望する者にあつては「郵便貯金銀行の支店等又は郵便局」欄に、それぞれ記載すること。
なお、郵便貯金銀行の支店等又は郵便局から払渡しを受けることを希望する場合であつて振込によらないときは、「預金通帳の記号番号」の欄に記載する必要はないこと。
- 9 「個人番号」の欄については、請求人(申請人)の個人番号を記載すること。
- 10 本件手続を社会保険労務士に委託する場合は、「請求人(申請人)の氏名」欄の下の口にレ点を記入すること。
- 11 ⑩「その他就業先の有無」で「有」に○を付けた場合は、様式第8号の別紙3をその就業先ごとに記載すること。その際、その就業先ごとに様式第8号の別紙1を記載し添付すること。なお、既に他の保険給付の請求において記載している場合は、記載の必要がないこと。
- 12 複数事業労働者障害年金の請求は、障害補償年金の支給決定がなされた場合、遡って請求されなかったものとみなされること。
- 13 ⑩「その他就業先の有無」欄の記載がない場合又は複数就業していない場合は、複数事業労働者障害年金の請求はないものとして取り扱うこと。
- 14 疾病に係る請求の場合、脳・心臓疾患、精神障害及びその他二以上の事業の業務を要因とすることが明らかな疾病以外は、障害補償年金のみで請求されることとなること。

Please complete in the case of being employed in multiple workplaces and having taken out special insurance.

社会保険 労務士 記載欄	作成年月日・提出代行者・事務代理者の表示	氏名	電話番号
			() —

Surviving Family Compensation Pension/ Multiple Business Worker Surviving Family Pension Payment Claims Form (Form No. 12) (Example)

様式第12号(表面)

業務災害用 複数業務要因災害用 労働者災害補償保険

遺族補償年金 支給請求書
遺族特別支給年金 支給申請書

① 労働保険番号
府県 所管 轄 基 幹 番 号 枝 番 号
Industrial Accident Compensation Insurance number

② 死亡労働者のフリガナ
氏名 Name (男・女)
生年月日 年 月 日 (Age 歳)
職 種 Occupational category
所属事業場 名称・所在地

④ 負傷又は発病年月日
年 月 日
Date of injury or attack
午前 時 分 後
⑤ 死亡年月日
年 月 日
date of death
⑦ 平均賃金
円 銭
Average wages

⑥ 災害の原因及び発生状況 (あ)どのような場所で(い)どのような作業をしているときに(う)どのような物又は環境に(え)どのような不安全又は有害な状態があつて(お)どのような災害が発生したかを簡明に記載すること
The cause of the disaster and the outback situation

⑧ 特別給与の総額(年額)
円
Total of special salary in one year

死亡労働者の厚生等の年金証書の基礎年金番号・年金コード
The deceased worker's universal pension number and pension code of pension certificate of employee period
⑨ 死亡労働者の遺族年金の受給開始年月日
The date when the deceased worker became eligible to be covered by the insurance

⑩ 当該死亡に關して支給される年金の種類
The type of pension issued requiring to the relevant death
厚生年金保険法の遺族年金 国民年金法の遺族年金
イ 遺族年金 ロ 遺族厚生年金 国民年金法の遺族年金
イ 母子年金 ロ 遺児年金 ハ 遺児年金
ニ 寡婦年金 ホ 遺族基礎年金 船員保険法の遺族年金

支給される年金の額
The amount of pension issued
支給されることとなった年月日
The start date when pension was issued
厚生等の年金証書の基礎年金番号・年金コード
(複数のコードがある場合は下段に記載すること。)
Universal pension number and pension code of pension certificate of employee
所轄年金事務所等
The local social insurance office

受けていない場合は、次のいずれかを○で囲み、規定請求中・不支給決定・未加入・請求していない・老齢年金等選択の者については、④、⑥から⑩まで並びに⑫の①及び②に記載したとおりであることを証明します。

Employer Certification Field

事業の名称
事業場の所在地
事業主の氏名
電話() -
〒 -

⑪ 請求人(申請人)の氏名(フリガナ) 生年月日 住所(フリガナ) 関係(労働者との関係) 障害の有無
Name Birthday Address Relation to worker Presence of handicap
請求人(申請人)に就いているか
請入(申請人)に就いているか
請入(申請人)に就いていないか
請入(申請人)に就いていないか
請入(申請人)に就いていないか

⑫ 添付する書類その他の資料名
Name of appended document
※金融機関店舗コード
Name of financial institution
銀行・金庫 Branch name
農協・漁協・信組
普通・当座 第 Sign number of bankbook 号
※郵便局コード
Name of postal savings
Address 都道府県 市郡区
郵便局 所 在 地
郵便局 所 在 地
預記 金 通 帳 の 号 第 Sign number of bankbook 号

年金の私渡しを受けることを希望する
希望する金融機関又は郵便局
Financial institution or post office where transfer of pension is hoped

⑬ 上記により
Date of application
労働基準監督署長 殿

請求人(申請人)の住所 Address
氏名 Name
個人番号
A zip code 電話(Telephone) -

特別支給金について振込を希望する金融機関の名称
Financial Institution or post office where transfer of pension is hoped
Name 本店・本所 銀行・金庫 出張所 農協・漁協・信組 Branch name 支店・支所
預金の種類及び口座番号
普通・当座 第 Account number 号
口座名義人 Nominee

Use from 16-8 for commuting injury

Circle "男" for male or "女" for female

Have this filled out by your work place if you are uncertain

Clarify the location where the accident occurred, the work being carried out and the conditions at that time

Only fill out this section if you receive pension payments from the welfare pension insurance system etc. for the same injury, disease etc.

Enter the claimant's name, date of birth, address, relationship with victim, and whether or not they suffer from any disabilities.

Enter the names of any surviving family other than the claimant who may receive surviving family compensation pension/ multiple business worker surviving family pension payments

Circle "ある" if the person has any disabilities and "ない" if they do not have any disabilities.

Is the person's livelihood tied to that of the claimant's?
Is yes, circle "いる" and if no, circle "いない".

To be filled out by claimant

To be filled out by company

様式第12号(裏面)

⑩その他就業先の有無	
有	有の場合のその数 (ただし表面の事業場を含まない)
無	有の場合でいずれかの事業で特別加入している場合の特別加入状況 社 労働保険事務組合又は特約
労働保険番号(特別加入)	
加入年月日	
年 月 日	
給付基礎日額	
円	

In the case of being employed in multiple workplaces, circle 有 and indicate the number of workplaces. It is necessary to complete Separate Sheets 1 and 3 of Form No. 8 for each workplace (or Form 16-6 for commuting injury). However, it is unnecessary if you have already submitted Separate Sheets 1 and 3 when claiming Temporary Absence from Work (Compensation) etc. Benefits.

- (注意)
- ※印欄には記載しないこと。
 - 事項を選択する場合には該当する事項を○で囲むこと。
 - ③の死亡労働者の「所属事業場名称・所在地」欄には、死亡労働者が直接所属していた事業場を一括適用の取扱いを受けている場合に、死亡労働者が直接所属していた支店、工事現場等を記載すること。
 - ⑦には、平均賃金の算定基礎期間中に業務外の傷病の療養のため休業した期間が含まれている場合に、当該平均賃金に相当する額がその期間の日数及びその期間中の賃金を業務上の傷病の療養のため休業した期間の日数にそれぞれその期間中の賃金とみなして算定した平均賃金に相当する額に満たないときは、当該みなして算定した平均賃金に相当する額を記載すること(様式第8号の別紙1に内訳を記載し添付すること。ただし、既に提出されている場合を除く。)
 - ⑧には負傷又は発病の日以前1年間(雇入後1年に満たない者については、雇入後の期間)に支払われた労働基準法第12条第4項の3箇月を超える期間ごとに支払われる賃金の総額を記載すること(様式第8号の別紙1に内訳を記載し添付すること。ただし、既に提出されている場合を除く。)
 - 死亡労働者が傷病補償年金又は複数事業労働者傷病年金を受けていた場合には、
 - ①、④及び⑥には記載する必要がないこと。
 - ②には、傷病補償年金又は複数事業労働者傷病年金に係る年金証書の番号を記載すること。
 - 事業主の証明を受ける必要がないこと。
 - 死亡労働者が特別加入者であった場合には、
 - ⑦にはその者の給付基礎日額を記載すること。
 - ⑧は記載する必要がないこと。
 - ④及び⑥の事項を証明することができる書類その他の資料を添えること。
 - 事業主の証明を受ける必要がないこと。
 - ⑨から⑭までに記載することができない場合には、別紙を付して所要の事項を記載すること。
 - この請求書(申請書)には、次の書類その他の資料を添えること。ただし、個人番号が未提出の場合を除き、(2)、(3)及び(5)の書類として住民票の写しを添える必要はないこと。
 - 労働者の死亡に関して市町村長に提出した死亡診断書、死体検案書若しくは検視調査に記載してある事項についての市町村長の証明書又はこれに代わるべき書類
 - 請求人(申請人)及び請求人(申請人)以外の遺族補償年金又は複数事業労働者遺族年金を受けることができる遺族と死亡労働者との身分関係を証明することができる戸籍の謄本又は抄本(請求人(申請人)又は請求人(申請人)以外の遺族補償年金又は複数事業労働者遺族年金を受けることができる遺族が死亡労働者と婚姻の届出をしていないが事実上婚姻関係と同様の事情にあつた者であるときは、その事実を証明することができる書類)
 - 請求人(申請人)及び請求人(申請人)以外の遺族補償年金又は複数事業労働者遺族年金を受けることができる遺族(労働者の死亡の当時胎児であつた子を除く。)が死亡労働者の取入によつて生計を維持していたことを証明することができる書類
 - 請求人(申請人)及び請求人(申請人)以外の遺族補償年金又は複数事業労働者遺族年金を受けることができる遺族のうち労働者の死亡の時から引き続き障害の状態にある者については、その事実を証明することができる医師又は歯科医師の診断書その他の資料
 - 請求人(申請人)以外の遺族補償年金又は複数事業労働者遺族年金を受けることができる遺族のうち、請求人(申請人)と生計を同じくしている者については、その事実を証明することができる書類
 - 障害の状態にある妻については、労働者の死亡の時以後障害の状態にあつたこと及びその障害の状態が生じ、又はその事情がなくなった時を証明することができる医師又は歯科医師の診断書その他の資料
 - ⑩については、次により記載すること。
 - 遺族補償年金又は複数事業労働者遺族年金の支給を受けることとなる場合において、遺族補償年金又は複数事業労働者遺族年金の払渡しを金融機関(郵便貯金銀行の支店等を除く。)から受けることを希望する者にあつては「金融機関(郵便貯金銀行の支店等を除く。)」欄に、遺族補償年金又は複数事業労働者遺族年金の払渡しを郵便貯金銀行の支店等又は郵便局から受けることを希望する者にあつては「郵便貯金銀行の支店等又は郵便局」欄に、それぞれ記載すること。
なお、郵便貯金銀行の支店等又は郵便局から払渡しを受けることを希望する場合であつて振込によらないときは、「預金通帳の記号番号」の欄は記載する必要はないこと。
 - 請求人(申請人)が2人以上ある場合において代表者を選任しないときは、⑩の最初の請求人(申請人)について記載し、その他の請求人(申請人)については別紙を付して所要の事項を記載すること。
 - 「個人番号」の欄については、請求人(申請人)の個人番号を記載すること。
 - 本件手続を社会保険労務士に委託する場合は、「請求人(申請人)の氏名」欄の下の口にし点を記入すること。
 - ⑩「その他就業先の有無」で「有」に○を付けた場合は、様式第8号の別紙3をその他就業先ごとに記載すること。その際、その他就業先ごとに様式第8号の別紙1を記載し添付すること。なお、既に他の保険給付の請求において記載している場合は、記載が必要ないこと。
 - 複数事業労働者遺族年金の請求は、遺族補償年金の支給決定がなされた場合、遡つて請求されなかったものとみなされること。
 - ⑩「その他就業先の有無」欄の記載がない場合又は複数就業していない場合は、複数事業労働者遺族年金の請求はないものとして取り扱うこと。

Please complete in the case of being employed in multiple workplaces and having taken out special insurance.

社会保険 労務士 記載欄	作成年月日・提出代行者・事務代理者の表示	氏名	電話番号
			() —

Surviving Family Compensation Lump Sum/ Multiple Business Worker Surviving Family Lump Sum Payment Claims Form (Form 15) (Example)

様式第15号(表面)

Use from 16-9 for commuting injury

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
 遺族特別一時金 支給申請書

Circle "男" for male or "女" for female

Have this filled out by your work place if you are uncertain

Industrial Accident Compensation Insurance number

The cause of the disaster and the outbreak situation

Clarify the location where the accident occurred, the work being carried out and the conditions at that time

Employer Certification Field

Enter the claimant's name, date of birth, address, relationship with victim, and whether or not they suffer any disabilities.

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 遺族特別一時金 支給申請書		労働者 氏名 生年月日 職業 所属事業場 名称 所在地		遺族又は関係者 死亡年月日 平均賃金 特別給与の総額(年額)	
行先 管轄 基幹番号 枝番号 ②年金証書の番号 管轄局 種別 西暦年 番号 枝番号		③ 災害の原因及び発生状況 (あ)どのような場面で(い)どのような作業をしているときに(う)どのような物又は環境に(え)どのような不安全又は有害な状態があって(お)どのような災害が発生したかを簡明に記載すること		④ 死亡年月日 ⑤ 平均賃金 ⑥ 特別給与の総額(年額)	
⑦ 被災したのは、①及び③から⑥までに記載したとおりであることを証明します。					
事業の名称 事業場の所在地 事業主の氏名 (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)					
⑧ 請求人 氏名 生年月日 住所 死亡労働者 請求人(申請人)の代表者を 選任しないときはその理由		⑨ 添付する書類その他の資料名 Name of appended document 上記により 遺族補償一時金 支給請求書の支給を請求します。 遺族特別支給金 支給申請書の支給を申請します。			
⑩ 申請日 年 月 日 労働基準監督署長 殿		請求人(申請人)の住所 氏名 電話番号 郵便番号			
⑪ 金融機関 振込を希望する金融機関の名称 銀行・金庫 農協・漁協・信組		⑫ 支店 Branch name 本店・本所 出張所 支店・支所		⑬ 預金 Account number 預金の種類及び口座番号 普通・ ⑭ 印鑑 Sign number of bankbook 印名義人	

To be filled out by claimant

To be filled out by company

様式第15号(裏面)

有 無	有の場合のその数 (ただし表面の事業場を含まない)	④その他就業先 有無の欄 (ただし表面の事業場を含まない)
	社	労働保険事務組合又は特別加入団体の名称
労働保険番号(特別加入)		加入年月日 年 月 日
		給付基礎日額 円

In the case of being employed in multiple workplaces, circle **有** and indicate the number of workplaces. It is necessary to complete Separate Sheets 1 and 3 of Form No. 8 for each workplace (or Form 16-6 for commuting injury). However, it is unnecessary if you have already submitted Separate Sheets 1 and 3 when claiming Temporary Absence from Work (Compensation) etc. Benefits

Please complete in the case of being employed in multiple workplaces and having taken out special insurance.

【注意】

- 事項を選択する場合には該当する事項を○で囲むこと。
- ②には、死亡労働者の傷病補償年金又は複数事業労働者傷病年金に係る年金証書の番号を記載すること。
- ③の死亡労働者の所属事業場名称・所在地欄には、死亡労働者が直接所属していた事業場が一括適用の取扱いを受けていない場合に、死亡労働者が直接所属していた支店、工事現場等を記載すること。
- 平均賃金の算定基礎期間中に業務外の傷病の療養のため休業した期間が含まれている場合に、当該平均賃金に相当する額がその期間中に支払われ、及びその期間中の賃金を業務上の傷病の療養のため休業した期間の日数及びその期間中の賃金とみなして算定した平均賃金に相当する額に満たないときは、算定した平均賃金に相当する額を⑦に記載すること。
- ⑧には負傷又は発病の日以前1年間(雇入後1年に満たない者については雇入後の期間)に支払われた労働基準法第12条第4項の3箇月を超える期間に支払われる賃金の総額を記載すること。
- 死亡労働者が休業補償給付、複数事業労働者休業給付及び休業特別支給金の支給を受けていなかった場合又は死亡労働者に関し遺族補償年金又は複数事業労働者遺族年金が支給されていなかった場合には、⑦の平均賃金の算定内訳及び⑧の特別給与の総額(年額)の算定内訳を別紙(様式第8号の別紙1)に内訳を記載し使用すること。ただし、既に提出されている場合を除く。
- 死亡労働者に関し遺族補償年金若しくは複数事業労働者遺族年金が支給されていた場合又は死亡労働者が傷病補償年金若しくは複数事業労働者傷病年金を受けていた場合には、
 - ①、④及び⑥には記載する必要がないこと。
 - 事業主の証明は受ける必要がないこと。
- 死亡労働者が特別加入者であった場合には、
 - ⑦にはその者の給付基礎日額を記載すること。
 - ⑧には記載する必要がないこと。
 - 事業主の証明は受ける必要がないこと。
- ⑨及び⑩の欄に記載することができない場合には、別紙を付けて所要の事項を記載すること。
- この請求書(申請書)には、次の書類を添えること。
 - 請求人(申請人)が死亡した労働者と婚姻の届出をしていないが事実上婚姻関係と同様の事情にあつた者であるときは、その事実を証明することができる書類
 - 請求人(申請人)が死亡した労働者の収入によって生計を維持していた者であるときは、その事実を証明することができる書類
 - 労働者の死亡の当時遺族補償年金又は複数事業労働者遺族年金を受けることができる遺族がない場合の遺族補償一時金若しくは複数事業労働者遺族一時金の支給の請求又は遺族特別支給金若しくは遺族特別一時金の支給の申請であるときは、次の書類
 - 労働者の死亡に関して市町村長に提出した死亡診断書、死体検案書若しくは検視調査に記載してある事項についての市町村長の証明書又はこれに代わるべき書類
 - 請求人(申請人)と死亡した労働者との身分関係を証明することができる戸籍の謄本又は抄本((1)の書類を添付する場合を除く。)
 - 遺族補償年金又は複数事業労働者遺族年金を受ける権利を有する者の権利が消滅し、他に遺族補償年金又は複数事業労働者遺族年金を受けることができる遺族がない場合の遺族補償一時金若しくは複数事業労働者遺族一時金の支給の請求又は遺族特別一時金の支給の申請であるときは、(3)のロの書類((1)の書類を添付する場合を除く。)
- 死亡労働者が特別加入者であった場合には、④及び⑥の事項を証明することができる書類その他の資料を添えること。
- ⑩の「その他就業先の有無」で「有」に○を付けた場合は、様式第8号の別紙3をその他就業先ごとに記載すること。その際、その他就業先ごとに様式第8号の別紙1を記載し添付すること。なお、既に他の保険給付の請求において記載している場合は、記載の必要がないこと。
- 複数事業労働者遺族一時金の請求は、遺族補償一時金の支給決定がなされた場合、遡って請求されなかったものとみなされること。
- ⑪「その他就業先の有無」欄の記載がない場合又は複数就業していない場合は、複数事業労働者遺族一時金の請求はないものとして取り扱うこと。

社会保険 労働士 記載欄	作成年月日・提出代行者・事務代理者の表示	氏名	電話番号
			() —

Funeral Expense or Multiple Business Worker Funeral Rites Benefits Claims Form (Form 16) (Example)

様式第16号(表面)

業務災害用
複数業務要因災害用

Use from 16-10 for commuting injury

Circle “男” for male or “女” for female

労働者災害補償保険
葬祭料又は複数事業労働者葬祭給付請求書

① 労働保険番号					③ フリガナ 氏名 住所 死亡労働者との関係 Claimant's	Name (Katakana)				
府県	所掌	管轄	基幹番号	枝番号		Address				
Industrial Accident Compensation Insurance number						Relation to worker				
② 年金証書の番号										
管轄局	種別	西暦年	番号							
④ フリガナ 死亡労働者の					Name (Katakana)		(男・女)			
氏名					⑤ 負傷又は発病年月日 年 月 日 Date of injury or attack 午前 午後 時 分 頃					
生年月日								⑦ 死亡年月日 年 月 日 Date of death		
職 種										
所属事業場 名称所在地					⑥ 葬祭の原因及び発生状況 (あ)どのような場所で(い)どのような作業をしているときに(う)どのような物又は環境に(え)どのような不安全な又は有害な状態があつて(お)どのような災害が発生したかを簡明に記載すること Date of death 年 月 日					
The cause of the disaster and the outback situation										
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。										
<div style="border: 2px dashed red; padding: 5px;"> <p style="text-align: center;">事業の名称</p> <p style="text-align: center;">年 月 日 Employer Certification Field 円 銭</p> <p style="text-align: center;">事業場の所在地</p> <p style="text-align: center;">事業主の氏名</p> <p style="text-align: center;">(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)</p> </div>										
⑨ 添付する書類その他の資料名					Name of appended document					
上記により葬祭料又は複数事業労働者葬祭給付の支給を請求します。										
Date of application 年 月 日			A zip code 〒 ー ー		Telephone 電話() ー ー					
労働基準監督署長 殿					Claimant's 請求人の 住所 Address 氏名 Name					
Financial Institution or post office where transfer of pension is hoped										
振込を希望する金融機関の名称					預金の種類及び口座番号					
Name 銀行・金庫 農協・漁協・信組		Branch name 本店・本所 出張所 支店・支所		Account number 普通・当座 第 号 口座名義人 Nominee						

Clarify the location where the accident occurred, the work being carried out and the conditions at that time

To be filled out by claimant

To be filled out by company

様式第16号(裏面)

㊸その他就業先の有無		
有	有の場合のその数 (ただし表面の事業場を含まない)	有の場合でいずれかの事業で特別加入している場合は、その事業の名称を記載すること。
無	社	労働保険事務組合又は特別加入団体の名称
労働保険番号(特別加入)		加入年月日 年 月 日
		給付基礎日額 円

In the case of being employed in multiple workplaces, circle 有 and indicate the number of workplaces. It is necessary to complete Separate Sheets 1 and 3 of Form No. 8 for each workplace (or Form 16-6 for commuting injury). However, it is unnecessary if you have already submitted Separate Sheets 1 and 3 when claiming Temporary Absence from Work (Compensation) etc. Benefits

(注意)

1. 事項を選択する場合には該当する事項を○で囲むこと。
2. ㊸には、死亡労働者の傷病補償年金又は複数事業労働者傷病年金に係る年金証書の番号を記載すること。
3. ㊸の死亡労働者の所属事業場名称・所在地欄には、死亡労働者が直接所属していた事業場(通称)を記載すること。ただし、適用の取扱いを受けている場合に、死亡労働者が直接所属していた支店、工事現場等を記載すること。
4. 平均賃金の算定基礎期間中に業務外の傷病の療養のため休業した期間が含まれている場合に、当該期間の平均賃金に相当する額がその期間の日数及びその期間中の賃金とみなして算定した平均賃金に満たないときは、当該期間の平均賃金に相当する額を㊸に記載すること。(様式第8号の別紙1に内訳を記載し添付すること。ただし、既に記載されている場合を除く。)
5. 死亡労働者に関し遺族補償給付若しくは複数事業労働者遺族給付が支給されていた場合又は死亡労働者が傷病補償年金若しくは複数事業労働者傷病年金を受けていた場合には、㊸、㊹及び㊺は記載する必要がないこと。事業主の証明は受ける必要がないこと。
6. 死亡労働者が特別加入者であった場合は、㊸にはその者の給付基礎日額を記載すること。
7. この請求書には、労働者の死亡に関して市町村長に提出した死亡診断書、死体検案書若しくは検視調書に記載してある事項についての市町村長の証明書又はこれに代わるべき書類を添えること。
8. 死亡労働者が特別加入者であった場合には、㊹及び㊺の事項を証明することができる書類を添付すること。
9. 遺族補償給付又は複数事業労働者遺族給付の支給の請求書が提出されている場合には、7及び8による書類の添付は必要でないこと。
10. ㊸の「その他就業先の有無」で「有」に○を付けた場合は、様式第8号の別紙3をその他就業先ごとに記載すること。その際、その他就業先ごとに様式第8号の別紙1を記載し添付すること。なお、既に他の保険給付の請求において記載している場合は、記載する必要がないこと。
11. 複数事業労働者葬祭給付の請求は、葬祭料の支給決定がなされた場合、遡って請求されなかったものとみなされること。
12. ㊸「その他就業先の有無」欄の記載がない場合又は複数就業していない場合は、複数事業労働者葬祭給付の請求はないものとして取り扱うこと。

Please complete in the case of being employed in multiple workplaces and having taken out special insurance.

社会保険 労務士 記載欄	作成年月日・提出代行者・事務代理者の表示	氏 名	電 話 番 号
			() —

Nursing Care Compensation etc. Payment Claims Form (Form No. 16-2-2)

Either circle the insurance payments you are claiming, or cross out the insurance payments you are not claiming. (Example) In the case of employment injury or multiple employment factor injury, circle 介護補償給付及び複数就業労働者介護給付, or cross out 介護給付

If receiving annuity bonds, note the annuity bond number.

Write the date in "era", "year", "month" order. (The Heisei era is number 7. The Reiwa era is number 9.)

Only fill out items 30-33 and the financial institution name and account holder name fields when registering a new account or changing an existing registered account.

If care was received at home, circle "イ", if care was received at a facility, etc., circle "ロ".

Enter the name, date of birth and relationship of the person who provided nursing care, the period during which care was provided (the first and last days care was provided) and the number of days care was provided. For class "ハ" and "ニ", the name, date of birth and relationship do not need to be entered.

Number of annuity bond

physical handicap class

Wound

Birthday

Check the type of pension being received and note the class

Years of object

Days

Amount expended as cost that acquires it in nurse

Enter the number of days for which payment was made and nursing care received

Name

Branch name

Account holder

Account number

Type of deposit

Account number (Katakana)

Account number (continuation)

Address

Name

Home Facilities, etc.

Person engaged in

Name

Birthday

Relationship

Nursing period and days

division

attached document

A zip code

Telephone

Address

Name

Enter the address, name and telephone number of the person who provided care

Address

Name

Telephone

It states it concerning the fact of nursing

If the person who provided care is a family, circle "イ", if they are a friend or acquaintance, circle "ロ", if they are a nurse or domestic helper, circle "ハ" and if they are facility staff, circle "ニ".

Claims Forms and Submission Points for Each Type of Insurance benefits

Benefit Type	Employment, Multiple Employment or Commuting	Claims Form	Form No.	Submit to
Medical (Compensation) etc. Benefits	Employment Injury, Multiple Employment Factor Injury	Medical Treatment Benefits Claims Form for Medical Compensation Benefits and Multiple Business Workers Medical Benefits	No.5	The chief of the relevant Labour Standards Inspection Office Via Hospital, Pharmacy, etc.
	Commuting Injury	Medical Treatment Benefits Claims Form for Medical Treatment Benefits	No.16-3	
	Employment Injury, Multiple Employment Factor Injury	Treatment Expense Claims Form for Medical Compensation Benefits and Multiple Business Workers Medical Benefits	No.7	
	Commuting Injury	Treatment Expense Claims Form for Medical Treatment Benefits	No.16-5	
Temporary Absence from Work (Compensation) etc. Benefits	Employment Injury, Multiple Employment Factor Injury	Absence from Work Compensation and Multiple Business Workers Absence from Work Benefits Payment Claims Form	No.8	
	Commuting Injury	Absence from Work Payment Claims Form	No.16-6	
Disability (Compensation) etc. Benefits	Employment Injury, Multiple Employment Factor Injury	Disability Compensation and Multiple Business Workers Disability Benefits Payment Claims Form	No.10	
	Commuting Injury	Disability Payment Claims Form	No.16-7	
Surviving Family (Compensation) etc. Benefits	Employment Injury, Multiple Employment Factor Injury	Surviving Family Compensation Pension and Multiple Business Workers Surviving Family Pension Payment Claims Form	No.12	The relevant Labour Standards Inspection Office
	Commuting Injury	Surviving Family Pension Payment Claims Form	No. 16-8	
	Employment Injury, Multiple Employment Factor Injury	Surviving Family Compensation Lump Sum and Multiple Business Workers Surviving Family Lump Sum Payment Claims Form	No.15	
	Commuting Injury	Surviving Family Lump Sum Payment Claims Form	No.16-9	
Funeral Expenses etc. (Funeral Rites Benefits)	Employment Injury, Multiple Employment Factor Injury	Funeral Expense and Multiple Business Workers Funeral Rites Benefits Claims Form	No.16	
	Commuting Injury	Funeral Rites Benefits Claims Form	No.16-10	
Nursing Care (Compensation) etc. Benefits		Nursing Care Compensation Payment/ Multiple Business Workers Nursing Care Benefits/ Nursing Care Payment Claims Form	No.16-2-2	