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.

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Industrial Accident Compensation Insurance

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.

Types of Industrial Accident Compensation Insurance Benefits

◆ Medical (Compensation) 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) 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) 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) 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) Benefits: when a worker died due to work or commuting, the bereaved family is eligible to receive this benefits.
◆ Funeral Rites Benefits: The benefits cover the deceased worker’s funeral expenses.
◆ Nursing Care (Compensation) Benefits: The benefits cover the expenses of nursing care for recipients of Disability (Compensation) Pension or Injury and Disease (Compensation) Pension.

*Health insurance is not applicable for industrial accidents.
Industrial Accident Compensation Insurance

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.

【Cause/Reason】【Disaster Type】

Health

Insurance

【Insurance】

Other

Accidents

*Health insurance is not applicable for industrial accidents.

Types of Industrial Accident Compensation Insurance Benefits

◆ Medical (Compensation) Benefits: A worker who is injured or becomes ill due to work or commuting is eligible to receive this benefit for medical treatment.

◆ Temporary Absence from Work (Compensation) 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 benefit for compensation of wages.

◆ Injury and Disease (Compensation) 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) Benefits: A worker who is injured or becomes ill due to work or commuting and the disabilities remain is eligible to receive this benefit.

◆ Surviving Family (Compensation) Benefits: When a worker died due to work or commuting, the bereaved family is eligible to receive this benefit.

◆ Funeral Rites Benefits: The benefits cover the deceased worker’s funeral expenses.

◆ Nursing Care (Compensation) Benefits: The benefits cover the expenses of nursing care for recipients of Disability (Compensation) Pension or Injury and Disease (Compensation) Pension.

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

● When injury/disease is employment-related, the term “employment” is used.
● In principle, trainees and employers 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 injury.

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.
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 work place 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 Form
*Note) There are fixed requirements for Form 2 and 3
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.

*Same for travel from a workplace to another workplace and from an assignment residence to home.
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.

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

$$200,000\text{ yen} \times \frac{3\text{ months}}{92\text{ days}} \approx 6,522\text{ yen}$$

$$6,522\text{ yen} \times 0.80 \approx 5,217\text{ yen}$$

→ 5,217 yen, 80% of the basic daily benefits amount is paid per day of lost work.

Basic daily benefits payment amount Calculation Examples

→ 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.

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**Brain and Heart Disorder**

“vascular brain disease” such as brain infarct and “cardiac disease” such as cardiac infarct are formed from vascular pathology due to heredity and a variety of daily lifestyle factors including mainly increased age, diet and living environments, and these gradually develop and worsen until suddenly manifesting. However, on occasion vascular pathology and other effects can worsen as 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.

* Excessive workload means the workload which is objectively admitted by the medical experimental rule that it could significantly worsen vascular disease, which is the cause of brain and heart disease, than the natural course of disease.

**[Requirements for Industrial accident approval]**

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

- **Abnormal incidents**
  - Encountering abnormal incidents from 1 day before up to immediately before the onset of symptoms.
    - This requirement is considered, for example, when the worker is directly involved in work related serious fatal accident and the worker suffers significant mental load or significant physical load because the worker was involved in rescue effort or deal with accident

- **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

- **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.
    - In the case of more than 45 overtime hours per month, the symptoms are more associated with work.
      - (a) If over 100 hours of overtime work for 1 month before the onset of symptoms can be confirmed,
      - (b) If over 80 hours of overtime work per month for 2 to 6 months before the onset of symptoms can be confirmed, the symptoms will be considered to be closely associated with work

* In the case of excessive workload in a short period and a long period, working conditions (irregular working hours, long hours on duty, many business trips, shift system and midnight shift), work environment (temperature, undesired sound and time lag) and mental stress as well as working hours are also supposed to be examined.


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<table>
<thead>
<tr>
<th>Subject disease</th>
<th>Ischemic cardiac disease etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vascular brain disease</td>
<td>Cardiac infarct</td>
</tr>
<tr>
<td>Intracerebral bleeding (Cerebral bleed)</td>
<td>Heart arrest (including sudden cardiac death)</td>
</tr>
<tr>
<td>Subarachnoid bleeding</td>
<td>Angina</td>
</tr>
<tr>
<td>Stroke</td>
<td>Dissecting aortic aneurysm</td>
</tr>
<tr>
<td>Hypertensive encephalopathy</td>
<td></td>
</tr>
</tbody>
</table>

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**Brain and Heart Disorder**

【Approval condition about each disease ①】

- Intracerebral bleeding
- Subarachnoid bleeding
- Stroke
- Hypertensive encephalopathy
- Cardiac infarct
- Angina
- Heart arrest (including sudden cardiac death)
- Dissecting aortic aneurysm
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 strong psychological load* comes from the work and mental disorder develops, it will be covered by Industrial Accident Compensation.

* psychological load is objectively considered that it potentially causes the subjected disease

[Requirements for Industrial accident approval]

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

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)

Serious physiological burden caused by the duty during about 6 months before the onset of mental disorder is confirmed

(e.g.) severe harassment, bullying, violence and incidents which could generate the change of contents of work or workload
* In the case of some repeated actions, like bullying or sexual 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.

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

Private events (divorce, living away from the spouse) or events related to the family (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 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.

**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.

### 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

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

<table>
<thead>
<tr>
<th>Backache resulting from accident</th>
</tr>
</thead>
<tbody>
<tr>
<td>Backache caused by injury and fills the both requirement of ① and ②</td>
</tr>
<tr>
<td>① Back injury, or sudden power caused the injury was generated by a sudden accident during working.</td>
</tr>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Backache not resulting from accident</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
<tr>
<td>Backache not resulting from accident is divided into 2 types according to the causes.</td>
</tr>
<tr>
<td>◇ Backache caused by muscle fatigue</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>• Task with handling heavy goods about 20 kg or more handling different in weight heavy goods</td>
</tr>
<tr>
<td>• in a half-crouching position repeatedly</td>
</tr>
<tr>
<td>• Task required maintaining an awkward position for the back for some hours every day</td>
</tr>
<tr>
<td>• Task required limited movement (a worker cannot stand up for a long time and have to keep the same position)</td>
</tr>
<tr>
<td>• Task with receiving constant big shaking on the back</td>
</tr>
<tr>
<td>◇ Backache caused by deformation of bone</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>• Task handling heavy goods of about 30 kg or more for 1/3 working hours or more</td>
</tr>
<tr>
<td>• Task handling heavy goods of about 20 kg or more for 1/2 working hours or more</td>
</tr>
</tbody>
</table>

* 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 (Compensation) 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) or Medical Treatment Benefits (for commuting injury).

Benefit Details

Medical (Compensation) 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”).
- “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 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 (Compensation) 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 (Note1), 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 (Compensation) Benefits will not be provided.

(Note1) “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.

(Note2) “No further medical effect can be expected” refers to a condition where no recovery or improvement of injury or disease symptoms can be expected.
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.

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) 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 Temporary Absence from Work Benefits (for commuting 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) 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

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

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 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) 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) 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) or Injury and Disease Pension (for commuting injury) from that day. The requirement 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.

### Benefit Details

<table>
<thead>
<tr>
<th>Injury/disease class</th>
<th>Injury and Disease (Compensation) Pension</th>
<th>Injury and Disease Special Allowance (lump sum)</th>
<th>Injury and Disease Special Pension</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class 1</td>
<td>313 days of days of basic daily benefit payment amount</td>
<td>1,140,000 yen</td>
<td>313 days of days of basic daily calculation amount</td>
</tr>
<tr>
<td>Class 2</td>
<td>277 days of days of basic daily benefit payment amount</td>
<td>1,070,000 yen</td>
<td>277 days of days of basic daily calculation amount</td>
</tr>
<tr>
<td>Class 3</td>
<td>245 days of days of basic daily benefit payment amount</td>
<td>1,000,000 yen</td>
<td>245 days of days of basic daily calculation amount</td>
</tr>
</tbody>
</table>

### Pension Payment Months

Injury and Disease (Compensation) 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) Benefits. (→ P32)

### Procedures

Determination of whether Injury and Disease (Compensation) 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.
Benefits. 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) Pension.

Disability (Compensation) 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) or Disability Benefits (for commuting injury).

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

Claim Procedures

Submit “Disability Compensation 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) 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

<table>
<thead>
<tr>
<th>Disability class</th>
<th>Benefit Details</th>
<th>Physical Disability</th>
<th>Disability class</th>
<th>Benefit Details</th>
<th>Physical Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class 1</td>
<td>313 days of the basic daily benefits payment amount for 1 year while the disability is present</td>
<td>1 Has lost vision in both eyes 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 constant nursing 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</td>
<td>Class 4</td>
<td>Same 213 days</td>
<td>1 Vision in both eyes is under 0.06 2 Has significant disability with speech or digestive functions 3 Is completely deaf 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</td>
</tr>
<tr>
<td>Class 2</td>
<td>Same 277 days</td>
<td>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</td>
<td>Class 5</td>
<td>Same 184 days</td>
<td>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</td>
</tr>
<tr>
<td>Class 3</td>
<td>Same 245 days</td>
<td>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</td>
<td>Class 6</td>
<td>Same 156 days</td>
<td>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</td>
</tr>
<tr>
<td>Disability Class</td>
<td>Benefit Details</td>
<td>Physical Disability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Class 1</td>
<td>313 days</td>
<td>Has lost vision in 1 eye and vision in other eye is 0.6 or less</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 Hearing in both ears is of a level that it is difficult to hear normal conversation further than 40 centimeters</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>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</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3 Has significant disabilities with nervous system or mental disability, and cannot perform any but the simplest of work</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>4 Deleted</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>5 Has significant disabilities with thoracoabdominal organ function, and cannot perform any but the simplest of work</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>6 Has lost 3 fingers including the thumb or 4 fingers excluding the thumb on 1 hand</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>7 Has lost use of all 5 fingers or 4 fingers including the thumb on 1 hand</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>8 Has lost 1 foot above the Lisfranc joint</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>9 Has pseudoarthrosis and significant mobility impairment in 1 arm</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>10 Has pseudoarthrosis and significant mobility impairment in 1 leg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>11 Has lost the use of all toes on both feet</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>12 Has significant external appearance issues</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>13 Has lost both testis</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disability Class</th>
<th>Benefit Details</th>
<th>Physical Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class 7</td>
<td>Same 131 days</td>
<td>4 Has significant deformation or mobility impairment in spine</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5 Has lost use of 2 of the 3 major joints in 1 arm</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6 Has lost use of 2 of the 3 major joints in 1 leg</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7 Has lost all 5 fingers or 4 fingers including the thumb on 1 hand</td>
</tr>
<tr>
<td>Class 8</td>
<td>503 days</td>
<td>1 Has lost vision in 1 eye or vision in 1 eye is 0.02 or less</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 Has mobility impairment in spine</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3 Has lost 2 fingers including the thumb or 3 fingers excluding the thumb on 1 hand</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4 Has lost use of 3 fingers including the thumb or 4 fingers excluding the thumb on 1 hand</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5 1 leg has been shortened by 5 centimeters or more</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6 Has lost use of 1 of the 3 major joints in 1 arm</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7 Has lost use of 1 of the 3 major joints in 1 leg</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8 Has pseudoarthrosis and in 1 arm</td>
</tr>
<tr>
<td></td>
<td></td>
<td>9 Has pseudoarthrosis and in 1 leg</td>
</tr>
<tr>
<td></td>
<td></td>
<td>10 Has lost all toes on 1 foot</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disability Class</th>
<th>Benefit Details</th>
<th>Physical Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class 9</td>
<td>Same 391 days</td>
<td>1 Vision in both eyes is 0.6 or less</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 Vision in 1 eye is 0.06 or less</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3 Has hemiamaurosis, tunnel visions or deformed vision in both eyes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4 Has significant impairment in the eyelids of both eyes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5 Has lost the nose or has significant impairment in the function of the nose</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6 Has disability with digestive and speech function</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6-2 Hearing in both ears is of a level that it is difficult to hear normal conversation further than 1 meter</td>
</tr>
<tr>
<td></td>
<td></td>
<td>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</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7 Has completely lost hearing in 1 ear</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7-2 Has disabilities with nervous system or mental disability which limits the level of work that can be performed</td>
</tr>
<tr>
<td>Class</td>
<td>Benefit</td>
<td>Physical Disability</td>
</tr>
<tr>
<td>-------</td>
<td>---------</td>
<td>---------------------</td>
</tr>
<tr>
<td>10</td>
<td>Same 302 days</td>
<td>7-3 Has disability with thoracoabdominal organ function which limits the level of work that can be performed 8 Has lost thumb or 2 fingers excluding thumb on 1 hand 9 Has lost use of 2 fingers including thumb, or 3 fingers excluding thumb on 1 hand 10 Has lost 2 or more toes, including big toe on 1 foot 11 Has lost use of all toes on 1 foot 11-2 Has considerable external appearance issues 12 Has significant disability with genitals</td>
</tr>
<tr>
<td>11</td>
<td>Same 233 Days</td>
<td>1 Has significant disability with mobility impairment in both eyes 2 Has significant mobility impairment in the eyelids of both eyes 3 Has significant loss of the eyelid of 1 eye 3-2 Has dental prosthetics in 10 or more teeth 3-3 Hearing in both ears is of a level that it is difficult to hear quiet conversation further than 1 meter 4 Hearing in 1 ear is of a level that it is difficult to hear normal conversation further than 40 centimeters 5 Has deformation of spine 6 Has lost index finger, middle finger or ring finger on 1 hand 7 deleted 8 Has lost use of 2 toes including big toe on 1 foot 9 Has disability with thoracoabdominal organ function which presents significant impairment to execution of work</td>
</tr>
<tr>
<td>12</td>
<td>Same 156 days</td>
<td>1 Has significant disability with modulation function or mobility impairment in 1 eye 2 Has significant mobility impairment in the eyelid of 1 eye 3 Has dental prosthetics in 7 or more teeth 4 Has lost majority of the auricle the pinna of 1 ear 5 Has significant deformation of cartilage, sternum, ribs, shoulder blade or pelvic bone 6 Has significant disability of function in 1 of 3 major joints in arm 7 Has significant disability of function in 1 of 3 major joints in leg 8 Has deformation of long bones 8-2 Has lost pinky finger on 1 hand 9 Has lost use of index finger, middle finger or ring finger on one hand 10 Has lost 2nd toe, has lost 2 toes including 2nd toe or has lost 3 toes excluding 2nd toe on 1 foot</td>
</tr>
<tr>
<td>Disability Class</td>
<td>Benefit Details</td>
<td>Physical Disability</td>
</tr>
<tr>
<td>------------------</td>
<td>----------------</td>
<td>---------------------</td>
</tr>
</tbody>
</table>
| Class 10         | Same 302 Days  | 11 Has lost use of big toe or 4 other toes on 1 foot  
|                  |                | 12 Has obstinate localized nervous symptoms  
|                  |                | 14 Has external appearance issues  |

<table>
<thead>
<tr>
<th>Disability Class</th>
<th>Benefit Details</th>
<th>Physical Disability</th>
</tr>
</thead>
</table>
| Class 13         | Same 101 Days  | 1 Vision in 1 eye is 0.6 or less  
|                  |                | 2 Has hemiamaurosis, tunnel vision 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 Has lost use of either or both 4th and 5th toes on 1 foot  
|                  |                | 9 Has lost either or both 4th and 5th toes on 1 foot  |

<table>
<thead>
<tr>
<th>Disability Class</th>
<th>Benefit Details</th>
<th>Physical Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class 13</td>
<td>Same 101 Days</td>
<td>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</td>
</tr>
</tbody>
</table>

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)"
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) 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 amount of 5% simple interest a year).

### 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).

<table>
<thead>
<tr>
<th>Disability Class</th>
<th>Prepaid Lump Sum Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class 1</td>
<td>basic daily 200 days, 400 days, 600 days, 800 days, 1000 days, 1200 days or 1340 days Calculation amount</td>
</tr>
<tr>
<td>Class 2</td>
<td>200 days, 400 days, 600 days, 800 days, 1000 days or 1190 days</td>
</tr>
<tr>
<td>Class 3</td>
<td>200 days, 400 days, 600 days, 800 days, 1000 days or 1050 days</td>
</tr>
<tr>
<td>Class 4</td>
<td>200 days, 400 days, 600 days, 800 days or 920 days</td>
</tr>
<tr>
<td>Class 5</td>
<td>200 days, 400 days, 600 days, or 790 days</td>
</tr>
<tr>
<td>Class 6</td>
<td>200 days, 400 days, 600 days, or 670 days</td>
</tr>
<tr>
<td>Class 7</td>
<td>200 days, 400 days or 560 days</td>
</tr>
</tbody>
</table>

### Claim Procedures

When making a claim for a disability (compensation) pension prepaid lump sum, in principle a “Disability Compensation 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) 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) pension prepaid lump sum is 2 years after the next day when disease or injury is cured (stabilized symptoms)
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) 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 amount of 5% simple interest a year).

### Benefit Details

When making a claim for a disability (compensation) pension prepaid lump sum, in principle a “Disability Compensation 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) 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.

### Claim Procedures

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

### Disability (Compensation) Pension Prepaid Lump Sum

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

#### Statute of Limitations

<table>
<thead>
<tr>
<th>Disability Class</th>
<th>Disability (Compensation) Pension Balance Lump Sum</th>
<th>Disability Special Pension Balance Lump Sum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class 1</td>
<td>basic daily benefits amount × 1,340 days</td>
<td>basic daily calculation amount 1,340 days</td>
</tr>
<tr>
<td>Class 2</td>
<td>“                              1,190 days</td>
<td>“                              1,190 days</td>
</tr>
<tr>
<td>Class 3</td>
<td>“                              1,050 days</td>
<td>“                              1,050 days</td>
</tr>
<tr>
<td>Class 4</td>
<td>“                              920 days</td>
<td>“                              920 days</td>
</tr>
<tr>
<td>Class 5</td>
<td>“                              790 days</td>
<td>“                              790 days</td>
</tr>
<tr>
<td>Class 6</td>
<td>“                              670 days</td>
<td>“                              670 days</td>
</tr>
</tbody>
</table>

#### Surviving family which can receive Disability (Compensation) Pension Balance Lump Sum

The surviving family which can receive Disability (Compensation) 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).
When making a claim for a disability (compensation) pension balance lump sum, submit a Disability Compensation 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**

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

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

**Statute of Limitations**

If claims for Disability (Compensation) 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) Benefits
Funeral Expenses (Funeral Rites Benefits)

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

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

Surviving Family (Compensation) (Compensation) Pension

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

Qualified Recipients

Qualified recipients for Surviving Family (Compensation) 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 items⑦-⑩ are the eligible recipients, pension will not be supplied until they reach 60 years old.
Surviving Family (compensation) 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 by the total.

### Claim Procedures

Submit a Surviving Family Compensation 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) benefits and use the same form as surviving Family (compensation) benefits.

#### Materials required when submitting

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

<table>
<thead>
<tr>
<th>Situation</th>
<th>Attachments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Must be attached in all cases</td>
<td>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 the 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.</td>
</tr>
<tr>
<td>If the claimant or another qualified recipient was living in a marriage relationship with the deceased worker but had not filed a marriage registration</td>
<td>Materials proving the relationship and circumstances.</td>
</tr>
<tr>
<td>If there the claimant or another qualified recipient is a qualified recipient because of certain disabilities</td>
<td>Medical certificate or other materials which certify the relevant person still suffers from the disability after the worker's death.</td>
</tr>
<tr>
<td>If any of the qualified recipients' livelihoods was tied to that of the deceased worker's</td>
<td>Materials proving the relationship and circumstances.</td>
</tr>
<tr>
<td>If the worker's wife is disabled</td>
<td>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.</td>
</tr>
<tr>
<td>If receiving surviving Family pension, basic surviving Family pension, widow's pension, etc. for the same reasons</td>
<td>Materials showing the amount of benefits received.</td>
</tr>
</tbody>
</table>

### Statute of Limitations

If claims for surviving family (compensation) 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.
(1) Surviving Family (Compensation) Lump Sum
It will be provided in any of the following circumstances
① If no surviving family eligible to receive Surviving Family (Compensation) Pension exists at the time of the worker’s death
② If all eligible Surviving Family (Compensation) 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) pension prepaid lump sum paid (P29) 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) lump sums are those from the following list in order of priority (for ②and ③the 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 for their livelihood at the time of death.
③ Other child, parent, grandchild or grandparent
④ Sibling

Benefit Details

For situation (1) ① above
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 situation (1) ② above
1,000 days of the basic daily benefits payment minus total amount of Surviving Family Special Pension already paid is provided.
If the total amount of Surviving Family Special Pension paid to all eligible recipients is less than 1000 days worth of the basic daily calculation amount, a Surviving Family Special Lump Sum consisting of an amount equal to 1000 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.)
Submit a Surviving family Compensation 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) Lump Sum Money.

● Materials required when submitting

<table>
<thead>
<tr>
<th>Situation</th>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>If living in a marriage relationship with the deceased worker but have not filed a marriage registration</td>
<td>Materials proving the relationship and circumstances</td>
</tr>
<tr>
<td>If your livelihood was dependent upon the income of the deceased worker</td>
<td>Materials proving the relationship and circumstances</td>
</tr>
</tbody>
</table>
| If there is no surviving family who is qualified to receive Surviving Family Compensation benefits 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) 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) lump 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) pension
Surviving Family (Compensation) Pension Prepaid Lump Sum

Surviving family’s eligible to receive Surviving Family (Compensation) 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) 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 amount of 5 % simple interest a year).

**Claim Procedures**

When making a claim for a Surviving Family (Compensation) Pension, in principle a “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) Pension to the chief of the relevant labour standards inspection office. However, a claim can be made even after receiving Surviving Family (Compensation) 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) 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) Pension
Recipient Changes

If the eligible recipient of surviving family (compensation) pension becomes ineligible to receive the benefits for the following reasons, the payment of the benefits will more 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/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

<table>
<thead>
<tr>
<th>Situation</th>
<th>Attachments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Must be attached in all case</td>
<td>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</td>
</tr>
<tr>
<td>If the claimant or another qualified recipient whose livelihood is the same as the claimant is a qualified recipient because of regular disabilities</td>
<td>Medical certificate or other materials which certify the relevant person still suffers from the disability after the worker's death</td>
</tr>
<tr>
<td>If any of the qualified recipients' livelihoods was tied to that of the deceased worker's</td>
<td>Materials proving the relationship and circumstances</td>
</tr>
</tbody>
</table>

*Submission of materials other than those listed may be required.*
Funeral Expenses (Funeral Rites Benefits)

Funeral expenses (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 (Funeral Rites Benefits) can be paid to the company.

Benefit Details

Funeral expenses (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 Expense 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) allowance claims form, they are not needed)

Statute of Limitations on Claims

If claims for Funeral Expenses (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.
### Payment Conditions

1 **Must have a regular disability.**
Nursing care (compensation) 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.

<table>
<thead>
<tr>
<th></th>
<th>Detailed Disability Conditions of Relevant Person</th>
</tr>
</thead>
</table>
| **Constant Nursing Care** | 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)  
② ▶ 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  
Others who require the same degree of nursing care as those in ① |
| **On Call Nursing Care** | 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)  
② Those who are disability class 1 or equivalent but do not require constant nursing care |

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.
Nursing Care (Compensation) Benefits payment amounts are as follows (as of April 1, 2017).

(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 105,130 yen).
   ② If receiving nursing care from family, friends or acquaintances:
      I. If no expenses are paid for nursing care, a flat rate of 57,110 yen will be paid.
      II. If expenses are paid for nursing care and are under a total of 57,110 yen, a flat rate of 57,110 yen will be paid.
      III. If expenses are paid for nursing care, and are over 57,110 yen, that amount will be paid (with a maximum limit of 105,130 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 a maximum limit of 52,570 yen).
   ② If receiving nursing care from family, friends or acquaintances:
      I. If no expenses are paid for nursing care, a flat rate of 28,560 yen will be paid.
      II. If expenses are paid for nursing care and are under a total of 28,560 yen, a flat rate of 28,560 yen will be paid.
      III. If expenses are paid for nursing care, and are over 28,560 yen, that amount will be paid (with a maximum limit of 52,570 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 up to 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).
When making a claim for nursing care (compensation) benefits, submit a Nursing Care Compensation Payment・Nursing Care Payment Claims Form (Form No. 16-2-2) to the chief of the relevant labour standards inspection office.

- Materials required when submitting

<table>
<thead>
<tr>
<th>Situation</th>
<th>Detailed Disability Conditions of Relevant Victim</th>
</tr>
</thead>
<tbody>
<tr>
<td>Must be attached in all cases</td>
<td>Medical certificate from doctor or dentist</td>
</tr>
<tr>
<td>If paying nursing care expenses</td>
<td>Materials which certify the number of days of nursing care and expenses</td>
</tr>
</tbody>
</table>

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

Those receiving Injury and Disease (Compensation) 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) claims form onward. Claims for nursing care (compensation) benefits are handled in 1 month units, however up to 3 months worth of claims can be submitted at one time.

If claims for nursing care (compensation) 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 (Form No. 5)
2. Medical Treatment Expense Payment Claims Form (Form No. 7)
3. Temporary Absence from Work Compensation Payment Claims Form (Form No. 8)
4. Disability Compensation Payment Claims Form (Form No. 10)
5. Surviving Family Compensation Lump Sum Payment Claims Form (Form No. 15)
6. Surviving Family Compensation Pension Payment Claims Form (Form No. 12)
7. Funeral Expense Claims Form (Form No. 16)
8. Nursing Care Compensation Payment Claims Form (Form No. 16-2-2)
### Medical Treatment Benefits Claims Form (Form No. 5)(Example)

- **Name**
- **Address**
- **Zip code**
- **Age**
- **Position**
- **Employer**
- **Certification Field**
- **Time of injury or attack**
- **Cause of the accident and the outback situation**
- **Name of hospital**
- **Date of injury or attack**
- **Industrial Accident Compensation Insurance number**
- **Claimant’s name**
- **Claimant’s address**
- **Zip code**
- **Telephone**
- **Era name and month**
- **Name (Katakana)**
- **Employer Certification Field**
- **Seal**

#### Instructions:
- Use form 16-3 for commuting injury
- Leave a space between first and last names and write names in katakana.
- Enter “1” if you are male or “3” if you are female.
- Have this filled out by your workplace if you are uncertain.
- Fill out in the order of era name, year, and month.
- Era name: 5 for Showa, 7 for Heisei.
- Fill out the name and job of the person who confirmed the circumstances of the accident.
- Have this filled out by your workplace if you are uncertain.
- *Consult with the supervising institution when submitting if certification from the company cannot be obtained.

#### Claims Form:

<table>
<thead>
<tr>
<th>Era Name</th>
<th>Year</th>
<th>Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Employer Certification Field**

**Claimant’s name**

**Hospital**

**Date of injury or attack**

**Industrial Accident Compensation Insurance number**

**Claimant’s address**

**Claimant’s telephone**

**Era name and month**

**Name (Katakana)**

**Seal**

Seal is not required if filled out by the claimant.
**Medical Treatment Expense Payment Claims Form (Form No. 7 (1) (front))**

- **Use form 16-5-1 for commuting injury**
- **Have this filled out by your workplace if you are uncertain.**
- **Fill out in the order of era name, year and month. Era name: 5 for Showa, 7 for Heisei.**
- **Leave a space between first and last names and write names in katakana.**
- **Enter “1” for Ordinary Savings Accounts and “2” for Current Accounts.**
- **Enter “1” if you are a male or “3” if you are a female.**
- ** Reasons why supply of recuperation is not received: **
  - Amount of cost that requires it to recuperate

**Certification by doctor or dentist**

**Details of the treatment and amount (as the details on the back)**

**Certification Field**

*Since the second claim, filling out is not necessary if you have already quit the job.*

**Period of injury or attack**

- Year: month: day
- Total days:net treatment days
- The site and name of injury/disease

**Summary of the course of injury/disease**

- Year: month: day: cured/continued
- (⑨)、(⑩)、(⑪) and (⑫)

**To be filled out by medical institution**

**Claimant’s**

- Name
- Address
- Zip code

**Address**

- Name
- Address
- Telephone

**Name of financial institution**

- Branch name
- Account holder

**Date of application**

- The chief of the Labour Standards Inspection Office

**Seal is not required if filled out by the claimant.**

**To be filled out by company**

*Consult with the supervising institution when submitting if certification from the company cannot be obtained.*
Medical Treatment Expense Payment Claims Form (Form No. 7(1) (back)) Example

<table>
<thead>
<tr>
<th>Name and address in workplace</th>
<th>Time of injury or attack</th>
<th>Details of the treatment and the amount</th>
</tr>
</thead>
</table>

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

Fill out the name and job of the person who confirmed the circumstances of the accident.

Subtotal: points ¥10
Total: ¥10
### Temporary Absence from Work Compensation Payment Claims Form (Form No. 8)

| **Fill out in the order of era name, year and month.**
| **Name**
| **Address**
| **Zip code**

**Employer Certification Field**

Since the second claim, filling out is not necessary if you have already quit the job.

**Employer Certification Field**

Since the second claim, filling out is not necessary if you have already quit the job.

**To be filled out by**

- **Medical institution**
- **Account holder**
- **Medical institution**
- **Account holder**

**Fill out the period you did not work because of treatment (2) and the days you did not receive wage (2) in the period**

**Filling out (28) to (31), the bank name and account holder in the left column are necessary only when opening a new account or changing the reported account,**

**Temporary Absence from Work Compensation Payment Claims Form (Form No. 8)**

| **Period working was impossible due to treatment:**
| **The cause of the accident and the outback situation:**
| **Other**

**Use form 16-6 for commuting injury**

| **Date of application**
| **Claimant's Name**
| **Address**
| **Zip code**

| **Name**
| **Address**
| **Zip code**

**Seal is not required if filled out by the claimant**

* Consult with the supervising institution when submitting if certification from the company cannot be obtained.
Disability Compensation Payment Claims Form (Form 10)(Example)

Use form 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.

<table>
<thead>
<tr>
<th>Employer Certification Field</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part and symptom of existing trouble</td>
</tr>
<tr>
<td>Kind of pension</td>
</tr>
<tr>
<td>Grade of disability</td>
</tr>
<tr>
<td>Amount of provided pension</td>
</tr>
<tr>
<td>Date to have been provided</td>
</tr>
<tr>
<td>Pension code of annuity bond of welfare annuity</td>
</tr>
<tr>
<td>Jurisdiction pension office etc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>File Name (Katakana)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of appended document</td>
</tr>
<tr>
<td>Name of financial institution or post office where transfer of pension is hoped</td>
</tr>
<tr>
<td>Name of financial institution or post office where transfer of pension is hoped</td>
</tr>
<tr>
<td>Branch name</td>
</tr>
<tr>
<td>Account number</td>
</tr>
<tr>
<td>Name</td>
</tr>
<tr>
<td>Address</td>
</tr>
<tr>
<td>Telephone</td>
</tr>
</tbody>
</table>

Circle “男” for male or “女” for female

Seal is not required if filled out by the claimant

To be filled out by claimant

To be filled out by company
Surviving Family Compensation Pension Payment Claims Form (Form 12)(Example)
Surviving Family Compensation Lump Sum Payment Claims Form (Form 15)(Example)

**Employer Certification Field**

<table>
<thead>
<tr>
<th>Field</th>
<th>Information Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>①</td>
<td>Industrial Accident Compensation insurance number</td>
</tr>
<tr>
<td>②</td>
<td>Worker’s Name (Katakana)</td>
</tr>
<tr>
<td>③</td>
<td>Date of injury or attack</td>
</tr>
<tr>
<td>④</td>
<td>Date of wound recovered</td>
</tr>
<tr>
<td>⑤</td>
<td>Average wages</td>
</tr>
<tr>
<td>⑥</td>
<td>Total of special salary in one year</td>
</tr>
</tbody>
</table>

**Claim Form**

<table>
<thead>
<tr>
<th>Field</th>
<th>Information Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>①</td>
<td></td>
</tr>
<tr>
<td>②</td>
<td></td>
</tr>
<tr>
<td>③</td>
<td></td>
</tr>
<tr>
<td>④</td>
<td></td>
</tr>
<tr>
<td>⑤</td>
<td></td>
</tr>
<tr>
<td>⑥</td>
<td></td>
</tr>
</tbody>
</table>

**Note:**
- Circle “男” for male or “女” for female.
- Seal is not required if filled out by the claimant.
- Use form 16-9 for commuting injury.
### Funeral Expense Claims Form (Form 16) (Example)

#### Employment Certification Field

<table>
<thead>
<tr>
<th>Employment Certification Field</th>
<th>Name of appended document</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name(Katakana)</td>
<td>Name of appended document</td>
</tr>
<tr>
<td>Birthday</td>
<td>Date of injury or attack</td>
</tr>
<tr>
<td>Claimant’s Address</td>
<td>Date of death</td>
</tr>
<tr>
<td>Relation to worker</td>
<td>Date of application</td>
</tr>
<tr>
<td>Name</td>
<td>Sign</td>
</tr>
</tbody>
</table>

#### Employer Certification Field

<table>
<thead>
<tr>
<th>Employer Certification Field</th>
<th>Name of appended document</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Name of appended document</td>
</tr>
<tr>
<td>Birthday</td>
<td>Date of death</td>
</tr>
<tr>
<td>Claimant’s Address</td>
<td>Date of application</td>
</tr>
<tr>
<td>Relation to worker</td>
<td>Sign</td>
</tr>
</tbody>
</table>

---

**The cause of the disaster and the outback situation**

---

**42**

---

To be filled out by claimant

To be filled out by company

---

Seal is not required if filled out by the claimant
**Nursing Care Compensation Payment Claims Form (Form No. 16 - 2-2) (Example)**

For Employment Injury circle "介護補償給付" (Nursing Care Compensation Payment) and for commuting injury circle "介護給付" (nursing payments).

If receiving annuity bonds, note the annuity bond number. Check the type of pension being received and note the class.

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

Only fill out items ㉘ - ㉛ 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.

It states it concerning the fact of nursing care.

Seal is not required if filled out by the claimant.

---

### Form Fields

- **Number of annuity bond**: 
  - If receiving annuity bonds, note the annuity bond number.

- **Workers’ Name (Katakana)**: 
  - Enter the worker’s name.

- **Birthday**: 
  - Enter the worker’s birthday.

- **Account holder (Katakana)**: 
  - Enter the account holder’s name.

- **Account holder (Continuation)**: 
  - Enter additional information if necessary.

- **Home Facilities etc.**: 
  - If care was received at home, circle "イ", if care was received at a facility, etc., circle "ロ".

- **Person engaged in nursing care**: 
  - 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.

- **Address**: 
  - Enter the address.

- **Name**: 
  - Enter the claimant’s name.

- **Telephone**: 
  - Enter the claimant’s telephone number.

- **Seal**: 
  - Seal is not required if filled out by the claimant.
<table>
<thead>
<tr>
<th>Benefit Type</th>
<th>Claims Form</th>
<th>Form No.</th>
<th>Submit to</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical (Compensation) Benefits</td>
<td>Employment Injury: Medical Treatment Benefits Claims Form</td>
<td>No.5</td>
<td>The chief of the relevant Labour Standards Inspection Office Via Hospital, Pharmacy, etc.</td>
</tr>
<tr>
<td></td>
<td>Commuting Injury: Medical Treatment Benefits Claims Form</td>
<td>No.16-3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Employment Injury: Treatment Expense Claims Form</td>
<td>No.7</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Commuting Injury: Treatment Expense Claims Form</td>
<td>No.16-5</td>
<td></td>
</tr>
<tr>
<td>Temporary Absence from Work (Compensation) Benefits</td>
<td>Employment Injury: Absence from Work Compensation Payment Claims Form</td>
<td>No.8</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Commuting Injury: Absence from Work Payment Claims Form</td>
<td>No.16-6</td>
<td></td>
</tr>
<tr>
<td>Disability (Compensation) Benefits</td>
<td>Employment Injury: Disability Compensation Payment Claims Form</td>
<td>No.10</td>
<td>The relevant Labour Standards Inspection Office</td>
</tr>
<tr>
<td></td>
<td>Commuting Injury: Disability Payment Claims Form</td>
<td>No.16-7</td>
<td></td>
</tr>
<tr>
<td>Surviving Family (Compensation) Benefits</td>
<td>Employment Injury: Surviving Family Compensation Pension Payment Claims Form</td>
<td>No.12</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Commuting Injury: Surviving Family Pension Payment Claims Form</td>
<td>No.16-8</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Employment Injury: Surviving Family Compensation Lump Sum Payment Claims Form</td>
<td>No.15</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Commuting Injury: Surviving Family Lump Sum Payment Claims Form</td>
<td>No.16-9</td>
<td></td>
</tr>
<tr>
<td>Funeral Expenses (Funeral Rites Benefits )</td>
<td>Employment Injury: Funeral Expense Claims Form</td>
<td>No.16</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Commuting Injury: Funeral Rites Benefits Claims Form</td>
<td>No.16-10</td>
<td></td>
</tr>
<tr>
<td>Nursing Care (Compensation) Benefits</td>
<td>Employment Injury: Nursing Care Compensation Payment Claims Form</td>
<td>No.16-6</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Commuting Injury: Nursing Care Payment Claims Form</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>