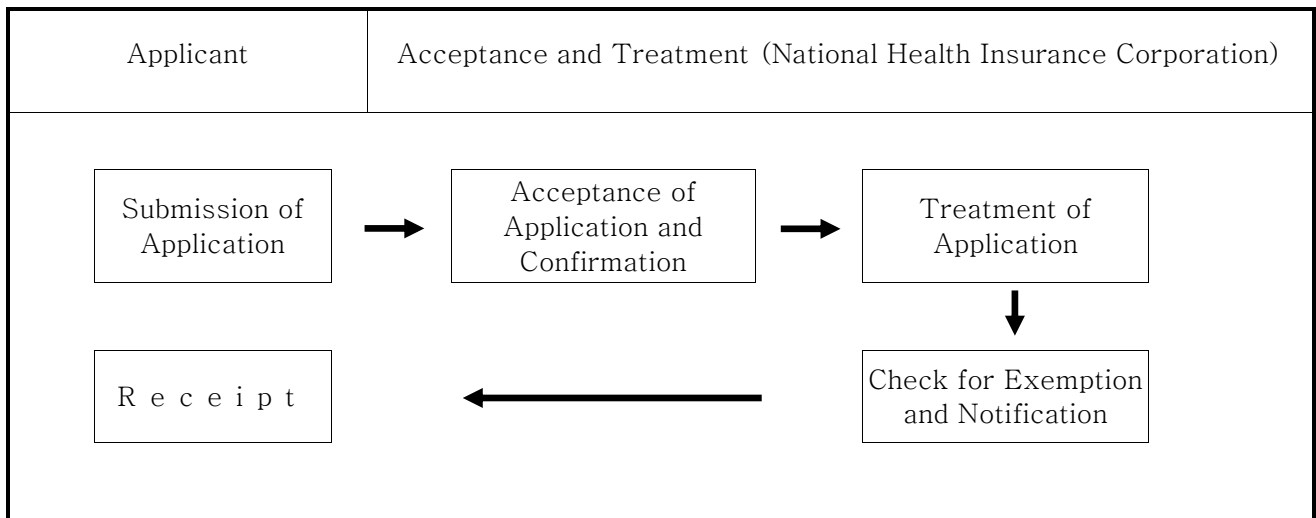


Application Form for Foreigner Worker Exemption for Subscription

① Work Place	Name		Administration No.	
	Location			
② Subscriber	Name		Foreigner Registration No.	
	Address			
	Phone			
	Nationality		Eligibility for Stay	
<p>I hereby apply for exemption for subscription of long-term care insurance according to clause 4 of article 7 of 「Long-term Care Insurance Law」 and article 1-2 of 「Enforcement Regulations of Long-term Care Insurance Law」.</p> <p>Applicant (Subscriber) (Signature or Stamp)</p> <p>to President of National Health Insurance Corporation</p>				
Required Documents	To be Verified by Staff Member (Document submitted directly by applicant when not agreed or unable to check)			
	Either a copy of foreigner registration or a copy of proof of fact for foreigner registration			
<p>I hereby agree to a staff member checking items to be verified in the above through public use of administrative information according to clause 1 of article 22-2 of the 「Electronic Government Law」.</p> <p>Applicant (Subscriber) (Signature or Stamp)</p>				
*Acceptance No.		*Date Accepted		Free of Charge

This Application Will Be Handled As Follows (Approxiamtely 3 days.)



<Instructions and Matters to be Attended to>

- ①: Complete with name and address of work place where applicant is employed at.
- ②: Complete "Name" and "Foreigner Registration Number" of applicant (subscriber) with the name and foreigner registration number of applicant (subscriber) that appears on the alien registration certificate and complete "Phone" of applicant (subscriber), then complete "Nationality" and "Eligibility for residency".