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| 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 | | | | |  | | |
| 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」.  . . .  Applicant (Subscriber) (Signature or Stamp)  to President of National Health Insurance Corporation | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | |
| 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」.  Applicant(Subscriber) (Signature or Stamp) | | | | | | | | | | | | | | | |
| \*Acceptance No. | | |  | | | | \*Date Accepted | |  | | | | | Free of Charge | |
| This Application Will Be Handled As Follows (Approxiamtely 3 days.) | | | | | | | | | | | | | | | |
| Applicant | | | | | Acceptance and Treatment (National Health Insurance Corporation) | | | | | | | | | | |
|  | | | | |  | | | | | |  | | | | |
|  | Submission of Application | | |  | | Acceptance of Application and Confirmation | | | |  | | Treatment of Application | | |  |
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|  | Receipt | | |  | | | | | | | | Check for Exemption and Notification | | |  |
|  | | | | |  | | | | | |  | | | | |
| <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". | | | | | | | | | | | | | | | |