

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.

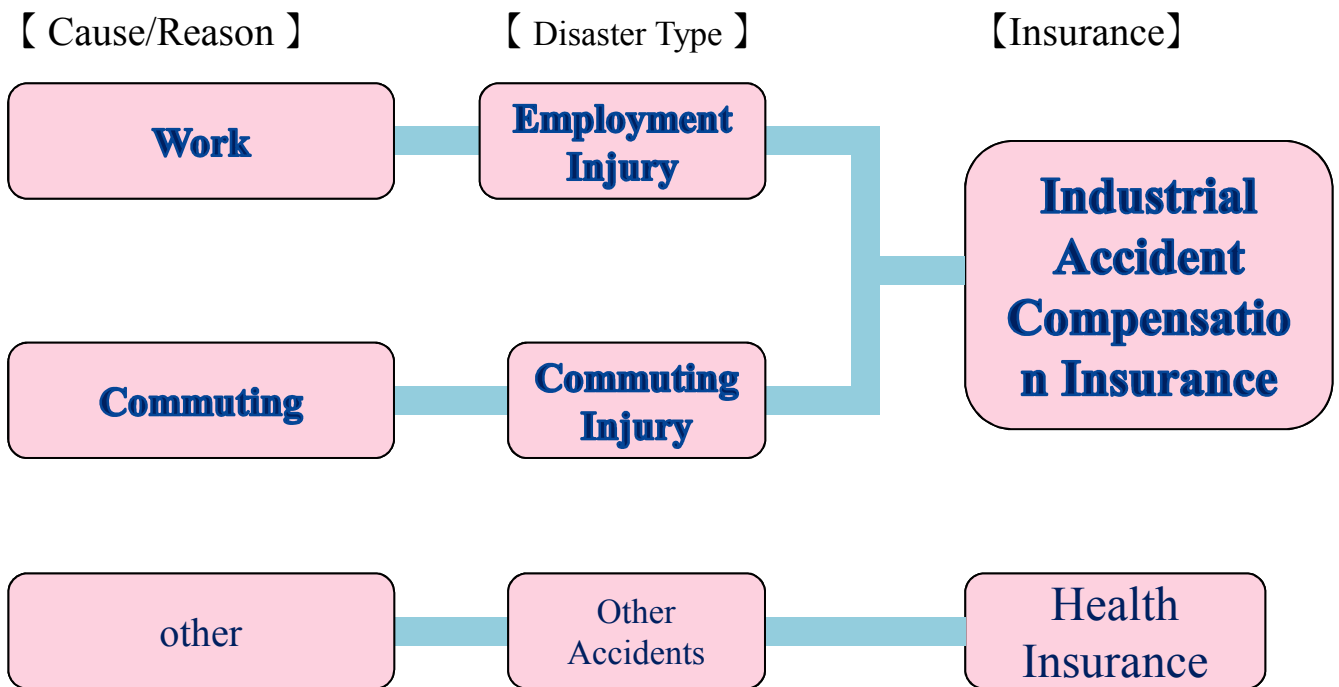
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# Industrial Accident Compensation Insurance

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.



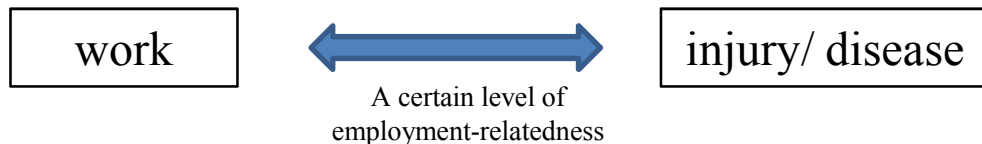
\*Health insurance is not applicable for industrial accidents.

## 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 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.

## Employment Injury

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.

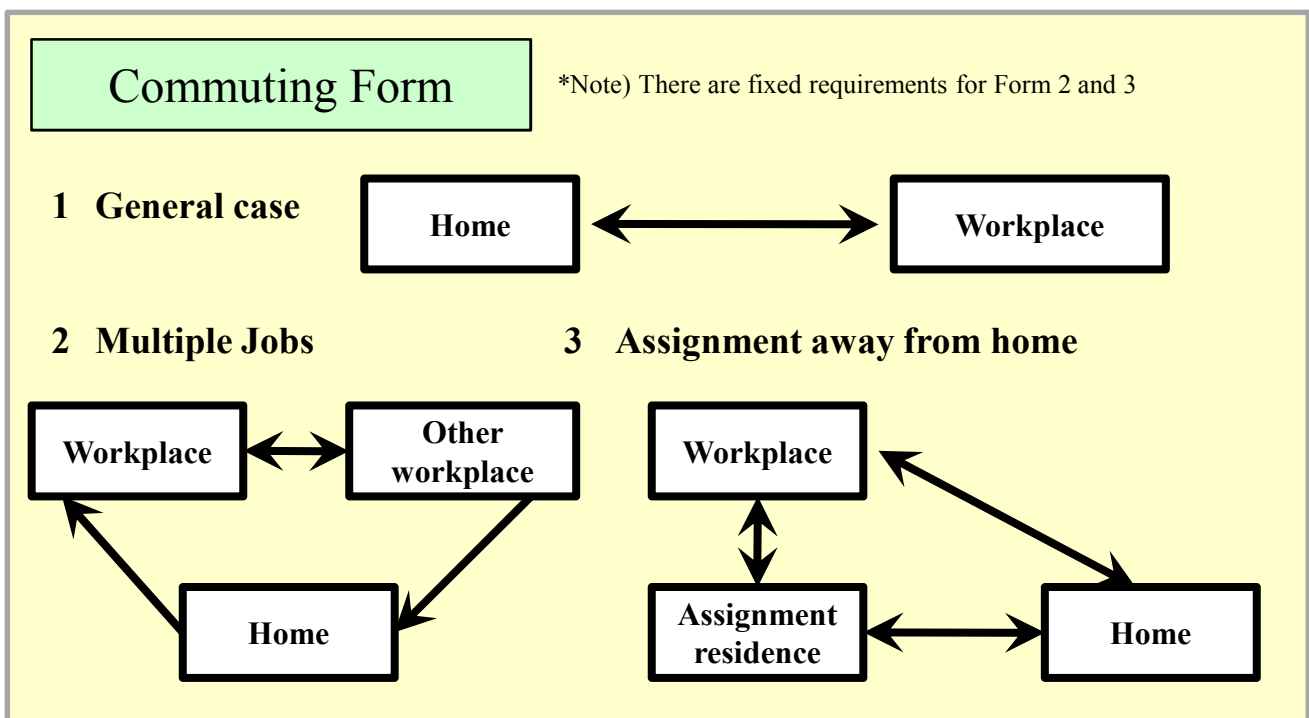
# Commuting Injury

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

## ◇What is “commuting”?

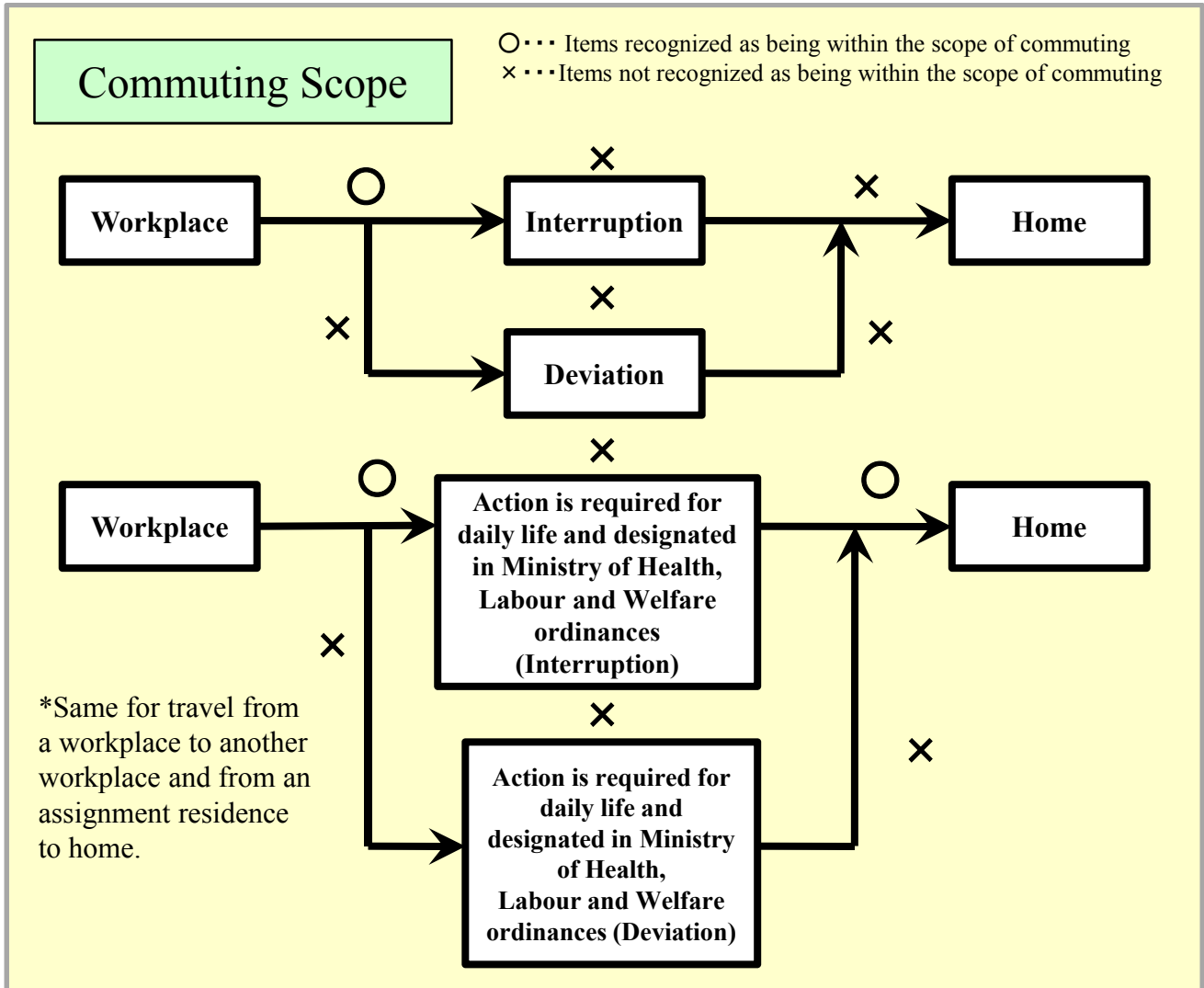
“Commuting” refers to the reasonable routes and methods used by workers who travel to or from work noted in ① to ③ below.

- ① Travel back and forth between a worker’s residence and workplace (the place where workers start and finish work)
- ② Travel between the 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 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.

\* 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.

## Basic daily benefits payment amount Calculation Examples

(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.

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

$\doteq 6,522 \text{ yen}$

$6,522 \times 80\% \doteq 5,217 \text{ yen}$

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

→ 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 a 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 an 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)



## 【Approval condition about each disease ①】

### 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.

<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)
- Dissecting aortic aneurysm

### [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.

## 【 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 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

## 【 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 ]

#### 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.

#### 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 (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.

## Claim Procedures

### ●When claiming Medical Treatment Benefits

Submit a Medical Treatment Benefits Claims Form for Medical Compensation 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.

### ●When claiming treatment expenses

Submit a Treatment Expense Claims Form for Medical Compensation 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 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.

## 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.

①Travel to an appropriate medical facility (\*2) within the same village, city or town.

②Travel 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)

③Travel 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) 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 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.

### Benefit Details

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

#### 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.



# 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

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

\*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) Benefits. ( → P32)

## 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

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 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 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
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
		<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 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>

Disability Class	Benefit Details	Physical Disability
Class 8	503 days of 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 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 hemiamaurosis, 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 233 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 14 Has external appearance issues	Class 13	Same 101 Days	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

**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) Pension Prepaid Lump Sum

Claimant's eligible to receive disability (compensation) 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) 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).

Disability Class	Prepaid Lump Sum Amount	
Class 1	basic daily	200 days, 400 days, 600 days, 800 days, 1000 days, 1200 days or 1340 days
		Calculation amount
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 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)

## Disability (Compensation) Pension    Balance Lump Sum

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

### Benefit Details

The amount of the Disability (Compensation) 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) Pension Prepaid Lump Sum. In addition, there is a balance lump sum payment system for Disability Special Pension as with the Disability (Compensation) Pension.

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

● **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).

## Claim Procedures

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

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) 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) 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.

- ①Wife or a husband who is 60 years or older or suffers from certain disability
- ②Child who has not yet reached the first March 31<sup>st</sup> after their 18<sup>th</sup> birthday or who suffers from certain disability
- ③Parent who is 60 years or older or suffers from certain disability
- ④Grandchild who has not yet reached the first March 31<sup>st</sup> after their 18<sup>th</sup> birthday or who suffers from certain disability
- ⑤Grandparent who is 60 years or older or suffers from certain disability
- ⑥Sibling who has not yet reached the first March 31<sup>st</sup> after their 18<sup>th</sup> birthday, is 60 years or older, or who suffers from certain disability
- ⑦Husband who is between 55 and 60 years old
- ⑧Parent who is between 55 and 60 years old
- ⑨Grandparent who is between 55 and 60 years old
- ⑩Sibling 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 items⑦-⑩are the eligible recipients, pension will not be supplied until they reach 60 years old.

## Benefit Details

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 of the total.

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

## 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.

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 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
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) 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) Lump Sum

### (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 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 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.)

## Claim Procedures

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

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 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) 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) 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 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 a 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

Situation	Attachments
Must be attached in all cases	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 (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.

## Nursing Care (Compensation) Benefits

All class 1 recipients of Disability (Compensation) 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 Benefits (for employment injury) or Nursing Care Benefits (for commuting injury).

### 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.

	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 {</p> <ul style="list-style-type: none"> <li>• Those who have lost sight in both eyes in addition to other class 1 or class 2 disabilities, injuries or illness</li> <li>• Those who have lost both upper or lower limbs and require care</li> </ul> <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) Benefits payment amounts are as follows (as of April 1, 2013).

### (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 104,290 yen).

② If receiving nursing care from family, friends or acquaintances:

I. If no expenses are paid for nursing care, a flat rate of 56,600 yen will be paid.

II. If expenses are paid for nursing care and are under a total of 56,600 yen, a flat rate of 56,600 yen will be paid.

III. If expenses are paid for nursing care, and are over 56,600 yen, that amount will be paid (with a maximum limit of 104,290 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 52,150 yen).

② If receiving nursing care from family, friends or acquaintances:

I. If no expenses are paid for nursing care, a flat rate of 28,300 yen will be paid.

II. If expenses are paid for nursing care and are under a total of 28,300 yen, a flat rate of 28,300 yen will be paid.

III. If expenses are paid for nursing care, and are over 28,300 yen, that amount will be paid (with a maximum limit of 52,150 yen).

If nursing care begins part way through the month

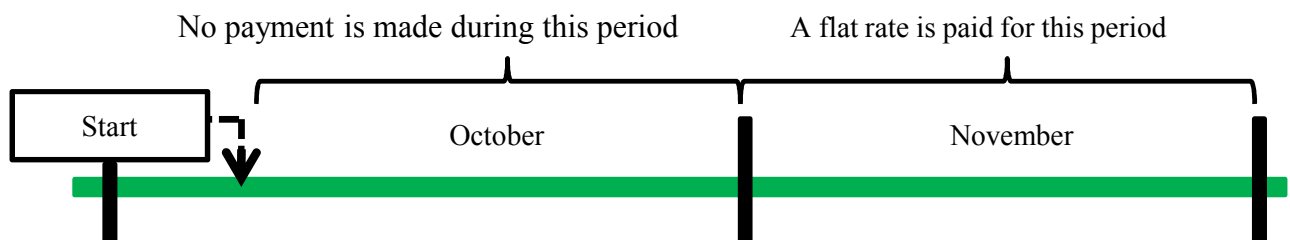
① If paid nursing care begins part way through the month →

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).

## Claim Procedures

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

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) 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.

### Statute of Limitations on Claims

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)

Use form 16-3 for commuting injury

様式第5号(表面) 労働者災害補償保険 裏面に記載してある注意事項をよく読んだ上で、記入してください。

業務災害用

給付たる療養の給付請求書

標準字体

0 5 ア カ サ タ ナ ハ マ ヤ ラ ワ  
1 6 イ キ シ チ ニ ヒ ミ リ ン  
2 7 ウ ク ス ツ ヌ フ ム ユ ル  
3 8 エ ケ セ テ ネ ヘ メ レ  
9 オ コ ソ ト ノ ホ モ ヨ ロ

① 管轄局署 ② 業通別 ③ 保留 (6) 処理区分

労働保険番号 Industrial Accident Compensation Insurance Number

⑧ 性別 ⑨ 労働者の生年月日 ⑩ 負傷又は発病年月日

性別: 1 男性, 3 女性  
生年月日: Birth day  
負傷又は発病年月日: date of injury or attack

氏名 (Name) (Age) 氏名 (Name)

⑪ 三者 ⑫ 特疾 ⑬ 特別加入者

⑭ 負傷又は発病の時刻 (Time of injury or attack)  
午前 (Am) 午後 (Pm) 時 分 頃

⑮ 災害発生の実状を確認した者の職名 (position)  
氏名 (Name)

⑯ 災害発生の実状 (The cause of the accident and the outbreak 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

⑰ 指定病院等の名称 所在地 郵便番号

⑱ 傷病の部位及び状態

⑲ ⑫の者については、⑩、⑪及び⑬に記載したとおりであることを証明します。

事業の名称 電話番号  
事業場の所在地 郵便番号  
事業主の氏名 ⑳  
労働者の所属事業場の名称・所在地 電話番号

\* Employer Certification Field

上記により療養補償給付たる療養の給付を請求します。  
The chief of the Labour Standards Inspection Office  
労働基準監督署長 殿  
請求人の住所 (Address)  
氏名 (Name)  
氏印 (Sign)

支不支給決定決議書

署長 次長 課長 係長 係 決定年月日

調査年月日  
復命書番号 第 号 第 号 第 号

不支給の理由

折り曲げる場合には、(◀)の所を谷に折りさらに2つ折りにしてください。

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

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

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

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

- 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

Seal is not required if filled out by the claimant.

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

# Medical Treatment Expense Payment Claims Form (Form No. 7 (1)(front)) (Example)

Use form 16-5-1 for commuting injury

様式第7号(1)(表面) 業務災害用 第 回  
療養補償給付たる療養の費用請求書(同一傷病分)

帳票種別 ①管轄局署 ②業通別  
※ 34250 0000 1業  
1業  
3通

標準字体  
0 5 ア  
1 6 イ  
2 7 ウ  
3 8 エ  
4 9 オ  
コ ロ ト ノ ホ モ ヨ ー  
さい、半濁点  
一文字とし  
書いてくだ  
さい。  
(例)  
カ ハ

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

Workers' compensation insurance number

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

Enter "1" for Ordinary Savings Accounts and "2" for Current Accounts.

Leave a space between first and last names and write names in katakana

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

③ 労働者の性別 ⑥ 労働者の生年月日 ⑦ 負傷又は発病年月日

⑧ 労働者の氏名 (Age) ⑨ 郵便番号

⑩ 預金の種類 ⑪ 口座番号 (左詰め。ゆうちょ銀行の場合は、記号(5桁)は左詰め、番号は右詰めで記入し、空欄は「0」を記入。)

⑫ 預金者の氏名 (姓と名の間は1文字あけて記入してください。)

⑬ 支店名 (つづき) メイギン (カタカナ) : 姓と名の間は1文字あけて記入してください。

⑭ 口座名義人

⑮ 職名

⑯ 労働者の職名

⑰ 労働者の職名

⑱ 労働者の職名

⑲ 労働者の職名

⑳ 労働者の職名

㉑ 労働者の職名

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㊴ 労働者の職名

㊵ 労働者の職名

㊶ 労働者の職名

㊷ 労働者の職名

㊸ 労働者の職名

㊹ 労働者の職名

㊺ 労働者の職名

㊻ 労働者の職名

㊼ 労働者の職名

㊽ 労働者の職名

㊾ 労働者の職名

㊿ 労働者の職名

\* Employer Certification Field

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

① 事業主の氏名 ② 事業主の住所 ③ 事業主の電話番号

④ 事業主の代表者の氏名 ⑤ 事業主の代表者の住所 ⑥ 事業主の代表者の電話番号

⑦ 事業主の代表者の印

⑧ 事業主の代表者の印

⑨ 事業主の代表者の印

⑩ 事業主の代表者の印

⑪ 事業主の代表者の印

⑫ 事業主の代表者の印

⑬ 事業主の代表者の印

⑭ 事業主の代表者の印

⑮ 事業主の代表者の印

⑯ 事業主の代表者の印

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㊽ 事業主の代表者の印

㊾ 事業主の代表者の印

㊿ 事業主の代表者の印

Medical details

① 傷病の部位及び傷病名 ② 傷病の経過の概要 ③ 傷病の発生年月日

④ 傷病の発生場所 ⑤ 傷病の発生状況 ⑥ 傷病の発生原因

⑦ 傷病の発生状況 ⑧ 傷病の発生原因

⑨ 傷病の発生状況 ⑩ 傷病の発生原因

⑪ 傷病の発生状況 ⑫ 傷病の発生原因

⑬ 傷病の発生状況 ⑭ 傷病の発生原因

⑮ 傷病の発生状況 ⑯ 傷病の発生原因

⑰ 傷病の発生状況 ⑱ 傷病の発生原因

⑲ 傷病の発生状況 ⑳ 傷病の発生原因

㉑ 傷病の発生状況 ㉒ 傷病の発生原因

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㊴ 傷病の発生状況 ㊵ 傷病の発生原因

㊶ 傷病の発生状況 ㊷ 傷病の発生原因

㊸ 傷病の発生状況 ㊹ 傷病の発生原因

㊺ 傷病の発生状況 ㊻ 傷病の発生原因

㊼ 傷病の発生状況 ㊽ 傷病の発生原因

㊾ 傷病の発生状況 ㊿ 傷病の発生原因

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

① 療養の給付を受けなかった理由 ② 療養の給付を受けなかった理由

③ 療養の給付を受けなかった理由 ④ 療養の給付を受けなかった理由

⑤ 療養の給付を受けなかった理由 ⑥ 療養の給付を受けなかった理由

⑦ 療養の給付を受けなかった理由 ⑧ 療養の給付を受けなかった理由

⑨ 療養の給付を受けなかった理由 ⑩ 療養の給付を受けなかった理由

⑪ 療養の給付を受けなかった理由 ⑫ 療養の給付を受けなかった理由

⑬ 療養の給付を受けなかった理由 ⑭ 療養の給付を受けなかった理由

⑮ 療養の給付を受けなかった理由 ⑯ 療養の給付を受けなかった理由

⑰ 療養の給付を受けなかった理由 ⑱ 療養の給付を受けなかった理由

⑲ 療養の給付を受けなかった理由 ⑳ 療養の給付を受けなかった理由

㉑ 療養の給付を受けなかった理由 ㉒ 療養の給付を受けなかった理由

㉓ 療養の給付を受けなかった理由 ㉔ 療養の給付を受けなかった理由

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㊺ 療養の給付を受けなかった理由 ㊻ 療養の給付を受けなかった理由

㊼ 療養の給付を受けなかった理由 ㊽ 療養の給付を受けなかった理由

㊾ 療養の給付を受けなかった理由 ㊿ 療養の給付を受けなかった理由

① 費用の種別 ② 療養期間の初日 ③ 療養期間の末日 ④ 診療実日数 ⑤ 転帰事由

⑥ 療養期間の初日 ⑦ 療養期間の末日 ⑧ 診療実日数 ⑨ 転帰事由

⑩ 療養期間の初日 ⑪ 療養期間の末日 ⑫ 診療実日数 ⑬ 転帰事由

⑭ 療養期間の初日 ⑮ 療養期間の末日 ⑯ 診療実日数 ⑰ 転帰事由

⑱ 療養期間の初日 ⑲ 療養期間の末日 ⑳ 診療実日数 ㉑ 転帰事由

㉒ 療養期間の初日 ㉓ 療養期間の末日 ㉔ 診療実日数 ㉕ 転帰事由

㉖ 療養期間の初日 ㉗ 療養期間の末日 ㉘ 診療実日数 ㉙ 転帰事由

㉚ 療養期間の初日 ㉛ 療養期間の末日 ㉜ 診療実日数 ㉝ 転帰事由

㉞ 療養期間の初日 ㉟ 療養期間の末日 ㊱ 診療実日数 ㊲ 転帰事由

㊳ 療養期間の初日 ㊴ 療養期間の末日 ㊵ 診療実日数 ㊶ 転帰事由

㊷ 療養期間の初日 ㊸ 療養期間の末日 ㊹ 診療実日数 ㊺ 転帰事由

㊻ 療養期間の初日 ㊼ 療養期間の末日 ㊽ 診療実日数 ㊾ 転帰事由

㊿ 療養期間の初日 療養期間の末日 診療実日数 転帰事由

Date of application ① 請求人の住所 ② 請求人の氏名

③ 請求人の住所 ④ 請求人の氏名

⑤ 請求人の住所 ⑥ 請求人の氏名

⑦ 請求人の住所 ⑧ 請求人の氏名

⑨ 請求人の住所 ⑩ 請求人の氏名

⑪ 請求人の住所 ⑫ 請求人の氏名

⑬ 請求人の住所 ⑭ 請求人の氏名

⑮ 請求人の住所 ⑯ 請求人の氏名

⑰ 請求人の住所 ⑱ 請求人の氏名

⑲ 請求人の住所 ⑳ 請求人の氏名

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㊼ 請求人の住所 ㊽ 請求人の氏名

㊾ 請求人の住所 ㊿ 請求人の氏名

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

37

Seal is not required if filled out by the claimant.

# Medical Treatment Expense Payment Claims Form (Form No. 7(1) (back)) Example

様式第7号(1)(裏面)

(ア) 労働者の所属事業場の名称・所在地 Name and address in workplace	(イ) 災害発生時刻 Time (hour, minute, second) Am 午前 時 分 秒 Pm 午後 時 分 秒	(ロ) 職名 災害発生時の Job 事実を確認した者の Name 氏名
(フ) 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状態があつて(お)どのような災害が発生したかを詳細に記入すること		

The cause of the accident and the outbreak situation

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

## 療養の内訳及び金額

項目	回数	単位	金額	備考
First visit: 初診	1	回	円	yen
Second visit: 再診	1	回	円	yen
Instruction: 指示	1	回	円	yen
Other: その他	1	回	円	yen
Food (basic): 食料(基本)	1	日	円	yen
Home care: 在宅療養	1	日	円	yen
Subtotal: 小計			円	yen
Dosage: 処方				
internal use medicine: 内服薬	1	回	円	yen
external use medicine: 外用薬	1	回	円	yen
Injection: 注射	1	回	円	yen
Operation anesthesia: 手術麻酔	1	回	円	yen
Check: 検査	1	回	円	yen
Image diagnosis: 画像診断	1	回	円	yen
Other: その他	1	回	円	yen
Hospital stay: 入院	1	日	円	yen
Hospital fee: 入院料	1	日	円	yen
Specified hospital fee: 特定入院料	1	日	円	yen
Subtotal: 小計			円	yen
合計金額 Total			円	yen

- 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

該当する事項を丸で囲むこと。  
この費用についての明細書及び看護移送等を添付すること。  
この事業場が一括適用の取扱いを受けている場合、工事現場等を記載すること、どのような作業をしているときに、どのような不安全又は有害状態が生じたか  
において、どのようにして災害が発生したか

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

二、傷病補償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以外  
の場合の注記事項が必要でないこと。  
(一) 傷病補償年金の受給権者の氏名を記載すること。  
(二) 傷病補償年金の受給権者の住所を記載すること。  
(三) 傷病補償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  
注記事項の明記が必要でないこと。  
(四) 傷病補償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  
注記事項の明記が必要でないこと。  
(五) 傷病補償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  
注記事項の明記が必要でないこと。  
(六) 傷病補償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  
注記事項の明記が必要でないこと。  
(七) 傷病補償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  
注記事項の明記が必要でないこと。  
(八) 傷病補償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  
注記事項の明記が必要でないこと。  
(九) 傷病補償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  
注記事項の明記が必要でないこと。  
(十) 傷病補償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  
注記事項の明記が必要でないこと。

派遣元事業主が証明する事項 (表面の②及び③、⑦) 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 電話番号

派遣先事業主証明欄 年 月 日 事業場の所在地 郵便番号

事業主の氏名 印

(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)

表面の記入枠を訂正したときの訂正印欄

削 字 印  
加 字

社会保険 作成年月日提出代行者の表示 氏 名 電話 番号  
労働士 記載欄 印

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

様式第8号(表面)

業務災害用

労働者災害補償保険

休業補償給付支給請求書  
休業特別支給金支給申請書 (同一傷病)

Use form 16-6 for commuting injury

カサタナハマヤラワ  
キシチニヒミリン  
クスツヌフムルハ  
エケセテネヘメレ  
オコソトノホモヨロ

濁点、半濁点は一文字として書いてください。(例) カ「ハ」。

帳票種別 ※ 34350

修正項目番号(1) 修正項目番号(2) ①管轄局署

② 労働保険番号 Industrial Accident Compensation insurance number

③新継再別 ④ 受付年月日

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

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

⑥ 労働者の生年月日 Birthday  
⑦ 負傷又は発病年月日 date of injury or attack

⑧業通別 ⑨三者コード ⑩日雇コード ⑪特別加入者

Leave a space between first and last names and write names in katakana

⑫ 氏名 Name  
⑬ 住所 Address

⑭平均賃金 ⑮特別給与

Fill out the period you did not work because of treatment (20) and the days you did not receive wage (21) in the period

Enter "1" for Ordinary Savings Accounts and "2" for Current Accounts.

⑯ 郵便番号 zip code

⑰ 療養期間 when it was not able to work because of recuperation  
⑱ 賃金を受けなかった日数 (休職期間2のとおりに) Days on day when pay was not received

⑲ 労働者の性別

⑳ 療養の期間 Treatment period  
㉑ 療養の経過 Course of injury/disease

㉒ 口座番号 (左詰め) Account number

㉓ 金融機関の名称 Name of financial institution  
㉔ 支店名称 Branch name

㉕ 平均賃金 (千円) Average wage

㉖ 口座名義人 The full name of the account holder

Filling out ㉓㉔㉕㉖, the bank name and account holder in the left column are necessary only when opening a new account or changing the reported account.

㉗ 修正欄(1) 修正欄(2)

㉘ ㉙ ㉚ ㉛ ㉜ ㉝ ㉞ ㉟ ㊱ ㊲ ㊳ ㊴ ㊵ ㊶ ㊷ ㊸ ㊹ ㊺ ㊻ ㊼ ㊽ ㊾ ㊿

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

事業の名称 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

㉚ 傷病の部位及び傷病名 The site and name of injury/disease  
㉛ 療養の期間 Treatment period  
㉜ 療養の経過 Course of injury/disease  
㉝ 療養のため労働することができなかったと認められる期間 The period working was impossible due to treatment

㉞ 請求人 Date of application  
㉟ 請求人の住所 Address  
㊱ 請求人の氏名 Name  
㊲ 請求人の印 Sign

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.

# Disability Compensation Payment Claims Form (Form 10)(Example)

様式第10号 (表面)

労働者災害補償保険

## 障害補償給付支給請求書

障害特別支給金支給申請書  
障害特別年金支給申請書  
障害特別一時金

Circle "男" for male or "女" for female

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.

① 労働保険番号 府県 所管 管轄 基幹番号 枝番号 Industrial Accident Compensation Insurance number		③ フリガナ 氏名 Name (男・女) 生年月日 Birthday 日 (Age 歳) フリガナ Address (Katakana) 住所 Address 職 種 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 午後 時 分 頃	
② 年金証書の番号 管轄局 種 別 西暦年 番号		⑥ 災害の原因及び発生状況(災害発生場所、作業内容、状況等を簡明に記載すること。)		⑤ 傷病の治癒した年月日 年 月 日 date of wound recovered	
⑦ 基礎年金番号 Individual pension number		⑧ 被保険者資格の取得年月日 Total of special salary in one year 日		⑨ 平均賃金 Average wages 円 銭	
⑩ 年金の種類 Kind of pension		⑪ 障害等級 Grade of disability		⑫ 支給される年金の額 Amount of provided pension	
⑬ 支給されることとなった年月日 Date to have been provided		⑭ 基礎年金番号及び厚生年金等の年金証書の年金コード Pension code of annuity bond of welfare annuity		⑮ 所轄年金事務所等 Jurisdiction pension office etc.	
⑯ ③の者については、④、⑥から⑧まで並びに⑩⑪⑫及び⑭に記載したとおりであることを証明します。					
⑰ 事業の名称 電話番号 局番 年月日 事業場の所在地 郵便番号 ⑱ 事業場の氏名 [注意] ⑨の⑭及び⑮については、③の者が厚生年金保険の被保険者である場合に限り証明すること。					
⑲ 障害の部位及び状態 (診断書のとおり。)		⑳ 既存障害がある場合にはその部位及び状態 Part and symptom of existing trouble			
㉑ 添付する書類その他の資料名 Name of appended document					
㉒ 年金の払渡しを希望する金融機関郵便局 Financial 郵便 office where transfer of pension is hoped		※ 金融機関店舗コード 銀行・金庫 Branch name 預金通帳の記号番号 Sign number of bankbook ※ 郵便局コード フリガナ Name of postal savings (katakana) 郵便局 Name of postal savings 郵便局 所在地 Address 都道 市郡 府県 区 預金通帳の記号番号 Sign number of bankbook 号			
上記より 障害補償給付の支給を請求します。 障害特別支給金 障害特別年金の支給を申請します。 障害特別一時金		zip code 郵便番号		Telephone 局番 電話番号	
Date of application 年 月 日		Claimant's 住所 Address 請求人 申請人 氏名 Name Sign			
振込を希望する金融機関の名称 Financial institution or postal office where transfer of pension is hoped		Branch name 本店・本所 出張所 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	

To be filled out by claimant

To be filled out by company

Seal is not required if filled out by the claimant



# Surviving Family Compensation Pension Payment Claims Form (Form 12)(Example)

様式第12号(表面) 業務災害用 労働者災害補償保険 遺族特別支給金 遺族特別年金 支給申請書

遺族補償年金支給請求書 (提出)

Use form 16-9 for commuting injury.

Circle "男" for male or "女" for female

Have this filled out by the work place if you are uncertain of the number

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

Only fill out this section if your 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 payments

The cause of the disaster and the outback situation

The deceased worker's universal pension number and pension code of pension certificate of employee

The date when the deceased worker became eligible to be covered by the insurance

The type of pension issued regarding to the relevant death

The amount of pension issued

The start date when pension was issued

Universal pension number and pension code of pension certificate of employee

The local social insurance office

Employer Certification Field

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? If yes, circle "いる" and if no, circle "いない".

Financial institution or post office where transfer of pension is hoped

預金の種類及び口座番号

Name Branch name 本店 支店 支所

普通・当座 第 Account number

名義人 Nominee

(物品番号 6312)

To be filled out by claimant

To be filled out by company

Seal is not required if filled out by the claimant

# Surviving Family Compensation Lump Sum Payment Claims Form (Form 15)(Example)

様式第15号 (表面)

Use form 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

[注意]

一括適用の  
③の死亡

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

事業場名称  
している支店、工  
場等の場合に記入して下さい。

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

① 労働保険番号 Industrial Accident Compensation insurance number		③ フリガナ Name(Katakana)		④ 負傷又は発病年月日 date of injury or attack	
所掌管轄	基幹番号	枝番号	氏名 Name (男・女)	年 月 日	午後 時 分
② 年金証書の番号 管轄局 種別 西暦年 番号 枝番号			死亡年月日 Birthday 月 日 (Age 歳)	⑤ 死亡年月日 date of wound recovered	
管轄局 種別 西暦年 番号 枝番号			労働者の所属事業場の名称所在地 Industrial category	⑦ 平均賃金 Average wages 円 銭	
⑥ 災害の原因及び発生状況 The cause of the disaster and the outbreak situation				⑧ 特別給与の総額(年額) Total of special salary In one year 円	
③の者については、④及び⑥から⑧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 年 月 日 <b>Employer Certification Field</b> 郵便番号 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)					
⑨ 請求人 Claimant's name		生年月日 Birthday		住所 Address	
氏名 Name		年 月 日		死亡労働者との関係 to worker	
請求人(申請人)の代表者を 選任しないときはその理由		年 月 日		請求人(申請人)の代表者を 選任しないときはその理由	
年 月 日		年 月 日		年 月 日	
年 月 日		年 月 日		年 月 日	
年 月 日		年 月 日		年 月 日	
年 月 日		年 月 日		年 月 日	
⑩ 添付する書類その他の資料名 Name of appended document					

遺族補償一時金の支給を請求します。  
上記により遺族特別支給金の支給を申請します。

Date of application 年 月 日		Claimant's 請求人(申請人)の 住所 Address (代表者) 氏名 Name		A zip code 郵便番号		Telephone 電話番号		局番	
労働基準監督署長 殿				氏名 Name		Sign		局番	
振込を希望する銀行等の名称 (郵便貯金銀行の支店等を除く) Financial institution or post office where transfer of pension is hoped				預金の種類及び口座番号 Account number		普通・当座 Nominee		第 号	
Name		Branch name		本店 支店 支所		普通・当座 Nominee		第 号	

(物品番号 62110) 19.

To be filled out by claimant

To be filled out by company

Seal is not required if filled out by the claimant

# Funeral Expense Claims Form (Form 16) (Example)

Use form 16-10 for commuting injury.

様式第16号 (表面) **業務災害用**

労働者災害補償保険  
**葬祭料請求書**

Circle "男" for male or "女" for female

① 労働保険番号 府県 所管 管轄 基幹 番号 枝番号 Industrial Accident Compensation Insurance number	③ フリガナ 氏名 請求人の死亡との関係	Name(katakana)
② 年金証書の番号 管轄局 種別 西暦年 番号	住所	Address
	死亡との関係	Relation to worker
④ フリガナ 氏名 死亡年月日 労働者の所属事業場名称・所在地	Name(Katakana) (男・女) Birthday 年 月 日 (Age 歳) Industrial category Address	⑤ 負傷又は発病年月日 年 月 日 date of injury or attack 午前 時 分 午後 時 分 ⑦ 死亡年月日 年 月 日 date of death
⑥ 災害の原因及び発生状況	⑧ 平均賃金 Average wages 円 銭	
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。		
<b>Employer Certification Field</b> 事業の名称 _____ 電話番号 _____ 局番 _____ 年 月 日 _____ 郵便番号 _____ 事業場の所在地 _____ 事業主の氏名 _____ ⑨ (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)		
⑨ 添付する書類その他の資料名	Name of appended document	
上記により葬祭料の支給を請求します。		
Date of application 年 月 日	郵便番号 A zip code _____	電話番号 Telephone _____ 局番 _____
	請求人の住所 Address _____	Sign _____ ⑩
労働基準監督署長 殿	氏名 Name _____	
Financial institution where transfer is hoped 振込を希望する銀行等の名称 (郵便貯金銀行の支店等を除く)	Branch name 本店 支店 支所	預金の種類及び口座番号 普通・当座 第 Account number 名義人 Nominee
Name 銀行・金庫 農協・漁協・信組		

(物品番号 62111)

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

The cause of the disaster and the outback situation

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)

様式第16号の2の2(表面)

介護補償給付 労働者災害補償保険 支給請求書  
介護給付

標準字体 アカサ  
0 1 2 3 4 イ キ シ

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).

① 管轄局番 ② 受付年月日 ③ 特別  
※ 35290

(注意) ⑤ 管轄局 種別 西暦年 番号  
Number of annuity bond  
⑥ 氏名 (カタカナ) : 姓と名の間は1文字あけて左ズメで記入してください。  
Name (Katakana)  
⑦ 請求対象年月 ⑧ 費用を支出して介護を受けた日数  
Years of object days  
⑨ 介護に要する費用と介護に要する費用と  
Amount expended as cost that requires to nurse  
⑩ 介護に従事した者 親族 友人・知人 看護師・家政婦又は看護補助者 施設職員  
Check the type of pension being received and note the class

If receiving annuity bonds, note the annuity bond number.

Check the type of pension being received and note the class

⑪ 氏名 (カタカナ) ⑫ 生年月日 年 月  
Name Birth day  
⑬ 住所 ⑭ 介護に要する費用と介護に要する費用と  
Address Amount expended as cost that requires to nurse

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

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

⑮ 請求対象年月 ⑯ 費用を支出して介護を受けた日数  
Years of object days  
⑰ 介護に要する費用と介護に要する費用と  
Amount expended as cost that requires to nurse  
⑱ 介護に従事した者 親族 友人・知人 看護師・家政婦又は看護補助者 施設職員

Only fill out items ⑳-㉓ and the financial institution name and account holder name fields when registering a new account or changing an existing registered account.

⑲ 振込を希望する金融機関の名称 口座名義人  
Financial institution where transfer is hoped Account holder  
⑳ 金融機関コード  
Financial institution code  
㉑ 郵便局コード  
Post office code

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

㉒ 預(貯)金の種別 ⑳ 口座番号 (左詰め、ゆうちょ銀行の場合は、記号(5桁)は左詰め、番号は右詰めを記入し、空欄には「0」を記入)  
Type of account Account number  
㉓ 口座名義人 (カタカナ) : 姓と名の間は1文字あけて左ズメで記入してください。  
Account holder (Katakana)  
㉔ 口座名義人 (カタカナ)  
Account holder (Continuation)

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

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".

氏名	Birth day	続柄	Nursing period and days	division
氏名	年 月 日	Relationship	月 日から 月 日まで 日間	イ 親族 ロ 友人・知人 ハ 看護師・家政婦又は看護補助者 ニ 施設職員
氏名	年 月 日	Relationship	月 日から 月 日まで 日間	イ 親族 ロ 友人・知人 ハ 看護師・家政婦又は看護補助者 ニ 施設職員
氏名	年 月 日	Relationship	月 日から 月 日まで 日間	イ 親族 ロ 友人・知人 ハ 看護師・家政婦又は看護補助者 ニ 施設職員

⑳ 介護補償給付の支給を請求します。 ㉕ A zip code ㉖ 電話 (Telephone)  
Address  
請求人の 氏名 (Name) 印 (Sign)

It states it concerning the fact of nursing [介護の事実に関する申立て]

Seal is not required if filled out by the claimant

私は、上記(リ)及び(ヌ)のとおり介護に従事したことを申し立てます。  
Enter the address, name and telephone number of the person who provided care  
Address Name Sign Telephone

## Claims Forms and Submission Points for Each Type of Insurance benefits

Benefit Type	Employment or Commuting	Claims Form	Form No.	Submit to
Medical (Compensation) Benefits	Employment Injury	Medical Treatment Benefits Claims Form for Medical Compensation 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	Treatment Expense Claims Form for Medical Compensation Benefits	No.7	The relevant Labour Standards Inspection Office
	Commuting Injury	Treatment Expense Claims Form for Medical Treatment Benefits	No.16-5	
Temporary Absence from Work (Compensation) Benefits	Employment Injury	Absence from Work Compensation Payment Claims Form	No.8	The relevant Labour Standards Inspection Office
	Commuting Injury	Absence from Work Payment Claims Form	No.16-6	
Disability (Compensation) Benefits	Employment Injury	Disability Compensation Payment Claims Form	No.10	
	Commuting Injury	Disability Payment Claims Form	No.16-7	
Surviving Family (Compensation) Benefits	Employment Injury	Surviving Family Compensation Pension Payment Claims Form	No.12	
	Commuting Injury	Surviving Family Pension Payment Claims Form	No.16-8	
	Employment Injury	Surviving Family Compensation Lump Sum Payment Claims Form	No.15	
	Commuting Injury	Surviving Family Lump Sum Payment Claims Form	No.16-9	
Funeral Expenses (Funeral Rites Benefits)	Employment Injury	Funeral Expense Claims Form	No.16	
	Commuting Injury	Funeral Rites Benefits Claims Form	No.16-10	
Nursing Care (Compensation) Benefits		Nursing Care Compensation Payment • Nursing Care Payment Claims Form	No.16-6	

(March 2014)