

(ケ) 保険関係成立届

様式第1号 (第4条、第64条、附則第2条関係) (1) (表面)

提出用

労働保険 { 0 : 保険関係成立届(継続)(事務処理委託届)
1 : 保険関係成立届(有期)
2 : 任意加入申請書(事務処理委託届) }

申請種別 31600

年 月 日

Main application form with multiple sections for address, business details, and insurance information. Includes fields for postal code, city/ward, and various insurance numbers.

Vertical form on the right side containing business details, insurance status, and contact information. Includes fields for business name, address, and insurance type.

Section for dates and employee counts. Includes fields for insurance start/end dates, business processing dates, and the number of employees.

Section for insurance numbers and codes. Includes fields for employment insurance numbers, labor accident insurance numbers, and insurance codes.

Section for general labor insurance numbers. Includes fields for general labor insurance numbers 1 and 2.

Section for business numbers and codes. Includes fields for business numbers, prefecture codes, and industry codes.

Section for correction items and submission date. Includes fields for the number of correction items and the date of submission.

事業主氏名 (法人のときはその名称及び代表者の氏名) 記名押印又は署名

