

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) }

1600

労働局長 労働基準監督署長 公共職業安定所長 殿
(イ) 届けます。(31600又は31601のとき)
(ロ) 労災保険の加入を申請します。(31602のとき)
(ハ) 雇用保険の加入を申請します。(31602のとき)

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 dates. Includes sections 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, accident compensation 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 other identifiers.

Final section for corrections and submission dates. Includes fields for correction items, submission date, and business name.

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