

This extract is a translation of the Japanese version. In the event that any question should arise about this version, the Japanese version is the authoritative version.

この文書は文部科学省共済組合の『共済のしおり 平成 19 年』を抜粋したものの参考訳です。疑義が生じた場合は、和文版に基づき解釈が行われます。

**A GUIDE TO
THE MEXT MUTUAL AID ASSOCIATION
FOR UNIVERSITY OF TOKYO EMPLOYEES
(EXTRACT)
共済のしおり（抜粋）**

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I. The MEXT Mutual Aid Association System (共済組合のしくみ)

1. Overview of the Association (共済組合の概要)

1. Purpose (共済組合制度)

The Ministry of Education, Culture, Sports, Science and Technology (MEXT) Mutual Aid Association¹ (hereinafter, “the Association”) was established under the national social insurance system to achieve the following goals through the mutual aid of its members:

- Enhance the livelihood and welfare of members and their families.
- Facilitate the job performance of members.

2. Programs (共済組合の事業)

The Association is one of several mutual aid associations of Japanese government employees. Its membership consists of full-time employees of MEXT, the Agency for Cultural Affairs, national university corporations, inter-university research institute corporations, and MEXT-affiliated independent administrative institutions.² The Association operates three programs that are funded by member premiums and employer contributions: (1) Short-term Benefits, (2) Long-term Benefits, and (3) Welfare Support.

Short-term Benefits

This program is designed to ensure the stable livelihood of members and their families by paying benefits to offset the costs of illness, injury, childbirth, death, disasters, and so forth.

Long-term Benefits

This program supports the livelihood of members and their families by paying pensions and other benefits following the retirement, disability, or death of the member.

Welfare Support

This program provides a variety of services aimed at improving the welfare of members and their families, including disease prevention services, medical examinations and care, access to Association-operated resort facilities, loans, and a savings plan.

3. Organization (共済組合の組織)

¹ The Association’s name is translated as “Mutual Society of Health Insurance” on MEXT’s website, but has been changed in this guide for simplicity.

² “MEXT-affiliated independent administrative institutions” herein refers to the following independent administrative institutions that are staffed by non-public servants: National Center for Teachers’ Development; Institute of National Colleges of Technology, Japan; National Institution for Academic Degrees and University Evaluation; Center for National University Finance and Management; National Institute of Multimedia Education; National Institute of Special Needs Education; National Center for University Entrance Examinations; National Institution for Youth Education; National Women’s Education Center, Japan; National Institute for Japanese Language; National Museum of Nature and Science, Tokyo; National Institute for Materials Science; National Research Institute for Earth Science and Disaster Prevention; National Institute of Radiological Sciences; National Museum of Art; National Institutes for Cultural Heritage.

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The Association is organized as follows.

- President
The Minister of Education, Culture, Sports, Science and Technology
- Headquarters
Established in MEXT (Office for Welfare and Benefits, Personnel Division, Minister's Secretariat) and supervised by the Administrative Vice Minister of MEXT.
- Chapters
Established at the independent administrative institutions and other organizations covered by the Association, and supervised by the head of each organization.
- Affiliates
Established at certain organizations under the direct jurisdiction of the Association headquarters, and supervised by the head of each organization.

The Association is governed by a steering council that was established to ensure that the Association is properly administered. The council deliberates on the Association's annual project plan, budget, account settlement, amendments to the charter and bylaws, and other necessary matters.

Federation Membership

The Association is a member of the Federation of National Public Service Personnel Mutual Aid Associations, a union of governmental and government-related mutual aid associations that was established for joint administration of long-term benefits, welfare support, and certain other services.

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2. Membership (組合員)

1. Enrollment (組合員の資格取得)

All full-time employees of organizations covered by the Association and all employees of the Association are automatically enrolled in the Association's plan on their first day of employment. Enrollment is mandatory. Members become subject to premiums upon enrollment, and at the same time become eligible for the benefits and services provided by the Association.

2. Disenrollment (組合員の資格喪失)

Members are disenrolled from the Association on the day following their retirement, death, or other circumstance subject to disenrollment. However, retiring members may choose to extend their membership for a limited period as prescribed in sections 4 and 5 below.

3. Long-term Continuing Membership (継続長期組合員)

Members who retire in order to take up employment at a public corporation or certain other organizations at the request of an officer with power of appointment (or a delegate of such an officer) remain covered by the Association's provisions concerning long-term benefits. Such members are hereinafter referred to as "long-term continuing members."

Long-term continuing membership is forfeited upon any of the following occurrences:

- (1) Elapse of five years from the day of the relevant job transfer.
- (2) Loss of employment at the public corporation, etc.
- (3) Death of the member.

4. Voluntary Continuing Membership (任意継続組合員)

Members who wish to continue receiving short-term benefits and welfare support following retirement may request extension of their membership for up to two years, provided that they:

- were continuously enrolled as members for at least one year up to the day before their retirement, and
- file for extension and pay the necessary premiums within 20 days following retirement.

Such members are hereinafter referred to as "voluntary continuing members."

Voluntary continuing members are not eligible for the Association's injury/illness allowances, loan service, savings plan, group permanent life insurance plan, and certain portions of other services.

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Voluntary continuing members are disenrolled upon any of the following occurrences:

- (1) Elapse of two years from the day that voluntary continuing membership began.
- (2) Death of the member.
- (3) Failure to pay a voluntary continuing membership premium by the due date.
- (4) Enrollment in another mutual aid association or in a health insurance plan.
- (5) Elapse of the last day of the month in which the member submitted a petition for disenrollment from voluntary continuing membership.

5. Extension of Membership for Special Reasons (特例継続組合員)

Eligibility for long-term benefits following retirement is provided to members who:

- were members for at least ten years as of their mandatory or voluntary retirement, and
- are ineligible to receive a mutual-aid retirement pension (here referring to only those who were members on June 11, 1981³).

Such members are hereinafter referred to as “special continuing members.”

Special continuing membership is forfeited upon any of the following occurrences:

- (1) Death of the member.
- (2) Occurrence of a period of eligibility to receive a mutual-aid retirement pension.
- (3) Failure to pay a special continuing membership premium by the due date.

³ This is the day when the law establishing mandatory retirement was promulgated.

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3. Membership Card (組合員証)

New members are issued a membership card after the Association receives a notice of enrollment from their employer. The card serves as proof of enrollment for members and their dependents, and must be presented when receiving certain services, including medical care covered by the Association's insurance plan, so please be sure to take care of your card. Also, please note the following:

- If your card becomes lost or damaged, or if any changes occur to the information listed on it (address, dependents, etc.), please promptly notify the Association. Since your card is an important piece of identification, report its loss to the local police department as well.
- After losing your status as a member (such as when retiring), please promptly return your card to the Association.
- Cards are checked once a year to reconfirm the information on them, and are updated if necessary.
- A “separately residing dependent card” is issued, if the Association so approves, to dependents who live apart from the member's home, or who require such a card for work purposes.

Membership card procedures

Situation	Procedure
Card becomes lost or damaged, or lacks space for additional information.	Submit a card reissuance request form along with your card (if not lost).
Change occurs to member's name/address or dependent's name.	Submit a change of information form along with your card.
Change occurs in list of dependents (due to birth, death, hiring, marriage, etc.).	Submit a dependent declaration form along with your card.
A dependent moves to a residence separate from the member's home.	Submit a separately residing dependent card request form along with your card.
Member is transferred to a workplace handled by a different Association chapter.	Return your card to the chapter of your current workplace and submit a declaration of membership eligibility (and any other necessary documents) to the chapter of your new workplace.
Status as a member is lost.	Promptly return your card to the Association.
Member wishes to extend membership beyond retirement.	Submit a voluntary continuing membership application form, and return the card used prior to retirement.
Member suffers illness or injury as the result of another person's actions.	If you plan to seek care as a member, promptly contact your chapter and then submit a claim form.

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4. Dependents (被扶養者)

Dependents eligible for the Association's benefits and services are defined as individuals who depend mainly on the member's income for subsistence and who are any of the following relatives of the member:

- (1) Spouse (including common-law spouse), child, parent, grandchild, grandparent, or sibling of the member.
- (2) Third-degree relative of the member who is not included in (1) above but is part of the member's household.
- (3) Parent or child of the member's common-law spouse who co-resides with the member (eligibility remains in effect following the spouse's death).

Start of coverage

Dependents are retroactively covered by the Association from the date that they acquired eligibility, provided that the member submits a dependent declaration form within 30 days of that date. However, if the form is submitted later, coverage begins on the date that the form was submitted.

Ineligible individuals

The following individuals are not considered eligible dependents, regardless of whether they co-reside with the member:

- (1) Individuals who are members of a mutual aid association or are insured by a health insurance plan or mariners' insurance plan.
- (2) Individuals who, as dependents of a relative other than the Association member, are beneficiaries of dependent allowances or equivalent allowances paid by the national government, etc.
- (3) Individuals who are a dependent of both the member and another person, only if the member is not the primary provider.
- (4) Individuals who regularly receive an annual income of at least ¥1,300,000 (¥108,334 on a monthly basis), excluding retirement allowances and other lump-sum payments. In the case of disability pension recipients and individuals over age 60 whose regular income includes pension payments, eligibility as dependents is not granted to those with a regular annual income of at least ¥1,800,000.
- (5) Individuals who are age 18 to 59 but are not:
 - a student
 - a person with disability, or
 - a person unable to hold a job due to illness, injury, or other debilitating condition.
- (6) Individuals who are age 75 or older.

Documentation required to prove eligibility

In order for an individual to be approved as an eligible dependent, the member is required to submit documentation attesting to the individual's receipt of financial

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support from the member, and the individual's need for that support. Examples of such documentation include a certificate of tax exemption, a certificate of enrollment, a notice of pension revision, and so forth.

Notification of loss of eligibility

Whenever a dependent loses eligibility for Association coverage (such as from gaining employment), the member must promptly notify the Association by submitting a dependent declaration form along with the membership card. Members are fully charged for Association benefits paid on medical care and other services received by disqualified dependents, so be sure to declare any loss of dependent eligibility as soon as possible.

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6. Funding Sources (共済組合の財源)

The expenses of operating the Association's three programs (Short-term Benefits, Long-term Benefits, and Welfare Support) are funded by member premiums and employer contributions.

1. Premiums and Contributions (掛金と負担金)

Member premiums are calculated by multiplying the premium rate with the standard monthly remuneration amount (see first table below) and the standard term-end allowance amount (here, "term-end allowance" refers to the sum of term-end allowances, bonuses, etc.). Premiums are deducted from the member's monthly remuneration and term-end allowance. Employers (the national government, independent administrative institutions, etc.) pay contributions calculated by multiplying a fixed rate with members' standard monthly remuneration amounts and standard term-end allowance amounts.

Standard monthly remuneration amounts

The standard monthly remuneration amount is divided into 43 standard pay grades ranging from ¥98,000 to ¥1,210,000. Premiums and contributions are calculated based on the standard monthly remuneration amount listed for the member's actual remuneration. The highest pay grade used for computing long-term benefits is grade 30 (¥620,000). Where necessary, the standard daily remuneration amount is calculated as 1/22 of the monthly amount.

Standard pay grade	Standard monthly remuneration amount (yen)	Member's actual monthly remuneration (yen)
1	98,000	Up to 101,000
2	104,000	101,000 – 106,999
3	110,000	107,000 – 113,999
4	118,000	114,000 – 121,999
5	126,000	122,000 – 129,999
6	134,000	130,000 – 137,999
7	142,000	138,000 – 145,999
8	150,000	146,000 – 154,999
9	160,000	155,000 – 164,999
10	170,000	165,000 – 174,999
11	180,000	175,000 – 184,999
12	190,000	185,000 – 194,999
13	200,000	195,000 – 209,999
14	220,000	210,000 – 229,999
15	240,000	230,000 – 249,999
16	260,000	250,000 – 269,999
17	280,000	270,000 – 289,999
18	300,000	290,000 – 309,999

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19	320,000	310,000 – 329,999
20	340,000	330,000 – 349,999
21	360,000	350,000 – 369,999
22	380,000	370,000 – 394,999
23	410,000	395,000 – 424,999
24	440,000	425,000 – 454,999
25	470,000	455,000 – 484,999
26	500,000	485,000 – 514,999
27	530,000	515,000 – 544,999
28	560,000	545,000 – 574,999
29	590,000	575,000 – 604,999
30	620,000	605,000 – 634,999
31	650,000	635,000 – 664,999
32	680,000	665,000 – 694,999
33	710,000	695,000 – 729,999
34	750,000	730,000 – 769,999
35	790,000	770,000 – 809,999
36	830,000	810,000 – 854,999
37	880,000	855,000 – 904,999
38	930,000	905,000 – 954,999
39	980,000	955,000 – 1,004,999
40	1,030,000	1,005,000 – 1,054,999
41	1,090,000	1,055,000 – 1,114,999
42	1,150,000	1,115,000 – 1,174,999
43	1,210,000	1,175,000 or higher

Premium and contribution rates (as of Sept. 1, 2008)

Member category	Member premium rates			Employer contribution rates		
	Short-term benefits	Nursing care benefits	Long-term benefits	Short-term benefits	Nursing care benefits	Long-term benefits
Long-term	29.47/1,000	4.2 /1,000	75.125/1,000	29.47/1,000	4.2/1,000	75.125/1,000
Mariner	24.32/1,000	4.2/1,000	75.125/1,000	34.62/1,000	4.2/1,000	75.125/1,000
Voluntary continuing	58.94/1,000	8.2/1,000	—	—	—	—
Long-term continuing	—	—	75.125/1,000	—	—	75.125/1,000
Special continuing	—	—	150.25/1,000	—	—	—

The premium/contribution rates for short-term benefits include the rate for welfare support (1.02/1,000). Members on child care leave who file a child care leave premium exemption form are exempted from paying premiums for the period from the month of

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filing to the month preceding the month of the day following the end of child care leave.

2. Voluntary Continuing Member Premiums (任意継続組合員の掛金)

Premiums for voluntary continuing members are calculated by multiplying the voluntary continuing member rate with the relevant standard monthly remuneration amount. Premiums can be paid in monthly installments, or in advance installments covering longer periods. A discount is applied to premiums paid using the latter plan.

Monthly installments

The first installment must be paid within 20 days following retirement (Example: the deadline for a member who retired on March 31 would be April 19). Payment for subsequent installments is due on the last day of the month immediately preceding each month of coverage, as long as the member wishes to retain membership (continuable for a maximum of two years).

Advance installments

Members who wish to pay their premiums in advance installments may choose to pay for any of the following periods of coverage. A discount is provided for payment of premiums in advance installment.

- (1) Six-month period from April to September, or from October to March
- (2) Twelve-month period from April to March
- (3) A period of at least two months during either period (1) or (2) above, when voluntary continuing membership is first acquired, or when it is clear that this membership will be lost.

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2. Medical Care Benefits (病気やけがをしたとき)

1. Using the Membership Card to Receive Medical Care Benefits

(組合員証を使用したとき 療養の給付)

Members and dependents (excluding those covered by the Elderly Persons' Health Act) can use their membership card to receive medical care for illnesses or injuries at healthcare facilities which provide insured care. Please note that this does not apply to care for work-related illnesses or injuries, which is instead covered by the provisions of the National Public Officers' Accident Compensation Act and certain other regulations.

(1) Payment of medical expenses

Beneficiary's age		Association burden	Member copayment
70-74 (Elderly beneficiary)	General	90%	10%
	High income ⁴	70%	30%
Under 70		70% (80% for preschool children)	30% (20% for preschool children)

(2) Hospital meals

Members bear a fixed portion of the cost of hospital meals served to them or their dependents while hospitalized (this copayment is herein referred to as "standard hospitalization copayment"). The remainder of the cost is covered by the Association.

(3) Home care

Members and dependents who need to receive regular nursing care at home (as determined by their physician based on Ministry of Health, Labor and Welfare criteria⁵) are eligible to receive home care from nurses and other skilled helpers dispatched by a designated service provider. Members and dependents are responsible for paying only 30% of the cost of home care services provided to them. The Association bears the remaining 70%.

(4) Special transport

The Association covers, in approved cases, the cost of special transport (bed-equipped vehicle, taxi, etc.) for members and dependents who have a care-requiring condition that prevents them from walking and using public transport, and who are directed to use

⁴ Here, this refers to members age 70 and older who have a standard monthly remuneration amount of ¥280,000 or higher (including those covered by old-age healthcare benefits). In cases where such a member has a dependent who is covered by elderly benefits or old-age healthcare benefits, this category applies only if the member and dependent's combined annual income is at least ¥5,200,000 (¥3,830,000 if only the member is covered by elderly benefits). Dependents aged 70-74 of a member under age 70 fall under the category "general."

⁵ Applicable conditions include intractable diseases, terminal cancer, severe disabilities (resulting from muscular dystrophy, cerebral palsy, etc.), presenile stroke, etc.

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special transport by a physician. The cost is initially paid by the member, who then files a reimbursement claim with the Association. In cases where the beneficiary needs to be escorted by a caregiver (excluding family members), the Association will also cover the caregiver's transport costs. However, this benefit does not apply to the costs of normal outpatient visits to the hospital.

(5) Partial copayment reimbursement benefit / Family care supplemental benefit

In cases where a beneficiary's copayments to the same hospital, pharmacy, or other healthcare facility total more than ¥25,000 (¥50,000 if receiving high-cost medical expense benefit on household total) in one month, the Association will subsequently reimburse the amount in excess by paying a partial copayment reimbursement benefit (for members) or a family care supplemental benefit (for dependents). However, neither benefit is paid when the amount in excess is less than ¥1,000 (amounts are rounded down to the next ¥100).

- Standard hospitalization copayments are not included in the copayment total used to calculate these benefits. High-cost medical expense benefit amounts, if paid, are deducted from these benefits.
- These benefits are not available to members or dependents who receive local government aid for partial copayments to healthcare facilities. If you or your dependent is a recipient of such aid, please notify the local Association representative.
- The amount of these benefits is calculated based on the healthcare provider's billing statements. As a result, it may slightly differ from what it would be if calculated based on the actual copayment amount paid to the healthcare facility.

(6) High-cost medical expense benefit

In cases where a beneficiary's total monthly copayments to the same healthcare facility exceed a certain amount (the copayment cap), the Association will cover the amount in excess by paying a high-cost medical expense benefit.

- Healthcare facilities issue monthly billing statements separately for medical care and dental care, and separately for inpatient care and outpatient care (general hospitals issue a separate statement for each department). This benefit is calculated separately for each type of statement issued.
- Standard hospitalization copayments are not included in the copayment total used to calculate this benefit.
- When the monthly copayment total for a beneficiary under age 70 exceeds ¥80,100 (¥150,000 if high-income beneficiary), the benefit paid is the amount in excess of the copayment cap indicated in the table below.
- In the case of high-cost medical expenses for inpatient care, members and dependents can have the copayment cap directly applied to the payments they make to the healthcare facility cashier. In order to receive this service, the beneficiary first needs to submit to the Association a direct copayment cap request form. The Association will then issue the beneficiary a direct copayment cap certificate, which

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the beneficiary needs to present (along with the membership card) when paying inpatient care charges to the healthcare facility cashier.

Copayment caps for beneficiaries under age 70

High-income beneficiaries ⁶	Cap: ¥150,000 + (0.01 × amount of medical expense exceeding ¥500,000) [¥83,400]
General beneficiaries	Cap: ¥80,100 + (0.01 × amount of medical expense exceeding ¥267,000) [¥44,400]
Low-income beneficiaries ⁷	Cap: ¥35,400 [¥24,600]

- When a beneficiary household has paid high-cost medical expenses for more than three months during the past twelve-month period, the figure in square brackets is used as the copayment cap for each month of payment beyond the third.
- The copayment charge of a single billing statement must be at least ¥21,000 in order for it to be counted toward the household total for this benefit.
- The copayment cap for specified diseases (such as chronic kidney disease requiring dialysis) is ¥10,000 (¥20,000 on dialysis for high-income members and their dependents).

(7) Special service expenses

The special services listed below incur fees beyond the scope of benefit coverage. In these cases, the Association will pay benefits equivalent to those paid on standard insured care. However, the beneficiary is responsible for paying the charges in excess of the standard benefit.

Upgraded hospital rooms

Beneficiaries who choose to stay in an upgraded room (private, semi-private, etc.) during hospitalization are responsible for bearing the charges in excess of the standard room rate covered by the Association.

Dental care

Benefit restrictions apply to the various types of materials used in dental care services. Beneficiaries who wish to have special materials (gold alloy, platinum, etc.) used need to pay the charges in excess of the cost of the service if the standard material were used.

Advanced medical care

When beneficiaries choose to undergo advanced medical care beyond the scope of insured care, the Association will pay a benefit equivalent to the cost of the basic

⁶ Members whose standard monthly remuneration amount is ¥530,000 or higher, and their dependents.

⁷ Beneficiaries exempted from paying residence taxes.

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portions of the service that are the same as those of standard care (such as initial consultation, testing, etc.).

2. Coverage of Medical Expenses When Membership Card Is Not Used

(組合員証を使用しなかったとき—療養費)

Normally, members and dependents are expected to present their membership card when receiving treatment for illnesses or injuries at a healthcare facility providing insured care. However, if they are unable to do so in any of the emergencies or unavoidable situations listed below, they need to pay the full cost of care during the visit, but afterwards the Association will pay benefits on the care in approved cases.

- Receiving uninsured care in a region with no healthcare facilities that provide insured care.
- Receiving uninsured care from a local physician in an emergency (accident or acute illness).
- Purchasing blood for transfusion, or a therapeutic device (such as a prosthetic limb or corset).
- Receiving care overseas.

(1) Out-of-pocket payments for medical care

The Association pays medical expense benefits on out-of-pocket payments for medical care. The benefits are calculated by deducting the copayment from an amount computed based on specific standards

- Medical care paid out of the pocket sometimes costs more than it would if paid by insurance. However, since the Association's medical care benefits are calculated based on insurance points, the benefit paid may be less than the actual amount paid by the beneficiary.
- When paying for medical care, be sure to obtain a receipt and a billing statement listing the services provided, since these documents must be submitted in order to claim benefits.

(2) Out-of-pocket payments for acupuncture, moxocautery, massage

In approved cases, the Association pays medical expense benefits (calculated based on specific standards) on out-of-pocket payments for acupuncture, moxocautery, and massage services deemed necessary for treating bone fractures, dislocations, sprains, and other such conditions, provided that the patient receives the physician's consent before receiving those services.

(3) Out-of-pocket payments for therapeutic devices

The Association pays medical expense benefits (calculated based on specific standards) on out-of-pocket purchases of joint braces, corsets, and other therapeutic devices that a physician deems necessary to the patient's treatment. Since this benefit applies only to devices necessary for treatment, it is not available for eyeglasses, hearing aids, or other

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non-therapeutic items purchased to improve the user's convenience in daily activities (including work), or to enhance the user's appearance.

(4) Out-of-pocket payments for blood transfusions

The Association pays medical expense benefits on out-of-pocket payments for blood used in transfusions. However, this does not apply to blood received from relatives.

(5) Out-of-pocket payments for care received overseas

The Association pays medical expense benefits on out-of-pocket payments for medical care received overseas to treat illnesses or injuries.

- The benefits are calculated based on Japan's system of health insurance points, which generally differs from other nation's healthcare systems. As a result, the benefit paid is almost always less than the out-of-pocket payment.
- When paying for medical care overseas, be sure to obtain a receipt and a billing statement listing the services provided, since these documents must be submitted in order to claim benefits.
- Members and dependents planning to travel overseas for extended periods are asked to notify the Association before departing.
- As additional protection, the Association urges those planning to go overseas to enroll in an overseas travel insurance plan that covers illnesses, injuries, and other accidents. Certain credit cards, such as the JCB Business Card and the DC Business Gold Card, provide travel insurance services to their users.

3. Services Not Covered by the Association (組合員証でかかれぬ診療)

The membership card provides members and their dependents with access to covered care for illnesses and injuries, but it cannot be used to receive coverage of the services listed below.

Services only for disease prevention or fatigue relief

General checkups, vaccinations (flu, dysentery, etc.), services only for fatigue relief (vitamin injections, etc.)

Cosmetic surgery and treatments

Cosmetic surgery (such as nose or eyelid reshaping), treatments for graying hair, excessive hair, or baldness, and removal of freckles, moles, etc.

Elective abortion

Abortion performed for financial reasons.

Normal childbirth

The Association pays a maternity benefit to members or dependents who carried a pregnancy to at least the 85th day, regardless of the outcome (premature or full-term)

II. Short-term Benefits (短期給付)

delivery, stillbirth, miscarriage, or induced abortion). However, the medical care benefit is not paid for physician services provided for a normal childbirth.

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3. Marriage Allowance (結婚したとき(結婚手当金))

The Association pays a marriage allowance of ¥80,000 to members who become married. In marriages where both partners are members, the allowance is paid to each member. The allowance is also paid in cases where the couple has not filed for a marriage license but is in a de facto state of marriage. To claim this benefit, submit the marriage allowance request form and documentation attesting to the marriage (copy of family register, supervisor's testimony, etc.).

II. Short-term Benefits (短期給付)

4. Maternity Benefit (子供が生まれたとき(出産費))

The Association pays a maternity benefit of ¥350,000 to members (member maternity benefit) and dependents (family maternity benefit) who carried a pregnancy to at least the 85th day, regardless of the outcome (premature or full-term delivery, stillbirth, miscarriage, or induced abortion). The benefit is paid per child in multiple births.

To claim this benefit, submit the relevant maternity benefit request form after having the physician write on it a statement concerning the pregnancy outcome (or attach a document serving as evidence). Beneficiaries can arrange to have the benefit paid directly to the healthcare facility on their behalf.

II. Short-term Benefits (短期給付)

5. Hospitalization Supplemental Benefit

(入院したとき (入院附加金))

The Association pays a hospitalization supplemental benefit of ¥10,000 to members each time they are hospitalized for at least five continuous days in order to receive medical care for illnesses or injuries. Since this benefit is intended as a sort of sympathy payment, it is paid regardless of the circumstances (hospitalization due to harm inflicted by a third party, hospitalization involving publicly funded care, and so forth), except when the member is hospitalized to receive care for work-related illness or injury.

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6. Leave-related Benefits (勤務を休んだとき)

The Association pays the allowances described below to members (excluding voluntary continuing members) unable to receive their remuneration in part or in whole when taking leave from work due to illness or injury (not related to work), childbirth, or certain other reasons.

1. Medical Leave Allowance (病気で休んだとき 傷病手当金)

The following medical leave allowance and supplemental allowance are paid to members (excluding voluntary continuing members) who are unable to receive their remuneration in part or in whole when taking leave from work to recuperate from an illness or injury. The medical leave allowance and supplemental allowance is payable from the fourth day following the day on which the member became unable to work.

	Medical Leave Allowance	Medical Leave Supplemental Allowance
Period of payment	Up to 18 months of illness or injury, 36 months if tuberculous disease.	A set period ⁸ in which the member needs to continue taking sick leave beyond the medical allowance period.
Allowance amount	Two thirds of the member's standard daily remuneration amount, per day. <ul style="list-style-type: none">• If the member partially receives remuneration during the leave, the difference between that amount and this allowance is paid instead.• If the member receives mutual-aid disability pension (including basic disability pension) benefits or lump-sum disability benefit for the same illness or injury covered by this allowance, the difference between that amount and this allowance is paid instead.	Same as medical leave allowance.

- These allowances are not paid for days on which the member would not normally work (Saturdays, Sundays, etc.).
- To claim the medical leave allowance, submit the request form after having the physician write on it a statement attesting to the need to take convalescent leave. Since the allowance is based on your remuneration, also attach evidence of the remuneration amount.

2. Maternity Leave Allowance (出産で休んだとき 出産手当金)

The following maternity leave allowance is paid to members (excluding voluntary continuing members) who are unable to receive their remuneration in part or in whole when taking leave from work for childbirth.

⁸ Payment of this allowance ends when the member becomes ineligible or when three years elapse from the first day of leave, whichever occurs earlier.

II. Short-term Benefits (短期給付)

Period of payment	The allowance is paid for maternity leave taken during the following periods. Single pregnancy: A 98-day period comprising 42 days up to birth and 56 days following birth Multiple pregnancy: A 154-day period comprising 98 days up to birth and 56 days following birth
Allowance amount	Two thirds of the member's standard daily remuneration amount, per day. • If the member partially receives remuneration during the leave, the difference between that amount and this allowance is paid instead.

- This allowance is paid only for pregnancies carried to at least the 85th day, regardless of the outcome of pregnancy.
- In cases where the birth occurs after the due date, the prenatal period covered by this allowance is the 42-day period (98-day period if multiple pregnancy) up to the due date.
- The day of birth is counted as part of the 42-day (if multiple pregnancy, 98-day) prenatal period.
- This allowance is not paid for days on which the member would not normally work (Saturdays, Sundays, etc.).
- To claim this allowance, submit the request form after having the physician or midwife write on it a statement attesting to the birth. Since the allowance is based on your remuneration, also attach evidence of the remuneration amount.

3. Family Leave Allowance (被扶養者の病気などで休んだとき 休業手当金)

The following family leave allowance is paid to members (excluding voluntary continuing members) who are unable to receive their remuneration in part or in whole when taking leave from work for any of the dependent-related reasons listed below.

Reason for Leave	Allowance Amount	Period of Payment
Dependent's illness or injury	One half of the member's standard daily remuneration amount, per day. • If the member partially receives remuneration during the leave, the difference between that amount and this allowance is paid instead.	Entire period of leave
Birth by member's spouse		14 days maximum
Member/dependent involved in unforeseen accident/disaster		5 days maximum
Member's wedding, spouse's death, dependent's wedding/funeral		7 days maximum
Illness or injury of non-dependent spouse, child, or parent of the member		Period deemed necessary by local chapter's president
Distance-learning classroom lesson attended by member		Period deemed necessary by local chapter's president

- This allowance is not paid for periods in which the member receives the medical leave allowance or the maternity leave allowance.
- This allowance is not paid for days on which the member would not normally work (Saturdays, Sundays, etc.).
- To claim this allowance, submit the request form after indicating the reason for leave

II. Short-term Benefits (短期給付)

and having your supervisor write on it a statement attesting to the leave. Since the allowance is based on your remuneration, also attach evidence of the remuneration amount.

4. Child Care Leave Allowance (育児休業をしたとき 育児休業手当金)

The following child care leave allowance is paid to members (excluding voluntary continuing members) who are unable to receive their remuneration in part or in whole when taking leave from work to care for their children.

Period of payment	Days of child care leave from work until the relevant child reaches the base age (one year old, or 18 months old if special circumstances exist, such as inability to place the child in a nursery as of age one).
Allowance amount	40% of the member's standard daily remuneration amount, per day. <ul style="list-style-type: none">• However, a portion of the allowance is paid only to members who retain membership for at least six months following the day that the child care leave ended (or the day the child reached the base age, if earlier than the end of the leave). That portion is paid as a lump sum equivalent to 10% of the member's standard daily remuneration amount, per day subject to the allowance.

- This allowance is not paid to members who receive child care benefits under the Employment Insurance Act.
- This allowance is not paid for days on which the member would not normally work (Saturdays, Sundays, etc.).
- The allowance is capped by a maximum payout based on the provisions of the Employment Insurance Act.
- To claim this allowance, submit the request form after having a personnel officer write on it a statement attesting to the leave.

5. Family Care Leave Allowance (介護休業をしたとき 介護休業手当金)

The following family care leave allowance is paid to members (excluding voluntary continuing members) who are unable to receive their remuneration in part or in whole when taking leave from work to care for their families.

Period of payment	Period of approved family care leave, but no longer than three months from the first day of leave.
Allowance amount	40% of the member's standard daily remuneration amount, per day. <ul style="list-style-type: none">• If the member partially receives remuneration during the leave, the difference between that amount and this allowance is paid instead.

- This allowance is not paid to members who receive family care benefits under the Employment Insurance Act.
- This allowance is not paid for days on which the member would not normally work (Saturdays, Sundays, etc.).
- The allowance is capped by a maximum payout based on the provisions of the Employment Insurance Act.

II. Short-term Benefits (短期給付)

- To claim this allowance, submit the request form after having a personnel officer write on it a statement attesting to the leave. Since the allowance is based on your remuneration, also attach evidence of the remuneration amount.

II. Short-term Benefits (短期給付)

7. Disaster Benefits (災害にあったとき)

The Association pays the following condolence benefits when members or dependents are killed in a disaster. Here, disasters are defined as floods, earthquakes, fires, landslides, typhoons, other natural catastrophes, and major unforeseen accidents (such as train derailments).

1. Disaster-related Death Benefits (災害で死亡したとき 弔慰金)

Death of Member		Death of Dependent	
Member Condolence Benefit	Member's standard monthly remuneration amount	Family Condolence Benefit	70% of member's standard monthly remuneration amount
Member Condolence Supplemental Benefit	When the above amount is less than ¥270,000, the difference is paid.	Family Condolence Supplemental Benefit	When the above amount is less than ¥270,000, the difference is paid.

- Those who receive these benefits remain eligible to receive the Association's burial benefits.
- To claim these benefits, submit the request form after having your municipal government or police department write on it a statement attesting to the death.

II. Short-term Benefits (短期給付)

8. Burial Benefits (死亡したとき(埋葬料))

The Association pays the following burial benefits to dependents of members who have died from non-work-related causes, and to members when a dependent dies.

Death of Member		Death of Dependent	
Member burial benefit	¥50,000	Family burial benefit	¥50,000
Member burial supplemental benefit	¥50,000	Family burial supplemental benefit	¥50,000

- In cases where a deceased member has no surviving dependents, the Association pays the direct cost of the burial to the person who actually conducted the burial, up to the full amount of the burial benefit and the burial supplemental benefit.
- To claim these benefits, submit the request form and a copy of the local municipal government's burial/cremation permit. Non-dependents seeking reimbursement for the expenses of a member's burial are asked to also submit a receipt of the burial expenses directly borne by them.

II. Short-term Benefits (短期給付)

10. Injuries Caused by Third Parties

(他人からけがをさせられたとき)

When a member or dependent is injured in a traffic accident or other incident caused by someone else, it is natural that the resulting medical expenses be borne by that person, provided that the member or dependent was not grossly negligent. However, since injury claims against third parties generally do not reach a quick settlement, the Association allows members and dependents to use their membership card to receive medical care for injuries caused by third parties.

In such cases, promptly contact the Association and file a damages claim, which gives the Association the subrogation rights to demand compensation from the third party on your behalf. In particular, please be sure to exercise discretion when dealing with traffic accidents, which involve complicated issues, such as assignment of liability and the possibility of aftereffects from injuries. If you opt for a quick private settlement with the third party without consulting with the Association, you will forfeit the right to claim further compensation for medical expenses and other damages from that party, and will be responsible for bearing any post-settlement medical expenses you incur.

Those who are covered by a public health plan for the elderly are asked to file a damages claim with their local municipal government.

Pointers for Those Involved in Traffic Accidents

(1) Get information on the driver at fault.

When injured in a traffic accident, be sure to get information on the driver at fault, including his/her name, address, phone number, and driver's license number, as well as the details of the car's owner and the car registration number.

(2) Get the driver's vehicle liability insurance policy number.

Write down the insurance provider's name, the policy number, and the date of enrollment.

(3) Report the accident to the police and obtain a traffic accident certificate.

Report all accidents, even minor ones, to the police. Also, obtain a traffic accident certificate from the police, as this document serves as an important piece of evidence used in making claims and working out settlements.

(4) Contact the Association.

Contact the Association to report the accident and receive instructions.

(5) Have a physician examine your injuries.

II. Short-term Benefits (短期給付)

Seemingly trivial injuries from a traffic accident can often mask serious medical conditions that are not discovered until much later, so be sure to have a physician thoroughly examine any injuries you suffer, no matter how slight. If you make any out-of-pocket payments to the healthcare facility, obtain a receipt.

(6) Use discretion regarding settlements.

When reaching a private settlement with a third party, be sure to carefully go over the agreement, receipts, and other documents before you sign them or affix your seal on them. Also, aftereffects may later develop from your injuries, so seek consultation from the Association and professional agencies before entering into a settlement.

II. Short-term Benefits (短期給付)

12. Post-retirement Health Insurance (退職後の医療)

Although the Association's health insurance coverage for members normally ends at their retirement, there are several options for post-retirement health insurance, such as coverage from a new place of employment or coverage as a dependent.

1. Members Who Become Re-employed (再就職した場合)

Members who take up employment again after retirement will be enrolled in the health insurance plan of their new place of employment. However, if the business does not offer such a plan, the member has the option of becoming a voluntary continuing member of the Association or enrolling in the National Health Insurance (NHI) program.

2. Members Who Do Not Become Re-employed (再就職しない場合)

Members who do not take up employment again after retirement can choose any of the following options for health insurance coverage:

- (1) Become a voluntary continuing member.
- (2) Enroll in the NHI program.
- (3) Enroll in the NHI program and its retiree medical care plan.
- (4) Become a dependent of a child or other relative enrolled in a family health insurance plan.

These options are outlined below.

(1) Becoming a voluntary continuing member

Members who wish to continue receiving short-term benefits and welfare support following retirement may become voluntary continuing members, if they were continuously enrolled as members for at least one year up to the day before their retirement. Voluntary continuing membership can be held for up to two years and provides nearly the same benefits received by regular members.

- (1) Eligibility: See p. 7.
- (2) Application: To apply, submit the application form within 20 days following retirement to the Association chapter of your final place of work.
- (3) Period: Up to two years.
- (4) Premiums: See p. 14.
- (5) Benefits: Voluntary continuing members are eligible for the same short-term benefits and welfare support services that were available to them as regular members, except for: the medical leave allowance, maternity leave allowance, family leave allowance, child care leave allowance, and family care leave allowance of the Short-term Benefits program; the loan services, group credit life insurance plan, savings plan, and group whole life insurance plan of the Welfare Support program; and certain portions of other services.

II. Short-term Benefits (短期給付)

(2) Enrolling in NHI

The NHI program is a medical insurance program provided by every municipality in Japan. Enrollment procedures, payment of benefits, and collection of premiums are all handled by your local municipal office.

- (1) Eligibility: People receiving health insurance coverage from a mutual aid association or their employer become eligible to enroll in the NHI program once they lose that coverage.
- (2) Application: Apply at your local municipal office within 14 days of losing your coverage from the Association.
- (3) Premiums: Premiums are assessed by your municipality for your household as a whole, and are based on household size and income.
- (4) Benefits: Medical expense benefits are paid at the same rates offered by the Association (see p. 15).

(3) Enrolling in the NHI retiree medical care plan

This plan is designed for people who lose health insurance coverage from a mutual aid association or their employer, but are not yet old enough to qualify for coverage under the Elderly Persons' Health Act (75 and older). Those who wish enroll in this plan need to also enroll in the NHI program.

- (1) Eligibility: People enrolled in NHI who:
 - are eligible to receive welfare or mutual-aid employee retirement (old-age) pension,
 - were enrolled in the employee's pension fund for at least 20 years total (or at least 10 years total from age 40), and
 - are not covered by the system of elderly persons' health care.This excludes those who have not reached the age at which retirement (old-age) pension benefits begin to be paid.
- (2) Application: Apply at your local municipal office within 14 days of receiving your pension certificate. You will need to present your certificate when applying.
- (3) Premiums: Premiums are calculated based on the same formula used for general NHI premiums.
- (4) Benefits: Medical expense benefits are paid at the same rates offered by the Association (see p. 15).

(4) Becoming a dependent

Those who do not gain health insurance coverage through any of the schemes described

II. Short-term Benefits (短期給付)

above can qualify for coverage as a dependent of their child or other relative, barring certain restrictions (income caps, etc.) similar to those imposed by the Association.

II. Short-term Benefits (短期給付)

14. Long-term Care Insurance (介護保険法)

The system of care provided for by the Long-term Care Insurance Act allows those needing long-term care to freely choose from a variety of public-supported health, medical, and welfare services. Enrollment is mandatory for everyone age 40 and older.

There are two categories of coverage:

- Category 1: Members age 65 and older.
- Category 2: Members and dependents age 40 to 64.

Dependents age 40 to 64 are covered as Category 2 subscribers, but premiums are not charged for them.

Overview of long-term care insurance

	Category 1	Category 2
Premium payment	In principle, deducted from pension benefits.	Deducted from remuneration (same as short-term benefits premiums).
Targeted users	<ul style="list-style-type: none">• People requiring constant care in daily life because they are bedridden, or are afflicted with dementia, etc.• People requiring support for household chores, personal care, and other aspects of daily life.	<ul style="list-style-type: none">• People who require care for presenile dementia, cerebrovascular disorders, or other illnesses associated with aging.
Prerequisite	Users need to be certified as requiring care or support by their municipality or special ward.	
User copayment	10% of the cost charged by the service provider (those receiving care at a facility also bear the full cost of meals). High-cost care service expenses: In cases where the 10% copayment amount is exceedingly expensive, users can apply for subsequent reimbursement from their municipality or special ward for amounts in excess of a predetermined ceiling.	

III. Long-term Benefits (長期給付)

1. Overview of Long-term Benefits (長期給付のあらまし)

The programs operated by the Association include the Long-term Benefits program, which provides pension and lump-sum benefits to support members and their families following the member's retirement, death, or disability. The benefits are divided into three categories: retirement (mutual-aid retirement pension), disability (mutual-aid disability pension and lump-sum disability benefit), and survivors' (mutual-aid survivors' pension) benefits.

Eligibility assessment, benefits payment, and other administrative aspects of this program are handled by the Federation of National Public Service Personnel Mutual Aid Associations.

In addition to the long-term benefits offered by the Association, members and their families can also receive from the national pension program various basic pensions: old-age basic pension, basic disability pension, and survivors' basic pension.

III. Long-term Benefits (長期給付)

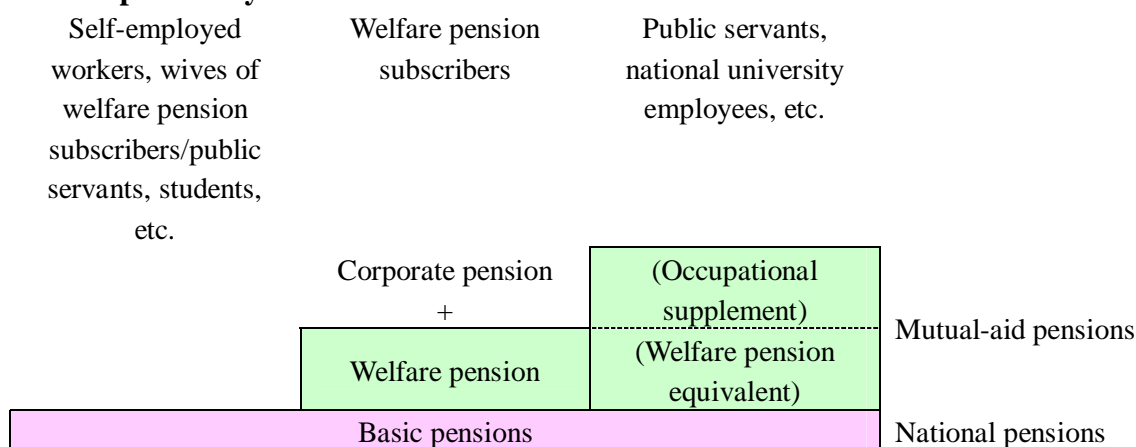
2. The Public Pension System (公的年金制度のしくみ)

Japan's current public pension system was launched on April 1, 1986. Under this system, national pension benefits are provided to welfare and mutual-aid pension subscribers, as well as their dependent spouses. Moreover, the system universally offers basic pensions. Association members are enrolled in both mutual-aid and national pension schemes.

Public pensions	Mutual-aid pensions (mutual aid associations of national/local public servants, private school employees, etc.)	Employee's pension system (excluding public pensions that are national pensions)
	Welfare pensions	
	National pensions	Basic pension system

The Association is defined as a national public servant mutual aid association.

Public pension system



III. Long-term Benefits (長期給付)

3. National Pensions (国民年金の被保険者)

National pensions (basic pensions) are designed to guarantee basic subsistence in old age for everyone.

1. Pension Subscriber Categories (被保険者の種類)

National pension subscribers are divided into the following three categories.

Category 1	Category 2	Category 3
<u>Self-employed workers, students, etc.</u> Self-employed workers, farmers, students, etc. aged 20–59 who reside in Japan and do not qualify for Category 2 or 3	<u>Private sector workers, public servants, national university employees, etc.</u> Mutual aid association members, welfare pension subscribers, and private school employees	<u>Dependent spouses of Category 2 subscribers</u> Dependent spouses age 20–59 of Category 2 subscribers

Full-time employees of MEXT, the Agency for Cultural Affairs, national university corporations, inter-university research institute corporations, and MEXT-affiliated independent administrative institutions become Association members and Category 2 subscribers from their first day of employment. Their dependent spouses become Category 3 subscribers, if aged 20–59.

2. Premiums (保険料)

National pension premiums for Association members are included in the long-term benefit premiums deducted from their monthly remuneration. The Association pays into the national pension program the premiums for members and their dependent spouses, so there is no need for members to separately pay premiums for their dependent spouses.

3. Notification Regarding Category 3 Subscribers (第3号被保険者の届け出)

Members are automatically enrolled in the national pension program at the time they gain Association membership. However, in order for dependent spouses to be enrolled as Category 3 subscribers, the member spouse needs to submit a notification form to the Association for forwarding to the Social Insurance Agency. Please remember to submit the form, as failure to do so may result in the loss of future pension benefits for the dependent spouse. As indicated below, there are other cases where the notification form needs to be submitted.

(1) Situations Requiring Submission of Notification Form

- A person becomes the dependent spouse of a member.
- A spouse becomes dependent on the member spouse due to loss of employment, etc.
- The Category 3 subscriber relocates to another residence.
- The Category 3 subscriber's changes his/her name.
- The Category 3 subscriber dies.

III. Long-term Benefits (長期給付)

- The Category 3 subscriber ceases to be a dependent spouse (the couple divorces, the dependent spouse's regular annual income exceeds ¥1,300,000, or other reasons).
- The member loses eligibility as a Category 2 subscriber due to reaching age 65, retirement, death, etc.

Cases where a Category 3 subscriber becomes a Category 1 subscriber need to be reported directly to the local municipal office.

(2) Method of Notification

Fill out the prescribed forms (including the form for reporting acquisition/change/confirmation of Category 3 subscriber status) and submit them to your Association chapter's office within 30 days from occurrence of the reason for notification.

4. Basic Pension Number (基礎年金番号について)

The Social Insurance Agency began issuing basic pension numbers to subscribers on September 1, 1997. The number is issued to each subscriber upon initial enrollment in a public pension, and applies to each public pension policy held by the subscriber. The number does not change even when Association members lose their eligibility as members, become members of another mutual aid association, or become a welfare pension subscriber.

Association members are issued their basic pension number after notification of their acquisition of long-term benefit membership is submitted. The local chapter will then send a basic pension number notice to the new member. The notice is used for confirming the member's enrollment and other important purposes, so please keep it in a safe place.

III. Long-term Benefits (長期給付)

5. Retirement/Old-age Pensions (退職または老齢を事由とする年金)

1. Mutual-aid Retirement Pension (退職共済年金)

The mutual-aid retirement pension is paid, following completion of the necessary procedures, to members whose period of public pension enrollment (total of period as Association member and periods of enrollment in other public pensions) is at least 25 years.

Payment of this pension normally begins at age 65, but a special early payment scheme is currently being applied to subscribers age 60–64. When recipients of these special early payments turn age 65, they will begin to collect the normal payments of mutual-aid retirement pension benefits, as well as the old-age basic pension benefits provided by the national pension program.

The special early payments are calculated as: base amount + welfare pension equivalent + occupational supplement (+ additional pension amount). As a result of a 1994 amendment of pension legislation, the age at which payment of the base amount (and additional pension amount) begins is being raised by one every three years during the period from fiscal 2001 to 2013.

In addition, as the result of an amendment passed in 2000, the age at which payment of the welfare pension equivalent and occupational supplement begins will be raised by one every three years during the period from fiscal 2013 to 2025. In fiscal 2025, the special early payment schemes will be terminated, and both the mutual-aid retirement pension and the old-age basic pension will become payable from age 65.

2. Lump-sum Payment for Early Disenrollment of Non-Japanese Nationals (日本国国籍を有しない者に対する脱退一時金)

A lump-sum disenrollment payment is made to non-Japanese nationals who retired and ceased residing in Japan before gaining eligibility for payment of mutual-aid retirement pension and old-age basic pension benefits. This applies only to those whose membership in mutual aid associations (including this Association) lasted at least six months but less than 25 years. In order to receive the payment, the disenrolled member must file a request form within two years following retirement.

III. Long-term Benefits (長期給付)

8. Old-age Pensions for Spouses (配偶者が受ける年金)

The additional pension amount is paid to members with a dependent spouse under age 65. When the spouse reaches age 65, the additional pension amount ceases to be paid, but old-age pension benefits begin to be directly paid to the spouse from the national pension program.

1. Old-age basic pension (老齡基礎年金)

(1) Eligibility

The old-age basic pension is payable to individuals aged 65 and older whose benefits eligibility period lasted at least 25 years.

(2) Calculation of benefits eligibility period

The benefits eligibility period is calculated as the total of the periods listed below. Please note that these periods are considered “blank periods” that are used only to compute the benefits eligibility period; they are not used to calculate the amount of pension benefits.

- Periods in which the subscriber was a member’s dependent spouse but did not hold voluntary enrollment in the national pension program (limited to the periods in which the subscriber was between ages 20 and 59 during the time from April 1961 to March 1986).
- Periods after March 1961 in which the subscriber was between ages 20 and 59 and was a student not voluntarily enrolled in the national pension program (limited to the time up to March 1991) or resided overseas.
- Periods before April 1961 in which the subscriber did not receive disenrollment allowances while a subscriber under the Welfare Pension Insurance Act or the former Mariners’ Insurance Act (limited to those who were enrolled in a public pension at some time after March 1961), or in which the subscriber was continuously enrolled as a mutual aid association member up to April 1, 1961.

III. Long-term Benefits (長期給付)

9. Disability Pensions (障害者となった時の年金)

Members who become severely disabled from an illness or injury during employment or following retirement (up to age 65) are paid a mutual-aid disability pension from the Association and a basic disability pension from the national pension program. The pensions paid depend on the level of disability, as indicated below.

Disability Class	Pensions Paid
1	Mutual-aid disability pension + basic disability pension
2	Mutual-aid disability pension + basic disability pension
3	Mutual-aid disability pension

In principle, the mutual-aid disability pension is not paid while the member remains employed at a mutual aid association. However, the basic disability pension is paid during employment as well.

1. Mutual-aid Disability Pension Eligibility (障害共済年金)

Current and former members qualify for the mutual-aid disability pension if any of the following conditions apply to them.

- (1) Those who were members on the first medical examination day (the day on which the ill/injured member was initially examined by a physician or dentist regarding the illness or injury) and had a Class 3 or higher disability as of the day of disability certification (the day immediately following the elapse of 18 months from the first medical examination day, or, if the member recovered from the illness or injury before then, the day of recovery (the day the condition stabilized)).
- (2) Those who were members on the first medical examination day, and did not have a Class 3 or higher disability as of the day of disability certification but developed a Class 3 or higher disability from the same illness or injury before their 65th birthday and filed a claim for the pension benefits by then.
- (3) Those who had the right to receive a mutual-aid pension or disability pension before November 16, 1994 (excluding those who continued to hold that right on the said date) and developed, as a result of an illness or injury eligible for the said pensions, a Class 3 or higher disability at some time from that date to the day before their 65th birthday, and filed a claim for the pension benefits by then.
- (4) Those to whom apply either of the following descriptions
 - Those whose first medical examination for the base illness or injury (illness or injury for which the first medical examination occurred while the member was still an current member) occurred after the first medical examination of any other illness or injury incurred (including those incurred while not a member).
 - Those who developed, from the date of disability certification for the base disability (disability resulting from a base illness or injury) to the day before their 65th birthday, a Class 1 or 2 disability as the combined effect of the base disability and another disability (disability resulting from an illness or injury other than the base illness or injury).

III. Long-term Benefits (長期給付)

10. Pension Benefits for Surviving Families

(組合員が死亡したときの年金)

The families of members who died during employment or following retirement are paid a mutual-aid survivors' pension from the Association and, when eligible, a survivors' basic pension from the national pension program. The pensions paid depend on the relationship to the deceased member, as indicated below.

Relationship	Pensions Paid
Wife (with child), child	Mutual-aid survivors' pension + survivors' basic pension
Wife (without child)	Mutual-aid survivors' pension (+ middle/old-aged widow's supplement)
Husband, parent, grandchild, grandparent	Mutual-aid survivors' pension

1. Definition of Surviving Family (遺族とは)

The definition of surviving family encompasses the persons listed below, provided that they were dependent on the current or former member's income at the time of death. Note that the definitions differ between the mutual-aid pension program and the national pension program. The numbers indicate order of precedence in the awarding of benefits.

Mutual-aid survivors' pension	Survivors' basic pension
(1) Spouse, children (2) Parents (3) Grandchildren (4) Grandparents Eligibility for children and grandchildren is granted only to those are unmarried or have a Class 1 or 2 disability, up to the first March 31 after their 18th birthday.	(1) Wife with child indicated in (2) (2) Children up to the first March 31 after their 18th birthday, or up to the day before their 20th birthday if they are unmarried and have a Class 1 or 2 disability

Mutual-aid survivors' pensions are not paid to children while the wife receives that pension. Also, lower-ranked surviving relatives do not receive the mutual-aid survivors' pension while a higher ranked surviving relative receives the pension.