

How to claim for retirement allowance

○ To deposit of retirement allowance may take for one month after receiving applications at the branch.

If there are omissions or missing documents, it takes extra days for processing and payment is delayed. Please confirm all documents before submitting.

○ Please use a black ballpoint pen to fill out documents. Do not use a pencil or friction ball pen.

The required installment payment months to claim retirement allowance has been moderated for more than 12 months.

<Mutual Aid Notebook Sample>

金額	日分
20円	日分
40円	日分
120円	日分
180円	日分
200円	日分
260円	日分
300円	日分
310円	日分
合計	25日分

Mutual aid certification stamps are the total number of days printed on the cover of mutual aid notebook and certificate stickers attached on natural aid book.

(To calculate the number of mutual aid certificate is converted to one month.)

Due to partial revision of The Smaller Enterprise Retirement Allowance Mutual Aid Law, installment payment months to claim for retirement allowance has been moderated from 24 payment months to 12 payment months.

When “Date of reason for claiming retirement allowance” is after April 1, 2016, it is possible to claim for retirement allowance if installment payment months are more than 12 months.

If you claim for retirement allowance with installment payment months that are more than 12 months and less than 24 months, [the retirement allowance may be approximately 30%~50% of installment payment.](#)

※ 1 There is no change of required installment payment months more than 12 months for surviving family claim.

※ 2 If the date of reason for claiming retirement allowance is before March 31, 2016, more than 24 month of installment payment months is needed.

You can calculate the approximate retirement allowance amount on Kentaikyo Homepage. When you scan the QR code below from your mobile phone, you can calculate the amount on “Kentaikyo Mobile Site

Please scan the right QR code for Kentaikyo mobile site



Introduction

The retirement allowance of The Construction Industry Retirement Allowance Mutual Aid System can claim with reasons when you stop working in the construction industry, you start your own business, or the followings.

<Reason for retirement allowance claim>

1	Start your own business
2	Become unemployed
3	Hire by a non-construction business owner
4	Become an employee of a construction-related office (including when you become a business owner or receive executive compensation)
5	Cannot work because of injury or illness
6	Being over 55 years old
7	A person is deceased

~ A Table of Contents ~

▪ Introduction	1
▪ Required documents for retirement allowance claim	2
▪ Guidelines for “Retirement allowance claim form”	3-5
▪ Bank account confirmation of transfer financial institution	6
▪ How to fill in “ Application Concerning Receipt of Retirement Income”	7-9
▪ Surviving family claim by mutual aid subscriber decease	10
▪ When a spouse becomes the claimant by mutual aid subscriber decease	11-12
▪ When a person other than the spouse becomes the claimant by mutual aid subscriber decease	13
▪ Mailing methods of retirement allowance claim form	14
▪ List of prefectural branches	Back cover

Retirement allowance claim documents must “bring” to the closest prefectural branches, or [mail by “simple registered mail” from the post office window](#).

(ATTN) Please note that we are not responsible for loss of documents sent by regular mail.

Required documents for retirement allowance claim

1 Retirement allowance claim form

Do not download from Homepage, or use copied claim forms.

2 Mutual aid notebook

Please submit “Reissuance form for loss or damage of mutual aid notebook” in case of lost.

You can download the “Reissuance form for loss or damage of mutual aid notebook” on Kentaikyo Homepage.

3 Resident card with claimant’s My Number (original)

Please request to show My Number (individual number) for receiving of resident card. The resident card must be original within three months of issuance. Copies and detachments are invalid.

4 Please submit a copy of one of the following claimant’s identification documents.

* In case of difficulty submitting the following identification documents, please contact prefectural branches.

Driver’s license (both sides)

* Valid expiration date



Pension handbook

(The page with name, date of birth, and address)



Health insurance card

(The page with name, date of birth, and address)

* Valid expiration date



Passport

(The page with face photo and address)

* Valid expiration date



Please black out the followings for copied health insurance card.

- Insurance number
- Insurance code and number

Passports applied for after February 4, 2022 will not be accepted as identity verification documents because there is no holder entry field (address entry field).

5 A copy of bankbook or bank card in the name of claimant

If there is no bankbook, please print out the online account page with financial institution name, branch name (transaction store name), account holder name, and checking account number.

6 “Retirement income recipient application form” and “Retirement income application form”

～～Hereafter, if you are applicable～～～～～～～～～～～～～～～～～～～～～～～～～～～～～～

7 If you receive payments of retirement benefits, etc. in the year of “Date of reasons for claiming retirement allowance”, please submit the copy of “Withholding record and special levy amount of retirement income”.

4、5 Please submit a copy of various documents on A4 size paper.

Guidelines for “retirement allowance claim form”

Please use a **black ballpoint pen** and fill out “Retirement allowance claim form” clearly. In case of making corrections, please draw a double line and fill in the margins. At that time, the correction seal is unnecessary. Please do not use correction fluid or tape.

Readable numbers by OCR

1 2 3 4 5 6 7 8 9

Unreadable numbers by OCR

1 2 3 4 5 6 7 8 9

Here is example for filling out of “Retirement allowance claim form” that is divided into the following sections 1 to 4.

<“Retirement allowance claim form” sample>

The image shows a sample of the Retirement Allowance Claim Form (Form No. 007, K5). Sections 1, 2, 3, and 4 are highlighted in blue. Section 1 is the applicant's information, section 2 is the mutual aid handbook information, section 3 is the retirement reason certification, and section 4 is the retirement reason proof. A blue arrow points from the sample to the detailed examples on the right.

1 Examples for filling out “Retirement allowance claim form”

This is a detailed example of the Retirement Allowance Claim Form. Callouts 1-1 through 1-6 point to specific fields: 1-1 (Date of application), 1-2 (Date of retirement), 1-3 (Applicant's name), 1-4 (Family members), 1-5 (Mutual aid handbook number), and 1-6 (Applicant's name in hiragana).

1-5 Mutual aid handbook sample

This is a sample of a Mutual Aid Handbook. Callouts 1-5 through 1-8 point to specific fields: 1-5 (Handbook number), 1-6 (Applicant's name), 1-7 (Date of application), 1-8 (Date of retirement).

4 Examples for filling out retirement reasons in the certification column

This is a detailed example of the Retirement Reason Certification column. Callouts 4-1 through 4-4 point to specific fields: 4-1 (Date of retirement), 4-2 (Contract number), 4-3 (Address), and 4-4 (Company name).

Please contact prefectural branches if you cannot acquire certifications from the last office due to discontinuance of business.

Guidelines for “retirement allowance claim form” (2)

How to fill out “Retirement allowance claim form”

1-1 Please enter the date when you submit (send) “Retirement allowance claim form”

1-2 Please enter any date of <Reason for claiming retirement allowance> that fills out in **1-8** for “Date of reasons for claiming retirement allowance”
 For the classification of the year, please check the appropriate box.
 * Please enter the month and day in two digits.
 (e.g. March→03, 8th→08)

	<Reason for claiming retirement allowance>	Date of reasons for claiming retirement allowance
1	Start your own business	Retirement date
2	Become unemployed	Retirement date
3	Hire by a non-construction business owner	Hired date by present business owner
4	Become an employee of a construction-related office	Date when you are no longer eligible
	Become a business owner or receive executive compensation	Positioned date of director or representative
5	Cannot work because of injury or illness	Retirement date
6	Being over 55 years old	Date when you turned 55 years old and retired
7	A person is deceased	Date of death

1-3 Please enter zip code, address, address Japanese pronunciation, full name, full name Japanese pronunciation, phone number of the person claiming the retirement allowance.
 For entering voiced sound mark in the Japanese pronunciation column, please use one square for the voiced sound mark.
 (e.g. “力” → separate one square for each “力” and “”)
 * Please leave one space between your first and last name in the Japanese pronunciation column.

1-4 In case of surviving family claim, check the checkbox of relationship with the mutual aid subscribers.
 If “other” is selected, please enter the relationship such as “sibling” in parentheses.

1-5 Please enter the information printed on the front cover of mutual aid notebooks.
 * If you have submitted “Reissuance form for loss or damage of mutual aid notebooks”, you do not need to enter the notebook number and issued date.
 * If the full name of Kanji or Japanese pronunciation on the mutual aid notebook is different from the name on the resident card, please submit “Notification of name, etc. change of mutual aid subscribers” (downloadable on Kentaikyo Homepage).

1-6 Please enter gender and date of birth of mutual aid subscribers.

1-7 Please enter the appropriate occupation number in the followings.

(01) Carpenter	(02) Steeplejack	(03) Light worker	(04) Regular worker
(05) Paving/road construction	(06) Rebar/steelworker	(07) Stonemason	(08) Plasterer
(09) Roofing/sheet metal worker	(10) Painter	(11) Fitting/interior decoration	(12) Electrician
(13) Plumber	(14) Machine operator	(15) Planting/landscaper	(16) Other

1-8 In the following <Reason for claiming retirement allowance>, please enter the appropriate number for claiming reasons.

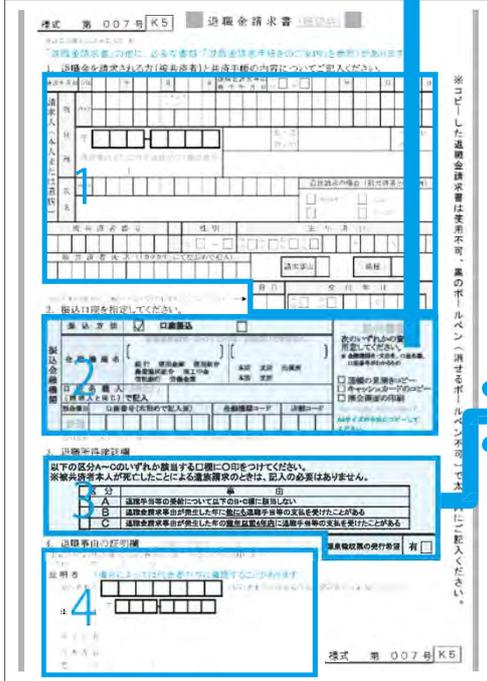
4 If you enter 1 through 5 on <Reason for claiming retirement allowance>, please obtain the **employer’s certification** in the “Certification” column.

	<Reason for claiming retirement allowance>	Employer’s certification
1	Start your own business	The last employer’s or employer organization’s certification
2	Become unemployed	The last employer’s or employer organization’s certification
3	Hire by a non-construction business owner	The present employer’s certification
4	Become an employee of a construction-related office	The present employer’s certification
	Become a business owner or receive executive compensation	(The present employer’s certification and a certified copy of business registration)
5	Cannot work because of injury or illness	The last employer’s certification or medical certification
6	Being over 55 years old	(It does not matter with or without the last employer’s certification)
7	A person is deceased	(It does not matter with or without the last employer’s certification)

Guidelines for “retirement allowance claim form” (3)

Here is example for filling out of “Retirement allowance claim form” that is divided into the following sections 1 to 4.

<“Retirement allowance claim form” sample>



2 Examples for filling out bank account

2-1

2. 振込口座を指定してください。

2-3

振込方法	<input checked="" type="checkbox"/> 口座振込	<input type="checkbox"/>
金融機関名	漁業協同組合・ネットバンクは、お取扱いきません (東西) (池袋) (銀行 信用金庫 信用組合 本店 支店 出張所) (農業協同組合 商工中金 本店 支所) (信託銀行 労働金庫 本店 支所)	
口座名義人	「カタカナ」で記入 キンタイ タロウ	
預金種目	口座番号(右詰めで記入※)	金融機関コード 店番コード
普通	0 0 1 2 3 4 5	9 9 9 9 1 2 3

※口座番号が6ケタ以下の場合、番号の先頭に「0」を加えてご記入ください。

2-2

添付書類
次のいずれかの資料を用意してください。
※金融機関名・支店名、口座名義、口座番号がわかるもの
 通帳の見開きコピー
 キャッシュカードのコピー
 照会画面の印刷
コピーは縦向きに切り取り、A4サイズの中央にコピーしてください。

3 Examples for filling out retirement income confirmation column

3-1

3. 退職所得確認欄

3-2

以下の区分A~Cのいずれか該当する口欄に○印をつけてください。
※被共済者本人が死亡したことによる遺族請求のときは、記入の必要はありません。

区分	事由
<input checked="" type="radio"/> A	退職手当等の受給について以下のB・C欄に該当しない
<input type="radio"/> B	退職金請求事由が発生した年に他にも退職手当等の支払を受けたことがある
<input type="radio"/> C	退職金請求事由が発生した年の前年以前4年以内に退職手当等の支払を受けたことがある

源泉徴収票の発行希望 有

3 How to fill out retirement income confirmation column

3-1 In the retirement income confirmation column, please circle in any of categories A, B, or C.
In case of surviving family claim, it is unnecessary to fill out “3. Retirement income confirmation column”.

A) In case of receiving the retirement allowance from Kentaikyo only in the same year of “Date of reasons for claiming retirement allowance”
(Refer to page 7 how to fill out application)

B) In case of receiving the other retirement benefits, etc. in the same year of “Date of reasons for claiming retirement allowance”
(Refer to page 8 how to fill out application)

C) In case of receiving retirement benefits, etc. within four years before the previous year of “Date of reasons for claiming retirement allowance”
* “Within four years before the previous year of retirement” means that if you retire in 2021, the period from 2017 to 2021 is applicable.
(Refer to page 9 how to fill out application)

3-2 “Withholding record of retirement income” will be sent only to the requested recipient.
Please check “Yes” if you want to receive the withholding record of Kentaikyo.

In case of category A, the retirement allowance amount is paid within the retirement income deduction amount, so there is no withholding. As a general rule, you do not need to file a tax return if you have submitted a “Receiving retirement income application form”.

If you wish to have a “Withholding record of retirement income” at a later date, please contact Kentaikyo head office (Tel. 03 (6731) 2848)

Bank account confirmation of transfer financial institution

Japan Fisheries Cooperative and online banks are not accepted

2-1 Please specify a checking account in the name of the claimant for “Transfer financial institution”.

The account holder is processed to transfer by Katakana name, so please enter the Katakana name on your bankbook, etc.

2-2 Please confirm “Financial institution code” and “Store code ” (store number) printed on your bankbook or bank card.

2-3 Please submit one of the following documents for account verification. Be careful not to leave your document in the copy machine.

In case of submitting for bankbook copy

Copy the bankbook cover and the next facing page



+



If you wish to use a Japan Post Bank account, please submit a copy of your bankbook.

In case of submitting for bank card copy

Copy the confirmable side of financial institution name, store code (store number), account holder name, and account number.



In case of submitting for debit card copy

Copy the confirmable side of financial institution name, store code (store number), account holder name, and account number.



Please make sure that the card number (16 digits) is invisible in the copied document.



Please make sure that the security code (3 digits) is invisible in the copied document.

In case of specifying a type of account that does not issue a bankbook

Copy the confirmable side of financial institution name, store code (store number), account holder name, and account number on the web account screen.

How to fill in “Application Concerning Receipt of Retirement Income”

* In case of surviving family claim, it is unnecessary to submit forms.

In case of retirement allowance claim, please submit this application form. If you do not submit application forms, a tax equivalent to 20.42% (including special income tax for reconstruction) will be deducted (withhold) from your retirement amount as income tax on retirement income.

【Examples for filling out of application】

Retired day: March 31, 2021
The last issued mutual aid notebook



Date of joining Kentaikyō

《Example ① category A: In case of receiving the retirement allowance from Kentaikyō only in the same year of retirement》

年 月 日 豊島 市町村長 殿	3 年分 退職所得の受給に関する申告書 退職所得申告書	The year of “Reason for claiming retirement allowance” occurred Enter the (retired year)	
〒170-8055 東京都豊島区東池袋1-24-1 ニッセイ池袋ビル20階	〒170-8055 東京都豊島区東池袋1-24-1 パークハイツ707	Enter your current address	
名 称 (氏名) 独立行政法人 勤労者退職金共済機構 建設業退職金共済事業本部	氏 名 勤退 太郎	Enter your full name	
個人番号 (個人番号) 7 0 1 3 3 0 5 0 0 1 9 0 3	個人番号 0 1 2 3 4 5 6 7 8 9 9 0	Enter your individual number (My Number)	
このA欄には、全ての人が、記載してください。(あなたが、前に退職手当等の支払を受けたことがない場合には、下のB以下の各欄には記載する必要がありません。)	① 退職手当等の支払を受けることとなった年月日 3 年 3 月 31 日	③ この申告書の提出先から受ける退職手当等についての勤続期間 自 29 年 5 月 1 日 年 4 至 3 年 3 月 31 日 年	Enter your address as of January 1 st of the year you resigned (address where you were registered as a resident) If the address is the same as above, enter “同上”
② 退職の区分等 一 般 障害 生活の有・無	生活の有・無 有 無	うち 特定役員等勤続期間 有 無 自 至 年 月 日 年	(Column A): As for Kentaikyō ・自(Start).....Enter Kentaikyō joining date ・至(End).....Enter the date of reasons for claiming retirement allowance ・Total years..... Number of Kentaikyō joining years (Round up less than one year)
うち 重複勤続期間 有 無 自 至 年 月 日 年	重複勤続期間 有 無 自 至 年 月 日 年		

(Column A):
・If you receive public assistance under the Public Assistance Act as of January 1st of the year you retired, please circle “有” for public assistance, others circle “無”.
・For those who resigned as a direct result of becoming disabled during their employment, circle “障害”, enter the disability status and date of issuance of physical disability certificate in [], and attach a copy of the physical disability certificate. Circle “一般” for others

How to fill in “Application Concerning Receipt of Retirement Income”(2)

«**Example ②**, category B: In case of receiving other retirement benefits, etc. in the same year as the year of retirement»

If you receive Kentaikyo retirement allowance after receiving retirement allowance from a company or organization, please submit a copy of “Withholding record and special levy amount of retirement income” of received retirement allowance.

年 月 日 豊島 市町村長 殿		3 年分 退職所得の受給に関する申告書	
〒170-8055 東京都豊島区東池袋1-24-1 ニッセイ池袋ビル20階		〒170-8055 東京都豊島区東池袋1-24-1 パークハイツ707	
退職手当の支払者の 名称 (氏名)	独立行政法人 勤労者退職金共済機構 建設業退職金共済事業本部		あなた の 氏 名
	法人番号 (個人番号)		個人番号
	7 0 1 3 3 0 5 0 0 1 9 0 3		その年1月1日現在の住所
A 退職手当等の支払を受けること となった年月日		3 年 3 月 31 日	
B 退職の区分等		生活扶助の有・無	
C 退職手当等の支払を受けること となった年月日		3 年 3 月 31 日	
D 退職手当等の支払を受けること となった年月日		3 年 3 月 31 日	
E 退職手当等の支払を受けること となった年月日		3 年 3 月 31 日	

Refer to page 7 how to fill out column A.

(Column B)
Enter retirement benefits, etc. receiving before Kentaikyo in the year of retirement. Please be sure to attach a copy of withholding record of retirement income in case of claiming.

(Payment received date)
Enter the retirement benefits, etc. received date.

(Column E-B)
Enter based on “Withholding record and special levy amount of retirement income” receiving before Kentaikyo in the year of retirement.

How to fill in “Application Concerning Receipt of Retirement Income”(3)

◀◀**Example ③**, category C: In case of receiving retirement benefits, etc. within four years before the year of retirement▶▶

The meaning of “within four years before the previous year” is the period from 2017 to 2020 in case of retirement in 2021.

The submission of a copy of “Withholding record and special levy amount of retirement income” of received retirement allowance is optional.

年 月 日
 税務署長
 市町村民局長
 市町村民局長 殿

3 年分 退職所得の受給に関する申告書
 退職所得申告書

〒 170-8055
 東京都豊島区東池袋1-24-1
 ニッセイ池袋ビル20階
 勤退 太郎
 0 1 2 3 4 5 6 7 8 9 9 0
 7 0 1 3 3 0 5 0 0 1 9 0 3 司 上

Refer to page 7 how to fill out column A.

① 退職手当等の支払を受けることとなった年月日	3 年 3 月 31 日	③ この申告書の提出先から受ける退職手当等についての勤続期間	自 29 年 5 月 1 日 至 3 年 3 月 31 日	年 4
② 退職の区分等	一般 障害 生活扶助	うち 特定役員等勤続期間	有 自 年 月 日 無 自 年 月 日	年
		うち 重複勤続期間	有 自 年 月 日 無 自 年 月 日	年

あなたが本年中に他にも退職手当等の支払を受けたことがある場合には、このB欄に記載してください。

B ④ 本年中に支払を受けた他の退職手当等についての勤続期間	自 年 月 日 至 年 月 日	⑤ ③と④の通算勤続期間	自 年 月 日 至 年 月 日	年
うち 特定役員等勤続期間	有 自 年 月 日 無 自 年 月 日	うち 特定役員等勤続期間	有 自 年 月 日 無 自 年 月 日	年
		うち 重複勤続期間	有 自 年 月 日 無 自 年 月 日	年

(Column C-⑥ column)
 In case of received retirement benefits, etc. within four years before the previous year, enter service years of retirement benefits, etc. within four years.

あなたが前年以前4年内(その年に確定拠出年金法に基づく老齢給付金として支給される一時金の支払を受ける場合には、11年以内)に退職手当等の支払を受けたことがある場合には、このC欄に記載してください。

C ⑥ 前年以前4年内(その年に確定拠出年金法に基づく老齢給付金として支給される一時金の支払を受ける場合には、11年以内)の退職手当等についての勤続期間	自 年 月 日 至 年 月 日	⑦ ③又は⑤の勤続期間のうち、⑥の勤続期間と重複している期間	自 年 月 日 至 年 月 日	年
		⑧ うち 特定役員等勤続期間	有 自 年 月 日 無 自 年 月 日	年
		⑨ うち 重複勤続期間	有 自 年 月 日 無 自 年 月 日	年

(Column C-⑦ column)
 Enter the period that overlaps with service years of C-⑥ within the service years of A-③ column and B-⑤ column.

A又はBの退職手当等についての勤続期間のうち、前に支払を受けた退職手当等についての勤続期間の全部又は一部を通算されている場合には、その通算された勤続期間等について、このD欄に記載してください。

D ⑧ Aの退職手当等についての勤続期間(③)に通算された前の退職手当等についての勤続期間	自 年 月 日 至 年 月 日	⑩ ③又は⑤の勤続期間のうち、⑧又は⑨の勤続期間だけからなる部分の期間	自 年 月 日 至 年 月 日	年
うち 特定役員等勤続期間	有 自 年 月 日 無 自 年 月 日	⑪ うち 特定役員等勤続期間	有 自 年 月 日 無 自 年 月 日	年
⑨ Bの退職手当等についての勤続期間(④)に通算された前の退職手当等についての勤続期間	自 年 月 日 至 年 月 日	⑫ ⑦と⑩の通算期間	自 年 月 日 至 年 月 日	年
うち 特定役員等勤続期間	有 自 年 月 日 無 自 年 月 日	⑬ うち イとロの通算期間	有 自 年 月 日 無 自 年 月 日	年

B又はCの退職手当等がある場合には、このE欄にも記載してください。

区分	退職手当等の支払を受けることとなった年月日	収入金額 (円)	源泉徴収額 (円)	特別徴収税額 (円)	市町村民税 (円)	道府県民税 (円)	支払を受けた年月日	退職の区分	支払者の所在地 (住所)・名称 (氏名)
一般	・	・	・	・	・	・	・	一般 障害	
B 特定役員	・	・	・	・	・	・	・	一般 障害	
C	・	・	・	・	・	・	・	一般 障害	

(注意) 1 この申告書は、退職手当等の支払を受ける際に支払者に提出してください。提出しない場合は、所得税及び復興特別所得の源泉徴収税額は、支払を受ける金額の20.42%に相当する金額となります。また、市町村民税及び道府県民税については、延滞金を徴収されることがあります。
 2 Bの退職手当等がある人は、その退職手当等についての退職所得の源泉徴収票(特別徴収票)又はその写しをこの申告書に添付してください。
 3 支払を受けた退職手当等の金額の計算の基礎となった勤続期間に特定役員等勤続期間が含まれる場合は、その旨並びに特定役員等勤続期間、年数及び収入金額等を所定の欄に記載してください。

(Column E-C)
 The submission of a copy of “Withholding record and special levy amount of retirement income” of received retirement allowance is optional within four years before the previous year.

Surviving family claim by mutual aid subscriber decease

In case of mutual aid subscriber decease, the highest-ranking surviving family member may file a claim.

If there is more than one person of the same rank, one of them must be appointed as the proxy to claim retirement allowances.

○ Ranking of surviving family member for receiving retirement allowances in case of mutual aid subscriber decease.

The higher-ranking person in the following table becomes the claimant.

1 st rank	Spouse (including person who has not file, but was in the same situation to the common-law marriage at the time of mutual aid subscriber decease)		
A person who maintained his/her livelihood mainly from the income at the time of mutual aid subscriber decease		When there is no one in the 2 nd through 8 th rank	
2 nd rank	Children	9 th rank	Children
3 rd rank	Parents (adoptive parents)	10 th rank	Parents (adoptive parents)
4 th rank	Parents (biological parents)	11 th rank	Parents (biological parents)
5 th rank	Grandchildren	12 th rank	Grandchildren
6 th rank	Grandparents	13 th rank	Grandparents
7 th rank	Siblings	14 th rank	Siblings
8 th rank	Other relatives		

If there are other surviving family members who are in a higher ranking, those with a lower ranking will not be able to file a claim.

The required document such as a copy of the family register to be submitted will differ depending on the relationship with mutual aid subscribers.

If you have any questions, please contact prefectural branches.

When a spouse becomes the claimant by mutual aid subscriber decease (1)

The spouse who had the same livelihood with the mutual aid subscriber will be ranked 1st in the claimant.
The required documents to be submitted are listed below.

Required documents for retirement allowance claim

1 Retirement allowance claim form

2 Mutual aid notebook

Please submit “Reissuance form for loss or damage of mutual aid notebook” in case of lost.

You can download the “Reissuance form for loss or damage of mutual aid notebook” on Kentaikyo Homepage.

3 Resident card with claimant’s My Number (original)

Please request to show My Number (individual number) for receiving of resident card. The resident card must be original within three months of issuance. Copies and detachments are invalid.

4 Please submit a copy of one of the following claimant’s identification documents.

* In case of difficulty submitting the following identification documents, please contact prefectural branches.

Driver’s license (both sides)

* Valid expiration date



Pension handbook

(The page with name, date of birth, and address)



Health insurance card

(The page with name, date of birth, and address)

* Valid expiration date



Please black out the followings for copied health insurance card.

- Insurance number
- Insurance code and number

Passport

(The page with face photo and address)

* Valid expiration date



Passports applied for after February 4, 2022 will not be accepted as identity verification documents because there is no holder entry field (address entry field).

5 Resident card with mutual aid subscriber’s My Number (deleted residence record) (original)

6 If you cannot obtain a resident card (deleted residence record) with My Number for 5, you need to submit a copy of one of the following documents in addition to the resident card (deleted residence record) as mutual aid subscriber’s My Number confirmation documents.

My Number Card (Both sides)

The front wide with face photo, back side with individual number



Notification Card

(ATTN) Handling of “Notification card”

A copy of “Notification Card” can be used as a verification document if the address and name match with a resident card.



* In order to prepare statutory records (payment records) prescribed by the tax office, we request you to submit My Number confirmation documents of deceased mutual aid subscriber and claimant

The required documents for retirement allowance claim

7 Bank account confirmation documents of transfer financial institution for claimant

Refer to page 6 for bank account confirmation documents.

8 A copy of family register (Original)

A copy of the family register with a mutual aid subscriber or spouse as a head of the family.

A copy with the date of mutual aid subscriber decease
To confirm the relationship between mutual aid subscriber and claimant

9 Documents that can confirm the residence status of mutual aid subscribers

Please submit a copy of one of the following documents.

If you submit documents of 5 Resident card with mutual aid subscriber's My Number (deleted residence record) (original) or 6 mutual aid subscriber's "My Number Card" or "Notification Card" required for claiming, there is no submission required.

The following items ①~⑩ are in the name of mutual aid subscribers

- | | |
|--|---|
| ① Driver's license | ② Health insurance card |
| ③ Passport (issued before February 3, 2020) | ⑤ Rehabilitation certificate |
| ④ Physical disability certificate | ⑦ Residence card + foreign passport |
| ⑥ Mental disability health and welfare certificate | ⑨ Withholding record of retirement income |
| ⑧ Withholding record of income | |
| ⑩ Withholding record of public pension, etc. | |

10 Documents that can confirm the household status of a mutual aid subscriber and his/her spouse

Please submit a copy of one of the following documents.

- ① Withholding record of income (Confirmation of dependency)
- ② Deposits and withdrawals confirmation documents of bank account (Documents that can confirm the fact of sending living expenses, etc. from mutual aid subscribers regularly)
- ③ Insurance policy that the claimant is the beneficiary (life insurance, etc.)
- ④ Surviving family pension certificate
- ⑤ Receipts, etc. certifying that the deceased mutual aid subscriber paid the claimant's utility bills.
- ⑥ Documents certifying that the claimant is using a car (car verification) in the name of deceased mutual aid subscriber (car insurance policy)
- ⑦ A copy of front bankbook of deceased mutual aid subscriber, or front of credit card
- ⑧ Receipts to spouse for funeral expenses (The name of the mutual aid subscriber is clearly stated in the note.)

When a person other than the spouse becomes the claimant by mutual aid subscriber decease

If there is no spouse at the time of mutual aid subscriber decease, the claim will be granted to the 2nd or lower rank of surviving family.
As for claim rankings, surviving family who maintained their livelihood mainly from the mutual aid subscriber's income will be a higher-ranking person.

Required documents for retirement allowance claim

1 Retirement allowance claim form

2 Mutual aid notebook

Please submit "Reissuance form for loss or damage of mutual aid notebook" in case of lost.

You can download the "Reissuance form for loss or damage of mutual aid notebook" on Kentaikyo Homepage.

3 Resident card with claimant's My Number (original)

Please request to show My Number (individual number) for receiving of resident card. The resident card must be original within three months of issuance. Copies and detachments are invalid.

4 Please submit a copy of one of the following claimant's identification documents.

* In case of difficulty submitting the following identification documents, please contact prefectural branches.

Driver's license (both sides)

* Valid expiration date

Pension handbook

(The page with name, date of birth, and address)

Health insurance card

(The page with name, date of birth, and address)

* Valid expiration date

Passport(issued on or before February 3, 2020)

(The page with face photo and address)

* Valid expiration date

Please black out the followings for copied health insurance card.

• Insurance number

• Insurance code and number

5 Resident card with mutual aid subscriber's My Number (deleted residence record) (original)

6 If you cannot obtain a resident card (deleted residence record) with My Number for 5, you need to submit a copy of one of the following documents in addition to the resident card (deleted residence record) as mutual aid subscriber's My Number confirmation documents.

7 Bank account confirmation documents of transfer financial institution for claimant

Refer to page 6 for bank account confirmation documents.

8 A copy of family register (Original)

A copy of family register that shows the entire process from birth to death of mutual aid subscribers.

(A copy other than mutual aid subscribers may be required to confirm the name change.)

When a person other than the spouse becomes the claimant, the required documents, such as a copy of the family register, may differ depending on the relationship with mutual aid subscribers. Please make sure to contact prefectural branches in advance.

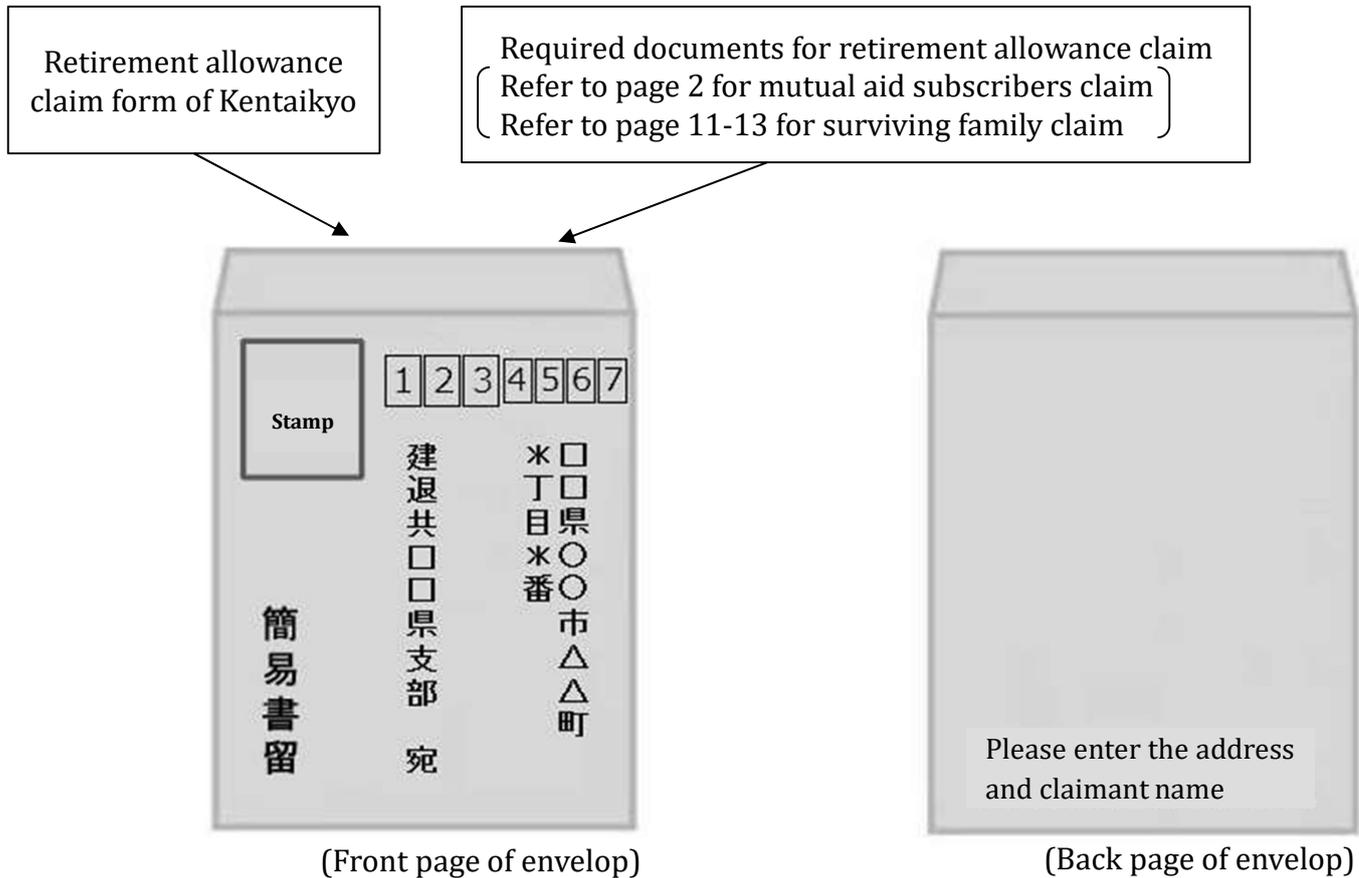
9 "Power of Attorney" (You can download it from the Kentaikyo Homepage)

This form is required if there is more than one equal ranking.

Mailing methods of retirement allowance claim form

In case of mailing the retirement allowance claim documents, please [mail by “simple registered mail” from the post office window](#) to the closest prefectural branches.

Addresses of each prefectural offices can be found on the back cover (on the back of this page).



(Front page of envelop)

(Back page of envelop)

Incorporated Administrative Agency
The Organization for Workers Retirement Allowance Mutual Aid
The Construction Industry Retirement Allowance Mutual Aid Organization
Homepage: <https://www.kentaikyo.taisyokukin.go.jp>
(The retirement allowance can be calculated on the homepage.)

Personal information is managed and protected appropriately in accordance with laws and regulations, and be used only to the content necessary for retirement allowance payment operations.

Retirement allowance claim document must “bring” to the closest prefectural branches, or mail by “simple registered mail”.

List of prefectural branches

As of September, 1, 2021

Prefecture	Zip code	Address	Name	Phone number
Hokkaido	060-0004	札幌市中央区北四条西3-1 北海道建設会館内	建退共北海道支部	011(261)6186
Aomori	030-0803	青森市安方2-9-13 青森県建設会館内	建退共青森県支部	017(732)6152
Iwate	020-0873	盛岡市松尾町17-9 岩手県建設会館3階	建退共岩手県支部	019(622)4536
Miyagi	980-0824	仙台市青葉区支倉町2-48 宮城県建設産業会館6階	建退共宮城県支部	022(263)2973
Akita	010-0951	秋田市山王4-3-10 秋田県建設会館内	建退共秋田県支部	018(823)5495
Yamagata	990-0024	山形市あさひ町18-25 山形県建設会館4階	建退共山形県支部	023(632)8364
Fukushima	960-8061	福島市五月町4-25 福島県建設センター内	建退共福島県支部	024(523)1618
Ibaraki	310-0062	水戸市大町3-1-22 茨城県建設センター内	建退共茨城県支部	029(225)0095
Tochigi	321-0933	宇都宮市築瀬町1958-1 栃木県建設産業会館2階	建退共栃木県支部	028(639)2611
Gunma	371-0846	前橋市元総社町2-5-3 群馬建設会館内	建退共群馬県支部	027(252)1666
Saitama	336-8515	さいたま市南区鹿手袋4-1-7 埼玉建産連会館内	建退共埼玉県支部	048(861)5111
Chiba	260-0024	千葉市中央区中央港1-13-1 千葉県建設センター内	建退共千葉県支部	043(246)7379
Tokyo	104-0032	中央区八丁堀2-5-1 東京建設会館内	建退共東京都支部	03(3551)5242
Kanagawa	231-0011	横浜市中区太田町2-22 神奈川県建設会館内	建退共神奈川県支部	045(201)8454
Niigata	950-0965	新潟市中央区新光町7-5 新潟県建設会館内	建退共新潟県支部	025(285)7117
Toyama	930-0094	富山市安住町3-14 富山県建設会館内	建退共富山県支部	076(432)5576
Ishikawa	921-8036	金沢市弥生2-1-23 石川県建設総合センター内	建退共石川県支部	076(242)2608
Fukui	910-0854	福井市御幸3-10-15 福井県建設会館内	建退共福井県支部	0776(24)1015
Yamanashi	400-0031	甲府市丸の内1-13-7 山梨県建設会館2階	建退共山梨県支部	055(235)4421
Nagano	380-0824	長野市南石堂町1230 長建ビル内	建退共長野県支部	026(228)7200
Gifu	500-8382	岐阜市藪田東1-2-2 岐阜県建設会館内	建退共岐阜県支部	058(276)3744
Shizuoka	420-0851	静岡市葵区黒金町11-7 大樹生命静岡駅前ビル12階	建退共静岡県支部	054(255)6846
Aichi	460-0008	名古屋市中区栄3-28-21 愛知建設会館内	建退共愛知県支部	052(243)0871
Mie	514-0003	津市桜橋2-177-2 三重県建設産業会館2階	建退共三重県支部	059(224)4116
Shiga	520-0801	大津市におの浜1-1-18 滋賀県建設会館内	建退共滋賀県支部	077(522)3232
Kyoto	604-0944	京都市中京区押小路通柳馬場東入橋町645 京都建設会館内	建退共京都府支部	075(231)4161
Osaka	540-0031	大阪市中央区北浜東1-30 大阪建設会館1階	建退共大阪府支部	06(6941)3650
Hyogo	651-2277	神戸市西区美賀多台1-1-2 兵庫建設会館内	建退共兵庫県支部	078(997)2333
Nara	630-8241	奈良市高天町5-1 奈良県建設会館内	建退共奈良県支部	0742(22)3345
Wakayama	640-8262	和歌山市湊通丁北1-1-8 和歌山県建設会館内	建退共和歌山県支部	073(436)1327
Tottori	680-0022	鳥取市西町2-310 鳥取県建設会館内	建退共鳥取県支部	0857(24)2281
Shimane	690-0048	松江市西嫁島1-3-17 島根県建設産業会館内	建退共島根県支部	0852(21)9004
Okayama	700-0827	岡山市北区平和町5-10 岡山建設会館内	建退共岡山県支部	086(225)4133
Hiroshima	730-0013	広島市中区八丁堀11-28 朝日広告ビル5階	建退共広島県支部	082(221)0138
Yamaguchi	753-0074	山口市中央4-5-16 山口県商工会館4階	建退共山口県支部	083(924)9466
Tokushima	770-0931	徳島市富田浜2-10 徳島県建設センター2階	建退共徳島県支部	088(622)3113
Kagawa	760-0026	高松市磨屋町6-4 香川県建設会館内	建退共香川県支部	087(851)7919
Ehime	790-0002	松山市二番町4-4-4 愛媛県建設会館内	建退共愛媛県支部	089(943)5406
Kochi	780-0870	高知市本町4-2-15 高知県建設会館内	建退共高知県支部	088(822)6181
Fukuoka	812-0013	福岡市博多区博多駅東3-14-18 福岡建設会館2階	建退共福岡県支部	092(477)6734
Saga	840-0041	佐賀市城内2-2-37 佐賀県建設会館内	建退共佐賀県支部	0952(26)2778
Nagasaki	850-0874	長崎市魚の町3-33 長崎県建設総合会館3階	建退共長崎県支部	095(826)2285
Kumamoto	862-0976	熊本市中央区九品寺4-6-4 熊本県建設会館内	建退共熊本県支部	096(366)5111
Oita	870-0046	大分市荷揚町4-28 大分県建設会館内	建退共大分県支部	097(536)4800
Miyazaki	880-0805	宮崎市橋通東2-9-19 宮崎県建設会館内	建退共宮崎県支部	0985(20)8867
Kagoshima	890-8512	鹿児島市鴨池新町6-10 鹿児島県建設センター内	建退共鹿児島県支部	099(257)9216
Okinawa	901-2131	浦添市牧港5-6-8 沖縄県建設会館2階	建退共沖縄県支部	098(876)5214

* Reception is open on weekdays except Saturdays, Sundays, national holidays, and year-end and New Year holidays (closed lunch hour for 12:00-13:00)

* The person in charge may not be available at all times in Tokyo and Osaka consultation counters, so please contact us in advance.

Head office consultation counters Tel: 03(6731)2841 Open hours: 9:00~12:00 13:00~17:15

Tokyo consultation counters Tel: 03(3551)5276 Open hours: 9:00~12:00 13:00~17:00

Osaka consultation counters Tel: 06(6941)3690 Open hours: 9:00~12:00 13:00~17:00

The Construction Industry Retirement Allowance Mutual Aid Organization Headquarters

Tel: 03(6731)2846 Open hours: 9:00~12:00 13:00~17:15