

Example

FR健康保険組合

To: FR Health Insurance Organization

(Documents to attach)

Copy of the Maternal and Child Health Handbook page showing the expected delivery date

OR documentation certifying that the due date is within 2 months

出産育児一時金等支給申請

Application Form for Payment of Childbirth and Childcare L

※記号・番号が不明の場合は、番号欄に社員番号をご記入ください。*If the Symbol/Number is unknown, please fill in your employee number in the number field.

被保険者が記入するところ Section to be Completed by the Insured Person	被保険者等 Insured Person's	記号 Symbol	1234	番号 Number	12345678
	申請者(被保険者、世帯主又は組合員) Applicant (Insured Person, Head of Household, or Organization Member)	氏名 Name	(フリガナ) (Furigana) John Smith		
	住所 Address	(フリガナ) (Furigana) Please fill in your current address.			
	生年月日 Birth Date	1975 年 6 月 1 日 YYYY MM DD			
	出産予定日・数 Expected Delivery Date/Number	2025 年 2 月 15 日 YYYY MM DD 単・多(胎) Single birth/Multiple birth (fetal)			
	出産予定者 Expectant Mother	氏名 Name	(フリガナ) (Furigana) John Smith		
	生年月日 Birth Date	1977 年 10 月 1 日 YYYY MM DD			
	出産予定医療機関等 Medical Facility, etc. where birth will take place	名称 Name	(フリガナ) (Furigana) * * * * Hospital		
	所在地 Location	(フリガナ) (Furigana) Yamaguchi Prefecture * * * * *			
	申請者に対する 支払金融機関 Financial Institution for Payment to Applicant	給付金支払先は、原則、給与振込口座となります。 In general, benefits will be paid to the salary transfer account. 尚、給与振込口座へ振り込みを希望されない方は、以下いずれかにチェックを入れてください。(被保険者名義の口座に限る) If you do not want benefits to be paid to the salary transfer account, check one of the following. (Only accounts in the name of the insured) <input type="checkbox"/> マイナポータル等で事前登録した公金受取口座を利用します。 I will use the public fund-receiving account registered on Mynaportal, etc. 注) 口座情報の反映には、登録から数日かかります。 Note: It takes several days for account information to be reflected. <input type="checkbox"/> 給与振込口座、マイナポータル等で事前登録した口座に支払を希望します。 I want benefits to be paid to an account registered on Mynaportal, etc. [必要添付書類] 金融機関名称、支店名、口座番号、口座名義の確認できるもの(コピー)。 [Required attached document] A copy of a document that can confirm financial institution name, branch name, account number, and account holder name. 注1) 海外送金はできません。注2) 電子マネーでの送金はできません。 Note 1: Overseas remittance is not possible. Note 2: Remittances using electronic money are not possible.			
受取代理人の欄 Payment Representative Section	申請者(John Smith) (以下「甲」という。)は、医療機関等である(* * * * Hospital) (以下「乙」という。)を代理人と定め、次の権限を委任します。また、甲は、出産育児一時金等の医療機関等への直接支払制度は利用しません。 甲が請求する出産育児一時金等のうち、乙が甲に対して出産に関し請求する費用の額*の受領に関すること。 ※ 出産育児一時金等の支給額(保険者が出産育児一時金等に係る付加給付を行う場合には、付加相当額を含む)を上限とする。 The applicant () (hereinafter referred to as "Party A") hereby appoints the medical institution () (hereinafter referred to as "Party B") as agent and delegates the following authority. Additionally, Party A will not utilize the direct payment system for the Lump-Sum Childbirth and Childcare Allowance to medical institution. The authority to receive the amount of fees* that Party B charges Party A related to childbirth from the Lump-Sum Childbirth and Childcare Allowance claimed by Party A. *Limited to the payment amount of the Lump-Sum Childbirth and Childcare Allowance (including any additional benefits if the insurer provides supplementary benefits related to the Lump-Sum Childbirth and Childcare Allowance).				
	2025 年 1 月 7 日 YYYY MM DD 甲の住所 Party A's Address: 氏名 John Smith 乙の所在地 Party B's Location: 名称 N () Ask the medical care facility to fill in.				
	受取代理人に対する支払金融機関 Financial institution for Payment to the Representative	預金種別 Type of Deposit	口座番号 Account Number	口座名義 Account Holder	(フリガナ) (Furigana)
	1: 普通 Ordinary 4: 通知 Notice 2: 当座 Current 5: 貯蓄 Savings 3: 別段 Special	本店 Branch/Main Office 支店・出張所 Branch/Sub-branch			
	(備考欄) Remarks				

出産育児一時金等支給申請書(受取代理用)
Application Form for Payment of Childbirth and Childcare Lump-sum Grant (for Receipt on Your Behalf)

被保険者等の Insured Person's	記号 Symbol 1234 ※記号・番号が不明の場合は、番号欄に社員番号をご記入ください。 *If the Symbol/Number is unknown, please fill in your employee number in the number field.	番号 Number 12345678	被保険者氏名 Insured Person's Name John Smith
被保険者が記入するところ Section to be Completed by the Insured Person	申請者又は出産予定者が出産予定日から6か月以内に健康保険又は船員保険の資格を既に喪失している場合は、以下のいずれかに記載をお願いします。 If the applicant or the person expecting to give birth has already lost eligibility for Health Insurance or Seamen's Insurance within 6 months of the expected delivery date, please complete one of the following. ※ 健康保険法第106条又は船員保険法第73条の規定により、1年以上健康保険又は船員保険の被保険者であった方が被保険者資格喪失後、6か月以内に出産された場合、資格を喪失した最後の保険者から出産育児一時金の支給を受けることができます。 *According to Article 106 of the Health Insurance Act or Article 73 of the Seamen's Insurance Act, individuals who have been insured for at least 1 year under Health Insurance or Seamen's Insurance and give birth within 6 months after losing eligibility may receive a Lump-Sum Childbirth and Childcare Allowance from their most recent insurer.		
	<div>If the person expecting to give birth is expected to give birth within 6 months of the date of acquisition of eligibility for the Organization or the individual who has been insured under the Organization is expected to give birth within 6 months after losing eligibility, please fill in this section.</div> <div>*Submission not required if enrolled or expected to give birth 6 months or more after the date of acquisition of eligibility</div>		