

Application Form for Issue/Reissue of Health Insurance Eligibility Certificate

常務理事	事務長	担当	係

Please use this form if you wish to apply for the Issuance of a Health Insurance Eligibility Certificate

* If the reason for reissuance is "8: Loss or Damage,"

attachment of a Notification of Loss if lost, or your Health Insurance Eligibility Certificate if damaged, is required

Information of Insured Person	Individual Number (Social Security and Tax Number)	<div><div></div><div></div><div></div><div></div></div>			<div><div></div><div></div><div></div><div></div></div>			<div><div></div><div></div><div></div><div></div></div>			Please fill in the individual number or symbol/number.				
	Symbol and Number	Symbol			Number			Birth Date			<div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div></div> <div><div></div><div></div></div> <div>(YYYY/MM/DD)</div>				
	Name	Furigana													
	Postal Code	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>						Telephone Number		<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>					
	Address														

Eligible Persons		<div> <input type="checkbox"/> 1 Only for the insured person (the applicant) <input type="checkbox"/> 2 Only for dependents (family members) <input type="checkbox"/> 3 For both the insured person (the applicant) and dependents (family members) </div>		
Eligible Persons	Insured Person	Furigana Name <div>Same as above</div>	Birth Date <div>Same as above</div>	Reason for Application <div> <input type="checkbox"/> Please be sure to select from the reasons below </div>
	Dependent ①	Furigana Name <div>Same as above</div>	Birth Date <div> <div> <div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div> </div> <div> <div></div><div></div> </div> <div>(YYYY/MM/DD)</div> </div>	Reason for Application <div> <input type="checkbox"/> Please be sure to select from the reasons below </div>
	Dependent ②	Furigana Name <div>Same as above</div>	Birth Date <div> <div> <div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div> </div> <div> <div></div><div></div> </div> <div>(YYYY/MM/DD)</div> </div>	Reason for Application <div> <input type="checkbox"/> Please be sure to select from the reasons below </div>
	Dependent ③	Furigana Name <div>Same as above</div>	Birth Date <div> <div> <div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div> </div> <div> <div></div><div></div> </div> <div>(YYYY/MM/DD)</div> </div>	Reason for Application <div> <input type="checkbox"/> Please be sure to select from the reasons below </div>

Reason	Remarks
1: Lost Individual Number Card	
2: In the process of renewing Individual Number Card	
3: Individual Number Card electronic certificate has expired	
4: Individual Number Card issued but not registered for use as a health insurance card	
5: No Individual Number Card issued	
6: Individual Number Card returned	
7: Support from a third party (e.g., caregiver) required to receive examinations and treatment with a Myna health insurance card	
8: Lost or damaged Health Insurance Eligibility Certificate (Attachment of a Notification of Loss if lost, or your Health Insurance Eligibility Certificate if damaged, is required)	

事業主欄	上記のとおり被保険者から交付の申請がありましたので届出します。
	事業所所在地
	事業所名称
	事業主氏名
	電話番号

社会保険労務士の 提出代行者名記入欄	
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受付日付印