

常務理事	事務長	担当	係

Notification of Eligibility Verification Certificate Loss

① Symbol and Number of Insured Person, etc.	Symbol		Number	
② Name of Insured Person				③ Birth Date ____/____/____ (YYYY/MM/DD)
④ Name and Birth Date of the person who lost the Eligibility Verification Certificate	Name	Relationship	Birth Date	Remarks
			____/____/____ (YYYY/MM/DD)	
			____/____/____ (YYYY/MM/DD)	
			____/____/____ (YYYY/MM/DD)	
			____/____/____ (YYYY/MM/DD)	
⑤ Insurance Status Acquisition Date	____/____/____ (YYYY/MM/DD)			
⑥ Business Entity Name and Location where the Insured Person works (or worked)	(a) Name			
	(b) Location			
⑦ Date of Eligibility Verification Certificate Loss	____/____/____ (YYYY/MM/DD)		Place of Eligibility Verification Certificate Loss	
⑧ Reason for Loss of Eligibility Verification Certificate (in detail)				
<p>As stated above, I have lost my Eligibility Verification Certificate, but if I find it, I will return it immediately. If I receive medical treatment and the medical institution makes a claim to your health insurance organization after I have lost eligibility, I will refund the claimed amount.</p> <p>Date of Submission ____/____/____ (YYYY/MM/DD)</p> <p>〒</p> <p>Address _____</p> <p>Name of Insured Person _____ Telephone Number _____</p>				

受付日付印

事業主の証明	上記のとおり、資格確認書を滅失したことに相違ないことを証明します。			
	令和 年 月 日			
	事業所所在地			
	事業所名称			
	事業主氏名			
	電話番号 ()			

社労士 記載欄	氏名等
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