

Example

常務理事	事務長	担当	係

Notification of Eligibility Verification Certificate Loss

If the Symbol is unknown, please fill in your employee number in the number field.

①	Symbol and Number of Insured Person, etc.	Symbol	1234	Number	12345678	
②	Name of Insured Person	John Smith			③ Birth Date	1975 / 6 / 1 (YYYY/MM/DD)
④	Name and Birth Date of the person who lost the Eligibility Verification Certificate	Name	Relationship	Birth Date		Remarks
John Smith		Self	____ / ____ / ____ (YYYY/MM/DD)			
Jane Smith		Wife	____ / ____ / ____ (YYYY/MM/DD)			
			____ / ____ / ____ (YYYY/MM/DD)			
			____ / ____ / ____ (YYYY/MM/DD)			
⑤	Insurance Status Acquisition Date	2024 / 12 / 1 (YYYY/MM/DD)				* Do not fill in if unknown
⑥	Business Entity Name and Location where the Insured Person works (or worked)	(a) Name	UNIQLO CO., LTD.			
(b) Location		10717-1 Sayama, Yamaguchi, Yamaguchi				
⑦	Date of Eligibility Verification Certificate Loss	2024 / ** / ** (YYYY/MM/DD)			Place of Eligibility Verification Certificate Loss	Home / Parking Lot ...etc.
⑧	Reason for Loss of Eligibility Verification Certificate (in detail)	• I searched my home, but couldn't find it. • My wallet was stolen, I've submitted a report to the police. ...etc.				
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.						
Date of Submission		2024 / ** / ** (YYYY/MM/DD)				
〒		754-0894				
Address		〇〇-〇 Sayama, Yamaguchi, Yamaguchi				
Name of Insured Person		John Smith			Telephone Number	090-****-****

Please be sure to fill in the date of submission, address, name and telephone number.

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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