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

Symbol and Number of Insured Person,	Symbol	1234	Number	12	345	578	p/ e			
etc. Name of Insured Person	•	John S	mitl	1		③ Birth Date	1	975 , 6 , 1	(YYYY/MM/DD)	
		Name		Relationship	ı	Birth	Date		Remarks	
Name and Birth Date of the person who lost the Eligibility Verification Certificate	Jo	ohn Smi	łh	Self		/	/(YYYY/MM/DD)		
	Jane Smith		<u>th</u>	Wife	//(YYYY/MM/D			YYYY/MM/DD)		
						_/	/(YYYY/MM/DD)		
					/(YYYY/MM/DD)				
							/(YYYY/MM/DD)		
								if unknown	$\overline{\ \ }$	
Business Entity Name and Location where the Insured Person works (or worked)		(a) Name UNIQLO CO., LTD.					_			
		(b) Location	(b) Location 10717-1 Sayama, Yamaguchi, Yamaguchi						amaguchi	
Date of Eligibility Ve Certificate Lo	erification ess	<u>2024 /*</u>	*/ **	(YYYY/I	MM/DD)	Verifica	ation	Home/Par	king Lotetc	
Eligibility Verificate	cation e								to the police)
If I receive medi	cal treati will refur	ment and the me	dical ins	titution n	nakes a cla	Ple	ur healt ease	h insurance orga be sure to	fill in the	
name and telephone numl							ne number.	ر		
Address	-) Sa	yam	a, Ya	mag	uchi	, Yamag	uchi	
Name of Insured Person		John S	<u>Smit</u>	h				090-**	**-***	
	Number of Insured Person, etc. Name of Insured Person Name and Birth Date of the person who lost the Eligibility Verification Certificate Insurance St. Acquisition E Business Entity and Location who Insured Person (or worked Certificate Location Who Insured Person (or worked Certificate Location Who Insured Person (or worked Certificate (in detail) As stated above If I receive medilost eligibility, I Date of Submission Address Name of	Number of Insured Person, etc. Name of Insured Person Name and Birth Date of the person who lost the Eligibility Verification Certificate Insurance Status Acquisition Date Business Entity Name and Location where the Insured Person works (or worked) Date of Eligibility Verification Certificate Loss Reason for Loss of Eligibility Verification Certificate (in detail) As stated above, I have I If I receive medical treatment of Submission Address Name of	Number of Insured Person, etc. Name of Insured Person Name of Insured Person Name and Birth Date of the person who lost the Eligibility Verification Certificate Insurance Status Acquisition Date Business Entity Name and Location where the Insured Person works (or worked) Date of Eligibility Verification Certificate Loss Reason for Loss of Eligibility Verification Certificate (in detail) Reson for Loss of Eligibility Verification Certificate (in detail) As stated above, I have lost my Eligibility If I receive medical treatment and the me lost eligibility, I will refund the claimed a Date of Submission Address Name of Insured Person Name Insurance Status Acquisition Date (a) Name (b) Location 1 Search My wallow 1 Terceive medical treatment and the me lost eligibility, I will refund the claimed a Date of Submission Total Park Total	Number of Insured Person, etc. Name of Insured Person Name John Smith Name John Smith Jane Jane Smith Jane	Number of Insured Person, etc. Name of Insured Person Name of Insured Person Name and Birth Date of the person who lost the Eligibility Verification Certificate Insurance Status Acquisition Date Business Entity Name and Location where the Insured Person works (or worked) Date of Eligibility Verification Certificate (in detail) Reason for Loss of Eligibility Verification Certificate (in detail) As stated above, I have lost my Eligibility Verification Certificate Certificate (in detail) Date of Submission As tated above, I have lost my Eligibility Verification Certificate Certifi	Name of Insured Person etc. Name of Insured Person Name of Insured Person Name and Birth Date of the person who lost the Eligibility Verification Certificate Insurance Status Acquisition Date Business Entity Name and Location where the Insured Person works (or worked) Date of Eligibility Verification Certificate Loss Reason for Loss of Eligibility Verification Certificate (in detail) Reason for Loss of Eligibility, I will refund the claimed amount. Date of Submission 2024 /**/ **(YYYY/MM/DD) **Total Only the name of the person who lost the certificate (a) Name UNIQLO CO, LT 10717-1 So 10717-1 So Name UNIQLO CO, LT 10717-1 So Name UNIQLO CO, LT 10717-1 So 10818-1	Name of Insured Person works of Eligibility Verification Certificate Loss Reason for Loss of Eligibility Verification Certificate (in detail) As stated above, I have lost my Eligibility Verification Certigicate (in detail) As stated above, I have lost my Eligibility Verification Certigicate (in detail) As stated above, I have lost my Eligibility Verification Certigicate (in detail) Address Name of Insured Person works (or Worked) Address Name of Insured Person works (or Worked) As stated above, I have lost my Eligibility Verification Certificate (in detail) To As Sayama, Yamage (a) Address Name of Insured Person works (or Worked) Address Name of Insured Person works (a) Name (a) Name (b) Location Insured Person works (c) Location Insured Person works (b) Location Insured Person works (c) Location Insured Person works (b) Location Insured Person works (c) Location	Name of Insured Person etc. Name of Insured Person Name Name	Number of Insured Person, etc. Name of Insured Person Name of Insured Person Name Name	Name of Insured Person Name o

受付日付印

		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。								
	事			令和	年	月	日			
事 業 主	事業所所在地									
	の証明	事 業 所 名 称								
		事業主氏名								
		電話番号	()					
		氏名等 社労士 記載欄								