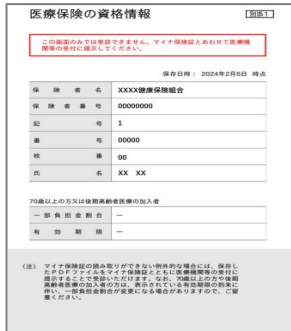



# Health Insurance Application Form for Reissue of Notice of Eligibility Information

常務理事	事務長	担当	係

Please use this form if your notice of eligibility information has been lost or damaged, you cannot access Mynaportal, and you wish to have it reissued

Points to Note	<p><b><u>If you can view the [Eligibility Information Screen] on Mynaportal, this application is not required</u></b></p> <ul style="list-style-type: none"> <li>Even if you have lost your notice of eligibility information (on paper), you can check your eligibility information on Mynaportal, so there is no need to apply for reissuance.</li> <li>If there have been any changes or corrections to your name or furigana (phonetic reading), you can check the updated eligibility information on Mynaportal.</li> <li>You can register on the [medical care insurance eligibility information screen] in advance on your smartphone by using Mynaportal's download feature. (If your Myna health insurance card cannot be read by the medical care institution, you can receive medical care by presenting the registered Mynaportal eligibility information screen on your smartphone together with your Myna health insurance card.)</li> </ul>	<p>Medical care insurance eligibility information screen</p>  <p>For access via QR code</p>  <p>You may use the [Medical care insurance eligibility information screen] registered on Mynaportal instead of your notice of eligibility information. You can view the medical care insurance eligibility information screen by accessing Mynaportal using your smartphone, etc. (Please access via the above QR code.)</p>
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Information of Insured Person	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	Eligible Persons	<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)						
	Insured Person	<table border="1"> <tr> <td>Furigana Name</td> <td>Birth Date</td> <td>Reason for Application</td> </tr> <tr> <td>Same as above</td> <td>Same as above</td> <td> <input type="checkbox"/> 1. Loss  <input type="checkbox"/> 2. Damage  <input type="checkbox"/> 3. Other ( )           </td> </tr> </table>	Furigana Name	Birth Date	Reason for Application	Same as above	Same as above	<input type="checkbox"/> 1. Loss <input type="checkbox"/> 2. Damage <input type="checkbox"/> 3. Other ( )
	Furigana Name	Birth Date	Reason for Application					
	Same as above	Same as above	<input type="checkbox"/> 1. Loss <input type="checkbox"/> 2. Damage <input type="checkbox"/> 3. Other ( )					
	Dependent ①	<table border="1"> <tr> <td>Furigana Name</td> <td>Birth Date</td> <td>Reason for Application</td> </tr> <tr> <td></td> <td> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> <div>(YYYY/MM/DD)</div> </td> <td> <input type="checkbox"/> 1. Loss  <input type="checkbox"/> 2. Damage  <input type="checkbox"/> 3. Other ( )           </td> </tr> </table>	Furigana Name	Birth Date	Reason for Application		<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> <div>(YYYY/MM/DD)</div>	<input type="checkbox"/> 1. Loss <input type="checkbox"/> 2. Damage <input type="checkbox"/> 3. Other ( )
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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	受付日付印
	社会保険労務士の 提出代行者名記入欄	