

Application Form for Certification as Voluntarily and Continuously Insured Person

Example

◎To join the voluntary continuation system, you need to have been an insured person for at least 2 consecutive months.

◎Please submit the pledge form within 20 days of the date of loss of eligibility (as per Article 37 of the Health Insurance Act).

*Organization Use Only (Do not fill in)

Note that documents more than 20 days old cannot be accepted

記号・番号	標準報酬月額	資格喪失時	当初取得日
5000	千円	千円	

Applicant for Eligibility as Voluntarily and Continuously Insured Person

[Pledge Regarding Insurance Premium Payment] *Please sign in the name field

There are strict conditions in the Health Insurance Act regarding the payment of insurance premium by voluntarily and continuously insured persons (Articles 37 & 38 of the Health Insurance Act; see reverse side). If the insurance premium is not paid by the due date, the insurance premium by the date specified by the FR Health Insurance Organization will be required. I understand that if I fail to pay the insurance premium by the date specified by the FR Health Insurance Organization, I will be required to pay the insurance premium by the date specified by the FR Health Insurance Organization.

Please read the information and then sign.

Date of Entry	2021 / 3 / 5 (YYYY/MM/DD)		Dependent Family Members	Yes / No	
(Furigana)	ヤマグチ タロウ		Birth Date	1975 / 6 / 1 (YYYY/MM/DD)	
Name (Signature Field)	Yamaguchi Taro		Gender	Male / Female	
Address	〒754-0894 〇〇-〇 Sayama, Yamaguchi, Yamaguchi Prefecture (Please include apartment or condominium name)		Home Phone Number	083 - 333 - 3333	
Symbol and Number of Insured person, etc. used while employed <small>*If unknown, enter the employee number in the number field.</small>	1001 - 12345678		Date of Loss of Eligibility (*Day after retirement)	2021 / 3 / 1 (YYYY/MM/DD)	
Business Entity Name Where Employed	FAST RETAILING CO., LTD. (Location)		10717-1 Sayama, Yamaguchi, Yamaguchi Prefecture		

●Important Notes

- The insured person's eligibility period is, in principle, two years.
- The insurance premium will be entirely self-paid.
- Loss of eligibility as an insured person is limited to the following cases and cannot be voluntarily terminated.
 - When two years have passed since acquiring eligibility as an insured person
 - When the insured person dies
 - When the insurance premium is not paid by the due date
 - When becoming an insured person under different employees' insurance
 - When becoming an insured person under the Medical Care System for the Advanced Elderly
 - When requesting to no longer be a Voluntarily and Continuously Insured Persons
- If you continue to keep family members as dependents, please attach the Notification of Dependent (Change) for voluntarily and continuously insured persons.
- There is a prepayment system for insurance premiums.

With regard to the attached documents, besides the Pledge, if you continue to keep family members as dependents, a separate Notification of Dependent (Change) for voluntarily and continuously insured persons will be required.

Documents to Submit:	(1) Application Form for Certification as Voluntarily and Continuously Insured Person
	(2) Pledge
	(3) [If you continue to have dependents] Notification of Dependent (Change) for voluntarily and continuously insured persons

Submit to:	〒135-0063 1-6-7 Ariake, Koto-ku, Tokyo FR Health Insurance Organization
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FR Health Insurance Organization