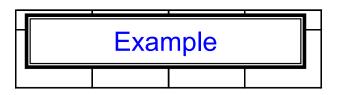
## Application Form for Certification as Voluntarily and Continuously Insured Person



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).

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 Health Insurance Act; see reverse side). If the insurance premium is not paid the insurance premium by the date specified by the FR Health Insurance Organ and then sign.  Ously Insured Persons (Articles 37 & 38 of the lowing the due date. I understand that if I fail to pay and then sign.					
Date of Entry	2021 / 3 / 5 (YYYY/MM/DD) Dependent Fa			amily Members	Yes/ No
(Furigana)  Name	Va	ヤマグチ タロウ 		<sup>™</sup> Birth Date	1975 / 6 / 1 (YYYY/MM/DD)
(Signature Field)	Yamaguchi Taro			Gender	Male/ Female
Address	<b>〒754-0894</b> ○○-○ Sayama, Yamaguchi, Yamaguchi Prefecture			Home Phone Number	083 - 333 - 3333
	(Please include apartment or condominium name)  Enter as March 1 resignation is Feb				
Symbol and Number of Insured person, etc. used while employed 'If unknown, enter the employee number in the number field.				Loss of Elig. fter retirement)	2021 / 3 / 1 (YYYY/MM/DD)
	ess Entity Name ere Employed	FAST RETAILING CO., LTD. (Location) 10717-1 Sayama, Yamaguchi, Yamaguchi Prefecture			

## Important Notes

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

Documents
to Submit:

(1) Application Form for Certification as Voluntarily and Continuously Insure
(2) Pledge
(3) [If you continue to have dependents]

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.

Notification of Dependent (Change) for voluntarily and continuously insured persons

Submit to: = 7135-0063 1-6-7 Ariake, Koto-ku, Tokyo FR Health Insurance Organization

FR Health Insurance Organization