

To FR Health Insurance Organization:

常務理事	事務長	担 当	係

Only use this form if you are changing information that you have already submitted.

Notification of Change to Voluntarily and Continuously Insured Person's Name/Address/Bank Account

I hereby apply as follows.

Date of submission: / / (YYYY/MM/DD)

Symbol **5000** Number Name

◆ Please select the appropriate checkbox and fill in information accordingly.....

☐ Name change

* If you have a health insurance card or an Eligibility Verification Certificate, be sure to attach it when submitting this application.

Name before the change	Furigana		Name after the change	Furigana	
	Name			Name	

☐ Address change

Furigana					
Address and Telephone number after the change	(Please enter the apartment or condominium name)				
	Home Phone () -		Mobile Phone () -		

☐ Bank account change

* To confirm that the account is in your name, please attach a copy of your passbook or cash card when submitting this application.

Account holder's name after the change	Furigana						
	Name						
Financial institution after the change	Bank Credit union Shinkin Bank			Head office Branch Branch office		Deposit type	1. Ordinary / 2. Current
Account number							* Please right-justify your account number when entering it.

Protection of personal information

1. We protect personal information in line with our privacy policy (basic policy).
2. We reserve the right to utilize personal information beyond the scope of the specified purposes of use without the prior consent of the person to whom the information belongs in cases where it is necessary to do so based on laws and regulations, to protect the life, status, or property of an individual, or to improve public health.
3. If you would like us to review, revise, or do anything else with your personal information, please contact the person in charge using the information below.

FR Health Insurance Organization 〒135-0063 1-6-7 Ariake, Koto-ku, Tokyo Tel: 03-6865-0005

受付日付印