

Managing director	Clerical supervisor		Person in charge

Insurance Card
Elderly Recipient Certificate

Reissue due to
Loss or Damage

Application Form

Section to be filled out by the insured person	Insurance card code and number	Code Number	Date of birth	Showa Heisei	(Y)	(M)	(D)	Certification acquisition date	Heisei Reiwa	(Y)	(M)	(D)	
	Name of insured person	Furigana		Address of the insured person	Postal code								
	Name of affiliated company Name of affiliated department				Telephone number ()								
	Reason for submission (Please circle the applicable reason)	1. Loss (loss / theft / missing) 2. Damage (including print that has rubbed off) 3. Other ()											
	Would you like to have the card reissued? (Please circle the applicable answer)	1. Yes 2. No											
	Applicable person (Please circle the applicable item)	1. For insured person 2. For dependent											
	Complete this section if the applicable person is a dependent	(1)	Furigana	Relationship	Date of birth	Showa Heisei Reiwa	(Y)	(M)	(D)				
		(2)	Furigana	Relationship	Date of birth	Showa Heisei Reiwa	(Y)	(M)	(D)				
		(3)	Furigana	Relationship	Date of birth	Showa Heisei Reiwa	(Y)	(M)	(D)				
	Place where the card was lost	1. Home 2. Other than home () → Police must be notified											
Have you notified the police?	Yes / No	Notification destination	Police Station	Date of notification	Date:				No.				
Circumstances under which the card was lost or damaged	*Please describe in as much detail as possible												

◎ If you are applying for reissuance due to damage to your health insurance card, please attach the damaged health insurance card to this application form.

Notification of Loss of Insurance Card / Elderly Recipient Certificate (complete this section only in the case of loss)	
As stated above in the application, I lost my insurance card/elderly recipient certificate. I will be more careful when handling the card in the future. If I find my insurance card/elderly recipient certificate, I will return it immediately. I assume full responsibility for any accidents that may occur in my insurance benefits due to my loss of the insurance card, etc.	
Date:	Name of insured person

Remarks	Individual number (not required when entering the code and number from the insured person's card)		Date of submission:
	*If you entered your individual number, please attach the following documents to confirm your individual number and identity. One of the following: (1) Copy of individual number notification card, (2) Copy of certificate of residence listing individual number, (3) Copy of individual number card (both sides) • When attaching (1) or (2) above, also attach one of the following: copy of driver's license or copy of passport		

Office address
Name of office
Name of employer
Telephone number

Date request received (stamp)

Labor and social security attorney submitting the application on behalf of the insured

To the Executive Head of the Works Human Intelligence Health Insurance Society