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	100	Date of birth	Showa / Heisei	(Y) 5	5	(M) 1	0	(D) 1	0	Certification acquisition date	Heisei / Reiwa	(Y) 2	7	(M) 1	0	(D) 0	1
	Number	○○○○○																
Name of insured person	Furigana	Taro Kempo	Address of the insured person	Postal code 151-0051														
	Taro Kempo			X-X-X Sendagaya, Shibuya-ku, Tokyo														
Name of affiliated company / Name of affiliated department	xxxxx Co., Ltd. XXXX Department XXXX Section			Telephone number 0 3 (XXXX)XXXX														

Reason for submission (Please circle the applicable reason)	1. Loss (loss / theft / missing) 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 Hanako Kempo / Hanako Kempo	Relationship	Wife	Date of birth	Showa / Heisei / Reiwa	(Y) 5	6	(M) 0	9	(D) 2	1
	(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 (somewhere between JR Kinshichō Station and home) → Police must be notified														
Have you notified the police?	Yes / No	Notification destination	Kinshichō Police Station	Date of notification	○ Date:				No.	1234					
Circumstances under which the card was lost or damaged	*Please describe in as much detail as possible At around 10:30 pm on Reiwa X (Y) XX (M) XX (D), I used a wallet containing my insurance card when exiting the ticket gate at the station closest to my home (JR Kinshichō Station). Afterwards, when I went shopping at a convenience store near my house at around 11:00 pm, I noticed that my wallet was lost. I also lost the insurance card that was inside.														

◎ 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 Taro Kempo

Date of submission:

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

Date request received (stamp)

If your insurance card was lost or stolen, please immediately notify the health insurance society and police.
Also, we recommend using the Personal Declaration System* that is established by the personal credit information agency.
If the insurance card is fraudulently used by a third party, the health insurance society shall not assume any responsibility.

*Personal declaration system: A system in which information such as the loss or theft of a stolen ID card is registered with a personal credit information agency. This enables the member companies of the credit agency to perform a more careful credit screening.
*For details on the procedures, etc., please directly contact the personal credit information agency.