

Written Notice for Acquisition of Qualification as a Voluntarily and Continuously Insured Person

Managing director	Clerical supervisor		Person in charge

To the Executive Head of the Works Human Intelligence Hea

Reiwa (Y) (M) (D)

Code and number at time of loss of qualification	Code	○○	Number	○○○○○	
Name	Furigana	ケンポ タロウ			
		Taro Kempo			
Applicant's address	Postal code	151-0051			
		X-X-X Sendagaya, Shibuya-ku, Tokyo			
	Home telephone	03 (1234) 5678	Mobile	090 (9876) 5432	
Date of birth	Showa Heisei	○ (Y) ○ (M) ○ (D); (○○) years of age	Gender	Male / Female	
E-mail address <small>(address where contact is possible after retirement)</small>	XXXX@XXXX.ne.jp				
Date of loss of qualification (day following retirement)	Date:				
Name of affiliated company at time of losing qualification	xxxxx Co., Ltd.				
Name of affiliated department at time of losing qualification	○○ Branch				
Designated destination for remittance of benefits, etc.	○○○ Bank		○○ Central branch		
	Savings Account account number	1234567		Name of account holde Taro Kempo	
Payment method for insurance premiums	1. Monthly		2. Advance payment of 1 year's worth of premiums 3. Advance payment of 6 month's worth of premiums		
I consent to procedures for loss of qualification being taken if confirmation cannot be made of premium remittance by the premium payment deadline date.					
		Name of insured person Taro Kempo			
Status of dependent	Name	Date of birth	Gender	Relationship	Address
	Hanako Kempo	S ^H / _R 50 (Y) December (M) 16 (D)	Femal e	Wife	X-X-X Sendagaya, Shibuya-ku, Tokyo
	Momoko Kempo	S ^H / _R 17 (Y) September (M) 4 (D)	Femal e	Eldest daughter	Same as above
		S / H / R (Y) (M) (D)			
	S / H / R (Y) (M) (D)				

(Note) Please note that this application will not be accepted if it is not delivered to the health insurance society within 20 days from the date on which qualification was lost.

Remarks	individual number (voluntary)	
	*If you entered your individual number, please attach the following two documents to confirm your individual number and identity.	
	(1) Copy of individual number notification card or copy of certificate of residence listing individual number	
(2) Copy of driver's license or copy of passport		

*Column to be filled out by the health insurance society	Voluntarily and continuously insured person insurance card code and number	
	Scheduled date of loss of qualification	Date:
	Standard monthly remuneration at time of loss of qualification	,000 yen (in thousands of yen)
	Set monthly amount	,000 yen (in thousands of yen)
Date of first premium payment		

Date request received (stamp)