

Managing director	Clerical supervisor		Person in charge

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

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

I hereby submit this notice and make this application to lose the qualification as a voluntarily and continuously insured person as described below.

Date:

Insurance card code and number	Code	Number						
Name	Furigana							
Address	Postal code							
	Phone number ()							
Date of birth	Showa Heisei	(Y)	(M)	(D)	()	years of age	Gender	Male / Female
Reason for loss of qualification	1. Obtained employment (obtaining employment effective Reiwa (Y) (M) (D))							
	2. Other ()							
Insurance card	1. Enclosed Insurance card Total _____ sheets							
	2. Not enclosed Reason ()							
	Scheduled return date (Reiwa (Y) (M) (D))							
Issuance of a certificate of losing qualification	1. Want issuance			2. Do not want issuance				

(Note 1) If you enroll in other health insurance due to obtaining employment, please attach a copy of your newly acquired health insurance card.

(Note 2) If you lost your insurance card, please attach the notification of insurance card loss.

*Column to be filled out by the health insurance society	Date of losing qualification	Reiwa	(Y)	(M)	(D)	
	Amount of insurance premium to be refunded	yen				
		(Reiwa (Y) (M) (D) to Reiwa (Y) (M) (D))				
	Remarks					

Date request received (stamp)