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| Managing director | Clerical supervisor | | Person in charge |
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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.

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| Insurance card code and number | Code 〇〇 | Number 〇〇〇〇〇 |
| Name | Furigana ケンボ タロウ Taro Kempo | |
| Address | Pos: 151-0051 X-X-X Sendagaya, Shibuya-ku, Tokyo Phone number 〇〇 (〇〇〇〇) 〇〇〇〇 | |
| Date of birth | Showa (Y) (M) (D) (〇〇) years of age Heisei | 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 <u> 3 </u> sheets Reason () 2. Not enclosed 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.

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| *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 | society |

Date request received (stamp)