The Childbirth and Childcare Lump-Sum Grant additional benefits for Insured Person or Family Member

[If not using the system of direct payment to medical institutions, or if childbirth took place outside of Japan]

Information on insured person

Insurance card code and number	Code: ●●	Number: XXXX	Name of affiliated office/department	XXXX Co., Ltd., XXXX Branch Telephone number (ext.) 03-1234-5678(999)
Name	Furigana ケンポ タロウ Taro Kempo		Date of birth	●● (Y) ●● (M) ●● (D)
Address, telephone number, etc. of applicant (daytime phone number)	〒123-4567 XXXX Condominium, #456 1-2-3 XXXX-cho, XXXX Ward, Tokyo Telephone number 03-7891-2345			
Employee ID number	1234567		E-mail address	XXXX@XXXX.ne.jp

Application details

Person who gave birth (circle the applicable person)	Insured person / Family member (dependent)		Name of person who gave birth	Hanako Kempo			
Delivery date	●● (Y) ●● (M) ●● (D)		Date of birth of person who gave birth	●● (Y) ●● (M) ●● (D)			
Live birth or stillbirth (circle the applicable type)	Live birth / Stillbirth / Mixture of live birth and still birth		Number of live-born babies	1 Baby (ies)	Number of stillborn babies	Baby (ies)	In the case of a stillbirth, the elapsed period of pregnancy: weeks
Name of born baby	Ichiro Kempo		Relationship between the insured person and born baby	Eldest son	Is the born baby a dependent?	Yes / No	
Name of medical institution where baby was born	XXXX Maternity Clinic		Address of medical institution where baby was born	3-3-3 XXXX-cho, Yokohama City, Kanagawa Prefecture			
■ Complete the following section if applicable 1. If the insured person gave birth within six months after retirement→ Insurer's name, code and number, etc., of the insured person who is currently enrolled 2. Childbirth by dependent within 6 months after qualification→ Name, code and number, etc., of the insured person who was previously enrolled			Insured person	Telephone number ( )			
			Code and number	–			

*If you wish to delegate receipt, please complete the authorization letter.

Authorization Letter

☑(1) I hereby entrust the receipt of benefits based on this claim to the employer. ← Insert a check (☑) in the box of the applicable item.

☐(2) I hereby entrust the receipt of benefits based on this claim to the representative listed below. Date: ● (Y) ●● (M) ●● (D)

Insured person (applicant)	Name	Taro Kempo
Representa (individual actually re		

Please fill in the section for the authorization letter, except for persons enrolled in voluntary and continuous health insurance coverage and retirees.
If you are a person enrolled in voluntary and continuous health insurance coverage or a retiree, please fill in the section for information on transfer destination.

Information on transfer destination

Name of financial institution			Branch number
Type of account			

■ Certification section (ple

Physician / Midwife

Name of mother who gave birth			Delivery date	(Y) (M) (D)
Number of babies born	Single birth Multiple birth (babies)	Live birth or stillbirth	Live birth	Stillbirth (XXth month or XXth week of pregnancy)

I hereby certify that the above is true and correct

Please ask the medical institution or municipal head to certify this section.

Municipal head

R

baby Date of birth (Y) (M) (D)

I hereby certify that the above is true and correct

(Y) (M) (D)

Name of municipal head

Remarks	Individual number (not required when entering the code and number from the insured person's card)
	*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
Documents for Attachment	1. Copy of agreement document with the medical institution, etc.
	2. Copy of receipts issued by the medical institution, etc.
	*If childbirth took place outside of Japan, please attach the following documents.
	1. Certificate proving the birth 2. Japanese translation of the birth certificate 3. Copy of receipt
	4. Copy of documents (passport, etc.) that show the period of overseas travel 5. Consent form for inquiries to overseas medical institutions, etc.

Date request received (stamp)