## The Childbirth and Childcare Lump-Sum Grant additional benefits for Insured Person or Family Member t of the Childbirth and Childcare Lump-sum Grant directly by the medical institution

	System of	receipt of the C		nacare Bamp st	in oran anothy by t	he medical institution	s on your benan	
uos.	Insurance card	Code Number		Name of affiliated				
pers	code and number				office/department			
ıred		Furigana						
Information on insured person	Name	- unguin			Date of birth	(Y)	(M)	(D)
ion o	Address, telephone number,							
mati	etc. of applicant (daytime phone number)				Phone number (Ext. )			
nfor	E-mail address							
I	E-mail address							
	Person expected to give birth (circle the applicable person)	Insured person / Family member (dependent)			Name of person expected to give birth			
Application details	Due data and exmented	(Y) (M) (D)			Date of birth for person			
	Due date and expected number of babies	Single birth Multiple birth (babies)			expected to give birth	(Y)	(M)	(D)
	Name of medical facility			( 000105)	Address of medical facility			
	institution where delivery is expected				institution where delivery is expected			
	1	Complete the following section if applicable						
	1. If the insured person gave birth within six months after retirement $\rightarrow$				Insured person			
	Name, code and number, etc., of the insured person who is currently enrolled				Telephone number	( )		
	2. Childbirth and childcare by dependent within 6 months after qualification $\rightarrow$			Code-number				
	Name, code and numbe	Name, code and number, etc., of the insured person who was previously enrolled			Code-Indinoer		_	
*If yo	ou wish to delegate recei	· · ·						
Authorization Letter	$\Box$ (1) I hereby entrust the receipt of benefits based on this claim to the employer. $\leftarrow$ Insert a check ( $\square$ ) in the box of the applicable item.							
	$\Box$ (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					
	Representative							
	(individual actually receiving benefits) Name							
	· · · ·							
				Popla		Cantral branch		
on ation	Name of financial			Bank Shinkin bank		Central branch	Branch number	
on ation			upt			Branch	Branch number	
on ation	Name of financial	Savings accou	( )	Shinkin bank		Branch Name of account holder	Branch number	
Information on transfer destination	Name of financial institution		( )	Shinkin bank (credit treasury)		Branch Name of account	Branch number	
Information on transfer destination	Name of financial institution	Savings accou Checking acco	unt ( )	Shinkin bank (credit treasury)		Branch Name of account holder	Branch number	
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