

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

System of receipt of the Childbirth and Childcare Lump-sum Grant directly by the medical institutions on your behalf

Information on insured person	Insurance card code and number	Code	Number	Name of affiliated office/department		
	Name	Furigana		Date of birth	(Y) (M) (D)	
	Address, telephone number, etc. of applicant (daytime phone number)	〒			Phone number (Ext.)	
	E-mail address					

Application details	Person expected to give birth (circle the applicable person)	Insured person / Family member (dependent)		Name of person expected to give birth	
	Due date and expected number of babies	(Y) (M) (D)	Single birth Multiple birth (babies)	Date of birth for person expected to give birth	(Y) (M) (D)
	Name of medical facility institution where delivery is expected			Address of medical facility institution where delivery is expected	
	■ Complete the following section if applicable 1. If the insured person gave birth within six months after retirement→ Name, code and number, etc., of the insured person who is currently enrolled			Insured person	Telephone number ()
2. Childbirth and childcare by dependent within 6 months after qualification→ Name, code and number, etc., of the insured person who was previously enrolled			Code-number	-	

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

Authorization Letter	<input type="checkbox"/> (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.				
	<input type="checkbox"/> (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				

Information on transfer destination	Name of financial institution	Bank			Central branch	Branch number
	Type of account	Savings account	Other ()	Account number	Name of account holder (Katakana)	

Remarks	■ The Claim form will be accepted from two months before the expected date of delivery. ■ Please attach a copy of the part of the Maternal and Child Health Handbook that shows the expected date of birth or a document certifying the expected date of birth.
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Section to be filled out by the proxy to receive payment	The applicant () (hereinafter, "Party A") hereby designates the medical institution () (hereinafter, "Party B") as its proxy and delegates the following authority to Party B. Furthermore, Party A shall not make use of the system of direct payment of the Childbirth and Childcare and Childcare Lump-sum Allowance, etc., to medical institutions. Of the Childbirth and Childcare and Childcare Lump-sum Allowance, etc., claimed by Party A, this is related to the receipt of costs* related to Childbirth and Childcare charged to Party A by Party B. * The upper limit shall be the amount of the Childbirth and Childcare and Childcare Lump-sum Allowance to be paid (includes the amount equivalent to additional benefits in the case that the insured person claims additional benefits related to the Childbirth and Childcare and Childcare Lump-sum Allowance).					
	(Y) (M) (D)	Party A (insured person)	Address			
			Name			
		Party B (Medical institution, etc.)	Address			
		Name				
Financial institution for payment to proxy						
Name of financial institution	Bank			Central branch	Type of account	Savings account Other ()
				Branch	Checking account	
Account number	Name of account holder (Katakana)					

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

Date request received (stamp)