Request for Payment of Maternity Allowance

Information on insured person

		Code	Number	Name of affiliated office/department	
	Insurance card code and number	●●	**XXXX**		**XXXX Co., Ltd., XXXX Branch** Telephone number (ext.) **03-1234-5678（999）**
	Name	**Hanako 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

Due date	●●(Y) ●●(M) ●●(D)		Delivery date	●●(Y) ●●(M) ●●(D)
Period taken off for childbirth	● (Y) ●● (M) ●● (D) to ● (Y) ●● (M) ●● (D)			**98** days

Did you receive remuneration during the period taken off due to childbirth? Will you receive remuneration in the future?	To present	Have received / ~~Have not received~~
	In the future	Will be able to receive / ~~Will not be able to receive~~

■ If you answered "Have received" or "Will be able to receive" above, please enter the remuneration payment period and remuneration amount below.

Remuneration payment period	(Y) (M) (D) to (Y) (M) (D)			days
Amount of remuneration received	yen	Amount of remuneration that will be received		yen

*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	**Hanako Kempo**
Represe... (individual actually ...)		

Information on transfer destination

Name of financial institution	
Type of account	

> **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.**

Certificate from physician or midwife

Name of mother who gave birth		(Y) (M) (D)
Number of babies born	Multipl...	...or XXth week of pregnancy)
I hereby certify that the ...		(Y) (M) (D)

> **Please ask the physician or midwife for a certificate for this section**

Address facility
Name of medical facility
Name of physician or midwife

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)

■ Please obtain a certificate from the employer.

<table>
<tr><td rowspan="18">Column to be certified by the business owner</td><td>Name of insured person</td><td colspan="4"></td><td rowspan="2" colspan="2" style="color:red">Please ask the employer for a certificate for this section</td><td></td><td>Days worked</td><td>Paid vacation</td></tr>
<tr><td colspan="2">Work status (use the following and "/" for absences)</td><td colspan="2"></td><td></td><td></td><td></td></tr>
<tr><td colspan="2">(Y)   (M)</td><td colspan="5">1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31</td><td></td><td>days</td><td>days</td></tr>
<tr><td colspan="2">(Y)   (M)</td><td colspan="5">1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31</td><td></td><td>days</td><td>days</td></tr>
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<tr><td colspan="4">Did you receive (will you receive) wages for the period listed above?</td><td colspan="2">Yes / No</td><td colspan="2" rowspan="2">Calculation of wages</td><td>End of payment period</td><td colspan="2">(D)</td></tr>
<tr><td colspan="4" rowspan="2">Type of salary</td><td colspan="2" rowspan="2">Monthly salary   Daily salary
Hourly wage   Percentage wage</td><td rowspan="2">Monthly salary based on daily accumulated salary
Other ( )</td><td rowspan="2">Date of payment</td><td>☐Applicable month</td><td>(D)</td></tr>
<tr><td>☐Next month</td><td></td></tr>
<tr><td colspan="4" rowspan="6">Compensation paid for the period above (salary, benefits, etc.)</td><td colspan="3">Payment period</td><td colspan="2">Payment amount</td><td colspan="2">Date of payment</td></tr>
<tr><td>(Y) (M) (D) to</td><td>(Y) (M) (D)</td><td></td><td colspan="2">yen</td><td>(M)</td><td>(D)</td></tr>
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<tr><td colspan="4">If no payment has been made up to now and will not be made in the future, state the reason</td><td colspan="7"></td></tr>
<tr><td colspan="4">Method for calculation of wages (deduction for absences, etc.)</td><td colspan="7"></td></tr>
</table>

I hereby certify that the above is true and correct.   (Y)   (M)   (D)

Employer
Address
Name of employer
Name
Telephone number

[To employers]

● Please enter the working status, wage payment status, etc., for the wage calculation period, including the period when you did not work.

● You do not need to enter the work status if a copy of your attendance record is attached.

● Please attach a copy of your payroll book.