

Managing director	Clerical supervisor		Person in charge

## Health Insurance Request for Issuance of Certificate Issued for Specific Disease Treatment Application Form

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

Section for certified person	Person receiving medical care	Furigana		Date of birth	Showa (Y) (M) (D) Heisei Reiwa	
	Address	Postal code				
	Telephone number (Daytime telephone number)	Telephone number ( )			Relationship	
	Name of illness (Circle the corresponding item)	1. Chronic renal failure for which an artificial kidney is used 2. Congenital factor VIII deficiency disorder for which a blood plasma protein fraction preparation is administered, OR Congenital factor IX deficiency disorder 3. Acquired immune deficiency syndrome for which an anti-viral agent is administered (includes HIV; limited to those as determined by the Minister of Health, Labour and Welfare.)				

Physician's opinion column	I hereby certify that treatment is being provided as described above.	
	Date:	Medical Address institution Name Name of physician Telephone number

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 resident's card 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

I hereby make an application as shown above.

Date: \_\_\_\_\_ Name of insured person \_\_\_\_\_

To the Executive Head of the Works Human Intelligence Health Insurance Society

Date request received (stamp)