

Managing director	Clerical supervisor		Person in charge

Eligibility confirmation
document
Elderly Recipient Certificate

Reissue due to
Loss or Damage

Application Form

Section to be filled out by the insured person	Insured person code and number	Code	Date of birth	Showa Heisei	(Y)	(M)	(D)	Certification acquisition date	Heisei Reiwa	(Y)	(M)	(D)	
		Number											
	Name of insured person	Furigana			Address of the insured person	Postal code	Telephone number ()						
	Name of affiliated company Name of affiliated department												
	Reason for submission (Please circle the applicable reason)	1. Loss (loss / theft / missing) 2. Damage (including print that has rubbed off) 3. Other ()											
	Would you like to have the card reissued? (Please circle the applicable answer)	1. Yes 2. No											
	Applicable person (Please circle the applicable item)	1. For insured person 2. For dependent											
	Complete this section if the applicable person is a dependent	(1)	Furigana	Relationship		Date of birth	Showa Heisei Reiwa	(Y)	(M)	(D)			
		(2)	Furigana			Date of birth	Showa Heisei Reiwa	(Y)	(M)	(D)			
(3)		Furigana			Date of birth	Showa Heisei Reiwa	(Y)	(M)	(D)				
Place where the card was lost	1. Home 2. Other than home () → Police must be notified												
Have you notified the police?	Yes / No	Notification destination	Police Station	Date of notification	Date:				No.				
Circumstances under which the card was lost or damaged	*Please describe in as much detail as possible												

© If you are applying for reissuance due to damage to your eligibility confirmation document, please attach the damaged eligibility confirmation document to this application form.

Notification of Loss of Eligibility Confirmation Document / Elderly Recipient Certificate (complete this section only in the case of loss)	
As stated above in the application, I lost my eligibility confirmation document/elderly recipient certificate. I will be more careful when handling the card in the future.	
If I find /eligibility confirmation document/elderly recipient certificate, I will return it immediately.	
I assume full responsibility for any accidents that may occur in my insurance benefits due to my loss of the eligibility confirmation document, etc.	
Date:	Name of insured person

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 of submission:

Office address
Name of office
Name of employer
Telephone number
Labor and social security attorney submitting the application on behalf of the insured

Date request received (stamp)

To the Executive Head of the Mercari Health Insurance Association