

## Expense Reimbursement Form for Influenza Vaccination

Insured person	Organization/Team:	OO Team, XX, Inc.	
	Health insurance number:	●● - xxxx	
	Name:	Hanako Kempo	
Person(s) who received the vaccination	Make sure to write the names of all persons who received a vaccination, including yourself		Cost (incl. tax)
	Name:	Hanako Kempo	4,000 JPY
	Name:	Taro Kempo	4,000 JPY
	Name:	Jiro Kempo	4,000 JPY
	Name:		JPY
	Name:		JPY
	Name:		JPY

- Eligible persons: Persons covered under the Mercari Health Insurance Association on the date of the vaccination
- Eligible vaccination period: October 1 to January 31 of the following year
- Eligible application period: October 1 to the last day of February of the following year
- Expense reimbursement: 2,000 JPY per person

### Address for submission and point of contact

Mercari Health Insurance Association representative  
 Value HR Co., Ltd. Seto Operation Center Influenza Vaccination Reception Desk  
 108 Parti Seto, 45 Sakaemachi, Seto, Aichi, 489-0044  
 Tel: 0561-56-7026

## Attachments

Attach receipt(s) here

Things to note

- Attach a receipt (or a copy of the receipt) for each influenza vaccination.
- Make sure that the name of the person who had the vaccination and the cost of the vaccination are visible.

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Application for reimbursement (Health Insurance Association)	For administrative use