

To the Executive Head of the Mercari Health Insurance Association

Certificate of Consent

When applying for the injury/illness allowance, I hereby agree to refer to related organizations and obtain their answers for the screening associated with the decision of payment by the Mercari Health Insurance Association.
Copies of this certificate shall also be recognized as valid.

Insurance card
code and number

Name☐

Date of birth

Address

Response Form for Previously Affiliated Health Insurance Enrollment Status

- Please complete the sections inside of bold lines.
- Please make inquiries to the health insurance society, etc., to which you were belonged. Please list all relevant information for the past 3 years.
If there is not enough space even when using the additional form, please copy and use the additional form.
- If you belonged to the Japan Health Insurance Society, you must enter the company name and basic pension number of your previous employer for the purpose of making inquiries.
(If the required information is not listed, we will contact you at your contact phone number for confirmation.)

Name	
Date of birth	Showa Period/Heisei Period (Y) (M) (D)
Address	
Daytime telephone number	

- Please enter information for the required items in the applicable sections.

☐ More than 1 year have passed since enrolling at this health insurance society (Date Qualification Acquired:)

Name of health insurance society to which you previously belonged	1. Health insurance society	2. Japan Health Insurance Society (enter the name of your previous employer and basic pension number (required))
	[] Health insurance society / branch	
	3. National Health Insurance	
Company name of previous employer		
A: Basic pension number		
Type	Insured person / Dependent	
Period insured	Date: to	

Name of health insurance society to which you previously belonged	1. Health insurance society	2. Japan Health Insurance Society (enter the name of your previous employer and basic pension number (required))
	[] Health insurance society / branch	
	3. National Health Insurance	
Company name of previous employer		
A: Basic pension number		
Type	Insured person / Dependent	
Period insured	Date: to	

Name of health insurance society to which you previously belonged	1. Health insurance society	2. Japan Health Insurance Society (enter the name of your previous employer and basic pension number (required))
	[] Health insurance society / branch	
	3. National Health Insurance	
Company name of previous employer		
A: Basic pension number		
Type	Insured person / Dependent	

Period insured	Date: to
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Additional Form

● Please enter information for the required items in the applicable sections.

Name of health insurance society to which you previously belonged	1. Health insurance society	2. Japan Health Insurance Society (enter the name of your previous employer and basic pension number (required))
	[] Health insurance society / branch	
	3. National Health Insurance	
Company name of previous employer		
A: Basic pension number		
Type	Insured person / Dependent	
Period insured	Date: to	

Name of health insurance society to which you previously belonged	1. Health insurance society	2. Japan Health Insurance Society (enter the name of your previous employer and basic pension number (required))
	[] Health insurance society / branch	
	3. National Health Insurance	
Company name of previous employer		
A: Basic pension number		
Type	Insured person / Dependent	
Period insured	Date: to	

Name of health insurance society to which you previously belonged	1. Health insurance society	2. Japan Health Insurance Society (enter the name of your previous employer and basic pension number (required))
	[] Health insurance society / branch	
	3. National Health Insurance	
Company name of previous employer		
A: Basic pension number		
Type	Insured person / Dependent	
Period insured	Date: to	

Name of health insurance society to which you previously belonged	1. Health insurance society	2. Japan Health Insurance Society (enter the name of your previous employer and basic pension number (required))
	[] Health insurance society / branch	
	3. National Health Insurance	
Company name of previous employer		
A: Basic pension number		
Type	Insured person / Dependent	
Period insured	Date: to	