Application for Payment of Burial Fees (Expenses) and Additional Benefits

Applicant information	Insurance card code and number	Code	Nun	nber	Name of affil office/departs	ment	one number	(Ext.)		
	Name of applicant	Furigana			Applicant date of birth Heisei			(Y)	(M)	(D)
	Address, telephone number, etc. of applicant (daytime phone number)	Phone number (Ext.)								
A	Employee ID number				E-mail address					
	Date of death	H / R (Y)	(M) (D)	Cause of dea	ath			Was it caus actions of a t	hird party?	
Application details	■ For application submitted upon the death of a family member (a dependent)									
	Name of family member			Date of birth Showa Heisei Reiwa		(Y)	(M) (D)	Relationship with the insured person		
	(1) Died within 3 months after (2) Died while continuing to re society to which he/she was pre (3) Died within 3 months after	er past insurer, and the health insurance code and number. urance society llowance after being disqualified from this health insurance from the health insurance to which he/she was previously			Name of insurer Code and number	Phone number	()		
plica	■ For application submitted upon the death of the insured person									
Ap	Name of insured person			the insure		elationship betwared person and applicant				
	Date of funeral					Burial xpenses			:	yen
	f you fall under one of the following categories, please enter name of the insurer and the code and number of the health insurance						Name of			
	the deceased had been enrolled after retirement. (1) Died within 3 months after being disqualified from this health insurance due to retirement, etc.					insure		Phone number	()
	(2) Died while continuing to receive the injury/illness allowance or maternity allowance f disqualified (3) Died within 3 months after the end of receiving (2) after being disqualified				ce from this health insurance society after being C					
ed by	Name of the deceased			Insured person or dependent			Date of death			
모				Insured person / Dependent			H / R (Y) (M) (D)			
tific wne		I hereby certify that the above is true and correct. Reiwa (Y) (M) (D)								
oe certific ness owne	I hereby certify that	t the above is tr	ue and correct.			1	keiwa (1) (IVI)	(D)	
n to be certific business owne	I hereby certify that Office address	t the above is tr	ue and correct.			ľ	Keiwa (1 ₂) (M)	(D)	
olumn to be certifie the business owne	Office address Name of office		ue and correct.) (1V1)	(D)	
<u>ె</u>	Office address Name of office Name of emplo	yer		orization latter		Telephone) (N1)	(D)	
*If y	Office address Name of office	oyer eceipt, please co	omplete the auth			Telephone	number ()	(D)	
*If y	Office address Name of office Name of emplo ou wish to delegate r	oyer eceipt, please co the receipt of ber	omplete the auth	s claim to the em	ployer. ← Inser	Telephone	number ()	(D)	
*If y	Office address Name of office Name of emplo ou wish to delegate r (1) I hereby entrust	oyer eceipt, please co the receipt of ber the receipt of ber	omplete the auth	s claim to the em	ployer. ← Inser	Telephone	number () e applicable item.		
	Office address Name of office Name of emplo ou wish to delegate r (1) I hereby entrust	eceipt, please of the receipt of ber the receipt of ber (applicant)	omplete the auth efits based on this efits based on this	s claim to the em	ployer. ← Inser	Telephone	number () e applicable item.		
Authorization Letter A	Office address Name of office Name of emplo ou wish to delegate r (1) I hereby entrust (2) I hereby entrust Insured person (eceipt, please of the receipt of ber the receipt of ber (applicant)	omplete the authorists based on this lefits based on this lefits based on this lefits based on this left.	s claim to the em	ployer. ← Inser	Telephone	number () e applicable item.		
Authorization Letter A	Office address Name of office Name of emplo ou wish to delegate r (1) I hereby entrust (2) I hereby entrust Insured person (Represent. (individual actually recommend)	eceipt, please of the receipt of ber the receipt of ber (applicant)	omplete the authorists based on this lefits based on this lefits based on this lefits based on this left.	s claim to the emp	ployer. ← Inser	Telephone	e number () in the box of the Reiwa Central branch Branch	e applicable item. (Y) (M)		
*If y	Office address Name of office Name of emplo ou wish to delegate r (1) I hereby entrust (2) I hereby entrust Insured person (Represent (individual actually reconstruct)	eceipt, please of the receipt of ber the receipt of ber (applicant)	omplete the authorists based on this lefits based on this lefits based on this lefits based on this left.	s claim to the emps claim to the repute solutions and the second	ployer. ← Inser	Telephone t a check (☑ below.	e number () in the box of the Reiwa Central branch	e applicable item. (Y) (M) Branch		
Information on Authorization Letter ### Authorization Reference ### Author	Office address Name of office Name of emplo ou wish to delegate r (1) I hereby entrust Insured person (Represent (individual actually reconstitution	syer eceipt, please counter receipt of ber the receipt of ber (applicant) ative ceiving benefits) Savings account Checking account	omplete the authorists based on this sefits based on this Name	Bank Shinkin bank (credit treasury) Account number	ployer. ← Inser	Telephone t a check (☑ below.	central branch Branch Name of account holder	e applicable item. (Y) (M) Branch		
Authorization Letter A	Office address Name of office Name of emplo ou wish to delegate r (1) I hereby entrust Insured person (Represent (individual actually reconstitution Type of account	syer eceipt, please counter receipt of ber applicant) ative receiving benefits) Savings account Checking account ed when entering the conumber, please attach to of individual number near the content of individual number n	omplete the authoriefits based on this sefits based on this sefit based on the sefits based on this sefit based on the sefits based on the sefit based on the sefits based on the sefit based on the sefits based on the sefit based on the sefits based on the sefit based on the sefits based on the sefits based on the sefit based on the sefits based on the sefit based on the sefits based on the sefit based on th	Bank Shinkin bank (credit treasury) Account number insured person's card) to confirm your individity of certificate of reside	ployer. ← Inser	Telephone t a check (☑ below.	Central branch Branch Name of account holder (Katakana)	e applicable item. (Y) (M) Branch number		
Remarks Information on Authorization Letter III transfer	Office address Name of office Name of emplo ou wish to delegate r (1) I hereby entrust Insured person (Represent (individual actually reconstitution Type of account Individual number (not require *If you entered your individual One of the following: (1) Copy	syer eceipt, please counter receipt of ber sapplicant) ative ceiving benefits) Savings account Checking account ed when entering the conumber, please attach to of individual number neve, also attach one of the	omplete the authorisefits based on this sefits based on this sefit based on this sefit based on this sefit based on the sefits based on the sefit based on the sefits based on the sefits based on this sefit based on the sefits based on the sefit bas	Bank Shinkin bank (credit treasury) Account number insured person's card) to confirm your individity of certificate of reside ver's license or copy of	ployer. ← Inser resentative listed ual number and identity ence listing individual n passport	Telephone t a check (below.	c number (Central branch Branch Name of account holder (Katakana)	e applicable item. (Y) (M) Branch number	(D)	