## Written Notice for Acquisition of Qualification as a Voluntarily and Continuously Insured Person

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To t	ha Evaci	Itiva H	and of	tha N	Marcari	Haalth	Insurance	Acco

Clerical supervisor		Person in charge
	Ciencal Supervisor	Ciencai supervisor

						Reiwa		(Y)	(M)	(D)
Code and number at										
time of loss of	Code					Number	•			
qualification										
•	Furigana						•			
	- ungum									
Name										
	Postal									
	code									
Applicant's address										
Tippirounit's address										
	Home telephone		(	)	Mo	bile	(	)		
D : 011.1	Showa	(7.7)	-	0.5	(5)			G 1	27.1	/ E 1
Date of birth	Heisei	(Y)		(M)	(D)	A	ge:	Gender	Male	/ Female
E-mail address										
(address where contact is possible after retirement)										
Date of loss of quality	fication				Date					
(day following retir					Date	•				
Name of affiliated cor	npany at									
time of losing qualif										
Name of affiliated depart	artment at									
time of losing qualif	ication									
						Bank				Central
Designated destinated	ation				Sl	ninkin banl	ζ.			branch
for remittance of bene	efits, etc.	Savings	Account			N	ame of acco	unt holde		
		account	number							
Payment method for in	nsurance	1. Monthly	,				of 1 year's			
premiums		Worth of premiums Worth of premiums  I consent to procedures for loss of qualification being taken if confirmation cannot be made of premium								
		remittance by the premium payment deadline date.								
Insured person consen	t section	Name of insured								
		person								
		pers	5011							
Need for a qualification Eligibility Confir	mation Document	? 🗌 I wo	ould like to	receive a Eligib	oility Confirm	nation Docume	ent (Not require	d when using Inc	dividual Numbe	er Insurance Card)
Name		Date of bir	rth	Gender R	Relationship		•	Address		
Traine	S/	Date of on	· tii	Gender	tentions.iip			7 Iddiess		
		Y) (M)	(D)							
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Confirmation Document?	S/	I would like	to receive a	Eligibility Co	nfirmation I	Jocument (N	ot required whe	n using Individu	ial Number Ins	urance Card)
		Y) (M)	(D)							
Need for a qualification Eligibil	R									
Confirmation Document?	1: ::						ot required whe			
(Note) Please note that this	application	will not be ac	cepted if i	t is not deliv	vered to the	e health insu	irance society	within 20 day	ys from the c	date on which
qualification was lost.	son outoning the even	mb al mymb an fuam s	ha incorned none	(buoo olmo)						
Individual number (not required what is a second se					number and ide	entity				
Une of the following: (1) Copy of i							py or individual nur	nber		
card (both sides)  • When attaching (1) or (2) above,	also attach one of	the following: copy	of driver's lice	ense or copy of pas	ssport					
	T	,						/		
Voluntarily and continuously ins								Date requ	est received (s	tamp)
person insurance code and num								<i>*</i>		*
Scheduled date of loss	of	D	Date:							
Voluntarily and continuously ins person insurance code and num  Scheduled date of loss qualification  Standard monthly remunerati time of loss of qualification  Set monthly amoun  Date of first premiur	on of			,000 yen (in						
Standard monthly remunerati	l l			thousands of						
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Set monthly amoun	t			thousands of yen)						
Date of first premiur	n			yCii)						