

Managing director	Clerical supervisor		Person in charge

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

To the Executive Head of the Mercari Health Insurance Association

I hereby submit this notice and make this application to lose the qualification as a voluntarily and continuously insured person as described below.

Date:

Insured person code and number	Code	Number			
Name	Furigana				
Address	Postal code				
	Phone number ( )				
Date of birth	Showa Heisei (Y) (M) (D) ( )	years of age	Gender	Male / Female	
Reason for loss of qualification	1. Obtained employment (obtaining employment effective Reiwa (Y) (M) (D)) 2. Other ( )				
Health insurance card Eligibility Confirmation Document	1. Enclosed Health insurance card Eligibility Confirmation Document Total _____ sheets Reason ( ) 2. Not enclosed Scheduled return date (Reiwa (Y) (M) (D))				
Issuance of a certificate of losing qualification	1. Want issuance 2. Do not want issuance				

(Note 1) If you enroll in other health insurance due to obtaining employment, please attach a copy of your newly acquired eligibility confirmation document,etc.

(Note 2) If you lost your insurance card・eligibility confirmation document, please attach the "Insurance card・Eligibility confirmation

(Note 3) If for loss of qualification is at the request of the individual, the date of loss will be the 1st of the month following the receipt of the application. If you have been issued an insurance card or eligibility confirmation certificate, please return it to your

*Column to be filled out by the health insurance society	Date of losing qualification	Reiwa (Y) (M) (D)
	Amount of insurance premium to be refunded	yen (Reiwa (Y) (M) (D) to Reiwa (Y) (M) (D))
	Remarks	

Date request received (stamp)