Expense Reimbursement Form for Health Checks

only available to insured persons who live in regions without easy access to medical institutions and who have received prior approval from the company.					
Policy number of insured	•• - xxxx	number	×××-••••-∧∧∧		
person		namber	0000		
Name of insured person	Hanako Kempo	Email address	<u>○○△△@○○○.ne.jp</u>		
Name of person undergoing	Taro Kempo	Date of health	YYYY/MM/DD		
health check	· · · · •	check	1111/1-111/00		
Date of birth	YYYY/MM/DD	Name of medical	XX Hospital		
Date of birti	1111/1111/00	institution	757 1.55pital		

Bank transfer information (please designate a bank account in the insured person's name)

Name of financial institution	XX Bank		Branch name	XX Branch
Saving / Checking	Account number	1234567	Account holder's name (katakana)	ケンポハナコ

Circle the examination you underwent and enter the examination fee. Please note that maximum reimbursement limits apply for examinations undertaken at clinics not affiliated with the Mercari Health Insurance Association (specifically, basic health checks, comprehensive health checks, specific health checks, and examinations for women)

True of books about	Who is eligible Target age range	Health check fee	Out-of-pocket expense	For health insurance	
Type of health check		rarget age range	(incl. tax)	(incl. tax)	association use
Basic health check	Dependent spouse / Dependent Notes: Includes persons with optional and voluntary coverage. The insured person will bear no	Dependent spouse: All ages Dependents: 30 years old or older	JPY	2,000 JPY	
Comprehensive health check (no stomach examination)	Dependent Notes: Includes persons with optional and voluntary coverage. The insured person will bear no	35 years old or older	JPY	6,000 JPY	
Comprehensive health check (stomach examination [X-ray])	Dependent Notes: Includes persons with optional and voluntary coverage. The insured person will bear no	35 years old or older	JPY	8,000 JPY	
Comprehensive health check (stomach examination [endoscopy])	Dependent Notes: Includes persons with optional and voluntary coverage. The insured person will bear no	35 years old or older	55,000 JPY	10,000 JPY	
Specific health check	Male dependent Includes persons/dependents with optional and voluntary coverage	40 years old or older	JPY	None	

Health check add-ons

Insured person (Including persons with optional and voluntary coverage)	Mark the correct	Examination fee (incl. tax)	Out-of-pocket expense
Pap smear (includes transvaginal ultrasound) Dependents (Including dependents with optional and voluntary coverage) Insured person (Including persons with optional and voluntary coverage) Dependents (Including dependents with optional and voluntary coverage) Insured person (Including persons with optional and voluntary coverage) Dependents (Including persons with optional and voluntary coverage) Dependents (Including persons with optional and voluntary coverage) Insured person (Including persons with optional and voluntary coverage) Dependents (Including persons with optional and voluntary coverage) Dependents (Including dependents with optional and voluntary coverage) Dependents (Includi	options with a circle	,	
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		JPY	
		JPY	r deducting 790 JPY from e
Insured person All ages		JPY	
Dental checkup Dependents 16 years old or older		JPY	0 JPY

Submission deadline for application form: Your application must arrive within three months from the day following the date of the health check.

Contact your medical institution if there is a delay in receiving the health check results.

Mail this form along with all corresponding receipts, health check result sheets, and health examination questionnaires to the Mercari Health Insurance Association at your own expense.

Note that health check results, etc., are considered sensitive personal information and will not be accepted if submitted via email as a PDF or other similar format. Address for submission and point of contact

Mercari Health Insurance Association 5-23-5 Sendagaya, Shibuya, Tokyo 151-0051

Tel: 03-5990-2185

For health insurance association use				
Subsidy amount	JPY			
Transfer amount	JPY			
Transfer date	MM/DD			

常務理事	事務長	担当者	担当者