

Application for issuance of Eligibility Confirmation Document

Please use this if you wish to Eligibility Confirmation Document.

Section for insured person	Insured person Code/Number	<div>Insured person code</div> <div>Insured person number</div>		<div>Employee Number</div>
	Name	<div>(Furigana)</div>		<div>Date of birth</div> <div><div>1 Syowa 2 Heisei 3 Reiwa</div><div><div></div><div></div></div>(Y)<div><div></div><div></div></div>(M)<div><div></div><div></div></div>(D)</div>
	Insured's postal code	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	Telephone number	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
	Address of the insured person			

Status of dependent	Those who need Certification of Eligibility	<div></div> 1 Only Insured 2 Only dependant(s) 3 Insured and dependant(s)		
	Insured	<div>(Furigana)</div> <div>Name</div> <div>same as above</div>	<div>Date of birth</div> <div>same as above</div>	<div>Reason for Application</div> <div><div></div> Please be sure to select from the Reason column below</div>
	Dependent①	<div>(Furigana)</div> <div>Name</div>	<div>Date of birth</div> <div><div>1 Showa 2 Heisei 3 Reiwa</div><div><div></div><div></div></div>(Y)<div><div></div><div></div></div>(M)<div><div></div><div></div></div>(D)</div>	<div>Reason for Application</div> <div><div></div> Please be sure to select from the Reason column below</div>
	Dependent②	<div>(Furigana)</div> <div>Name</div>	<div>Date of birth</div> <div><div>1 Showa 2 Heisei 3 Reiwa</div><div><div></div><div></div></div>(Y)<div><div></div><div></div></div>(M)<div><div></div><div></div></div>(D)</div>	<div>Reason for Application</div> <div><div></div> Please be sure to select from the Reason column below</div>
	Dependent③	<div>(Furigana)</div> <div>Name</div>	<div>Date of birth</div> <div><div>1 Showa 2 Heisei 3 Reiwa</div><div><div></div><div></div></div>(Y)<div><div></div><div></div></div>(M)<div><div></div><div></div></div>(D)</div>	<div>Reason for Application</div> <div><div></div> Please be sure to select from the Reason column below</div>

Reason column	1 : Due to loss of my number card
	2 : My Number card is in the process of being renewed
	3 : Because the electronic certificate of My Number card has expired
	4 : I have a My Number card but have not registered to use my health insurance card
	5 : Because I have not made My Number card
	6 : Due to return of My Number card
	7 : Because a third party (e.g. caregiver) support is required to receive a medical examination
	8 : Because of loss or damage to the Certification of Eligibility Confirmation Document

Proof of business owner	I hereby submit the application from the insured person as shown above.		Date request received (stamp)
	Office address		
	Name of office		
	Name of employer		
Telephone number			
Labor and social security attorney submitting the application on behalf of the insured			