Application for the Childbirth and Childcare Lump-sum Allowance and Additional Benefits (No Use of the Direct Payment System)

[If not using the system of direct payment to medical institutions, or if childbirth took place outside of Japan]

Information on insured person

Insurance card code and number	Code	Number	Name of affiliated office/department	Phone number (Ext.)
Name	Furigana		Date of birth	Showa / Heisei (Y) (M) (D)
Address, telephone number, etc. of applicant (daytime phone number)	〒			Phone number (Ext.)
Employee ID number			E-mail address	

Application details

Person who gave birth (circle the applicable person)	Insured person / Family member (dependent)		Name of person who gave birth				
Delivery date	H / R (Y) (M) (D)		Date of birth of person who gave birth	Showa / Heisei (Y) (M) (D)			
Live birth or stillbirth (circle the applicable type)	Live birth / Stillbirth / Mixture of live birth and still birth		Number of live-born babies	Baby (ies)	Number of stillborn babies	Baby (ies)	In the case of a stillbirth, the elapsed period of pregnancy: Weeks: ( ) days
Relationship between the insured person and born baby			Is the born baby a dependent?		Yes		No
Name of medical institution where baby was born			Address of medical institution where baby was born				
■ Complete the following section if applicable 1. If the insured person gave birth within six months after retirement→ Insurer's name, code and number, etc., of the insured person who is currently enrolled			Insured person		Telephone number ( )		
2. Childbirth by dependent within 6 months after qualification→ Name, code and number, etc., of the insured person who was previously enrolled			Code and number		–		

*If you wish to delegate receipt, please complete the authorization letter.

Authorization Letter

☐(1) I hereby entrust the receipt of benefits based on this claim to the employer. ← Insert a check (☑) in the box of the applicable item.

☐(2) I hereby entrust the receipt of benefits based on this claim to the representative listed below. Reiwa (Y) (M) (D)

Insured person (applicant)	Name	
Representative (individual actually receiving benefits)	Name	

Information on transfer destination

Name of financial institution	Bank Shinkin bank (credit treasury)	Central branch Branch		Branch number	
Type of account	Savings account Checking account	Account number		Name of account holder (Katakana)	

■ Certification section (please receive certification from one of the following)

Physician / Midwife

Name of mother who gave birth		Delivery date	H / R (Y) (M) (D)
Number of babies born	Single birth Multiple birth (babies)	Live birth or stillbirth	Live birth Stillbirth (XXth month or XXth week of pregnancy)

I hereby certify that the above is true and correct

Reiwa (Y) (M) (D)

Address of medical facility

Name of medical facility

Name of physician or midwife

Municipal head

Registered domicile		Name of head of household		Name of mother	
Name of born baby			Date of birth	H / R (Y) (M) (D)	

I hereby certify that the above is true and correct

Reiwa (Y) (M) (D)

Name of municipal head

Remarks	Individual number (not required when entering the code and number from the insured person's card)
	*If you entered your individual number, please attach the following documents to confirm your individual number and identity. One of the following: (1) Copy of individual number notification card, (2) Copy of certificate of residence listing individual number, (3) Copy of individual number card (both sides) ・When attaching (1) or (2) above, also attach one of the following: copy of driver's license or copy of passport
Documents for Attachment	1. Copy of agreement document with the medical institution, etc. 2. Copy of receipts issued by the medical institution, etc. *If childbirth took place outside of Japan, please attach the following documents. 1. Certificate proving the birth 2. Japanese translation of the birth certificate 3. Copy of receipt 4. Copy of documents (passport, etc.) that show the period of overseas travel 5. Consent form for inquiries to overseas medical institutions, etc.

Date request received (stamp)

Mercari Health Insurance Association