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]

ured person	Insurance card	Code	Number		Name of	offiliated				
	code and number					partment				
				Phone number			mber (E	Ext.)		
		Furigana	urigana		D		Showa		(T.)	2.5
ins	Name				Date of	of birth	Heisei		(Y)	(M) (E
Information on insured person	Address, telephone number, etc. of applicant (daytime phone number)	₹	Phone number (Ext.)							
	Employee ID number				E-mail address					
	Person who gave birth (circle the applicable	Insurad para	on / Family member (dep	andant)	Name o	f person				
	person)	msured perso	on / ranning member (dep	endem)	who ga	ve birth				
	D-1: d-4-	II / D	(37)	M) (D)	Date of	of birth	Showa		(V)	(M) (F
	Delivery date	H/R	(Y) ((M) (D)	of person w	no gave birth	Heisei		(Y)	(M) (E
Application details	Live birth or stillbirth	Live hinth / Ctillhinth / Miretune of live hinth and still hinth			Number of	Daby (ica)	Number of	Doby (ice)	In the case of a stillbirth, the elapsed period of	Weeks:
	(circle the applicable type)	Live birth / Stillbirth / Mixture of live birth and still birth			live-born babies	Baby (ies)	stillborn babies	Baby (ies)	pregnancy	() days
	Relationship between the				Is the bo	rn baby a		V		N.
ıtior	insured person and born baby				deper	ident?		Yes		No
Applica	Name of medical	1			Address of medical institution					
	institution where baby was born				where bab					
	■ Complete the following sect	ion if applicable								
	1. If the insured person gave bi	rth within six months aft	er retirement→		Insured	person				
	Insurer's name, code and number, etc., of the insured person who is currently enrolled					Telephone number ()				
	2. Childbirth by dependent within 6 months after qualification→			Code and number				_		
4.70	Name, code and number, etc., of the insured person who was previously enrolled									
	ou wish to delegate receip									
uthorization Letter	-	_	ed on this claim to the emplo							
n L	\square (2) I hereby entrust the r	eceipt of benefits bas	ed on this claim to the repres	sentative listed	l below.	Reiwa	(Y) (M)	(D)		
zatio	Insured person Name (applicant)									
nori										
Autl		Representative dividual actually receiving benefits) Name								
				- 1						
Information on transfer destination	Name of financial Bank institution Shinkin bank						Central branch	Branch number		
	(credit treasury		edit treasury)	Branch Name of accou						
infori insfer	Type of account Checking Savings account A		Acco	Account number		Tuil		holder		
		cation section (please receive certification from one of the following)					(I	Katakana)		
■ Ce	Name of mother who gave	e receive certificat	ion from one of the folio	wing)						
ife	birth				D.:	1.4.	,	I / D / /	7) (3.4)	(D)
idw		Single birth				ivery date		H/R (Y	· · · · · · · · · · · · · · · · · · ·	(D)
	Number of babies born	•	ables)	th or stillbir		ivery date Live birth			(M) or XXth week of	
M/1	I hereby certify that th	Multiple birth (b	ables)	th or stillbir					· · · · · · · · · · · · · · · · · · ·	
ician / M		Multiple birth (be above is true and	correct	th or stillbir	th				· · · · · · · · · · · · · · · · · · ·	
hysician / M	I hereby certify that th	Multiple birth (be above is true and	correct	medical faci	th				· · · · · · · · · · · · · · · · · · ·	
Physician / Midwife	I hereby certify that th	Multiple birth (be above is true and	correct Address of	medical facil	th lity				· · · · · · · · · · · · · · · · · · ·	
	I hereby certify that th	Multiple birth (be above is true and	Address of Name of me	medical facil	th lity			XXth month	· · · · · · · · · · · · · · · · · · ·	
	I hereby certify that th Reiwa (Y) (M	Multiple birth (be above is true and	Address of Name of ph	medical facil	th lity y idwife		Stillbirth (XXth month	n or XXth week of	
	I hereby certify that th Reiwa (Y) (M	Multiple birth (be above is true and 1) (D)	Address of Name of me Name of ph Name of head of household	medical facil	th lity y idwife	Live birth	Stillbirth (XXth month	n or XXth week of	pregnancy)
	I hereby certify that the Reiwa (Y) (Meiwa (Y) (Meiwa (Y)) (Meiwa	Multiple birth (be above is true and I) (D) e above is true and e above is a a	Address of Name of me Name of ph Name of head of household	medical facil	th lity y idwife	Live birth	Stillbirth (XXth month	n or XXth week of	pregnancy)
Municipal head Physician / M	I hereby certify that the Reiwa (Y) (Megistered domicile Name of born baby I hereby certify that the	Multiple birth (be above is true and I) (D) e above is true and e above is a a	Address of Name of me Name of ph Name of head of household	medical facility edical facility ysician or m	lity y idwife Da	Live birth	Stillbirth (XXth month	n or XXth week of	pregnancy)
	I hereby certify that the Reiwa (Y) (M) Registered domicile Name of born baby I hereby certify that the Reiwa (Y) (M)	Multiple birth (be above is true and I) (D) e above is true and II) (D) e above is true and III) (D)	Address of name of ph Name of head of household Name of me	medical facility edical facility ysician or m	lity y idwife Da	Live birth	Stillbirth (XXth month	or XXth week of	(D)
Municipal head	I hereby certify that the Reiwa (Y) (M) Registered domicile Name of born baby I hereby certify that the Reiwa (Y) (M) Individual number (not required where	Multiple birth (be above is true and I) (D) e above is true and I) (D) e above is true and I) (D)	Address of name of ph Name of head of household Name of me	medical facility ysician or m	th lity y idwife Da	Live birth	Stillbirth (XXth month	(M) Date reque	(D)
Municipal head	I hereby certify that the Reiwa (Y) (Medium (Y) (Medium) Registered domicile Name of born baby I hereby certify that the Reiwa (Y) (Medium) Reiw	Multiple birth (be above is true and I) (D) e above is true and I) (D) e above is true and I) (D) n entering the code and number, please attach the following the code and the code and the following the code and the code	Address of Name of me Name of household Name of me Name of me Name of me Name of household Name of me Name of ph Name of me Name of ph Name of me Name o	medical facility ysician or m unicipal heac	th lity y idwife Da	Live birth	Stillbirth (XXth month	(M) Date reque	(D)
	I hereby certify that the Reiwa (Y) (M) Registered domicile Name of born baby I hereby certify that the Reiwa (Y) (M) Individual number (not required when *If you entered your individual number (not of the following: (1) Copy of in the when attaching (1) or (2) above, a	Multiple birth (be above is true and 1) (D) e above is true and 1) (D) e above is true and 1) (D) n entering the code and number, please attach the following dividual number notification lso attach one of the following att	Address of Name of me Name of phe Name of household Correct Name of me Name of phe Name of household Correct Name of me Name of phe Nam	medical facility ysician or m unicipal heac	th lity y idwife Da	Live birth	Stillbirth (XXth month	(M) Date reque	(D)
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Remarks Municipal head	I hereby certify that the Reiwa (Y) (Mexical Name of born baby I hereby certify that the Reiwa (Y) (Mexical Name of born baby) I hereby certify that the Reiwa (Y) (Mexical Name of the following: (1) Copy of in When attaching (1) or (2) above, and 1. Copy of agreement documer 2. Copy of receipts issued by the Reiwa (Y) (Mexical Name of the following: (1) or (2) above, and 1. Copy of agreement documer 2. Copy of receipts issued by the Reiwa (Y) (Mexical Name of the following: (1) or (2) above, and (2) are considered to the following: (3) are considered to the following: (4) are considered to the following: (5) are considered to the following: (5) are considered to the following: (6) are considered to the following: (7) are considered to the following: (8) are considered to the following: (9) are considered to the following: (1) are considered to the following: (2) above, and (3) are considered to the following: (3) are considered to the following: (4) are considered to the following: (5) are considered to the following: (6) are considered to the following: (7) above, and (8) are considered to the following: (8) are considered to the following: (9) are considered to the following: (1) are considered to the following: (2) are considered to the following: (3) are considered to the following: (4) are considered to the followi	Multiple birth (be above is true and I) (D) e above is true and I) (D) e above is true and I) (D) n entering the code and number, please attach the following dividual number notification attach one of the following the with the medical institution, etc.	Address of some of phenomenate of ph	medical facility ysician or m unicipal heac	th lity y idwife Da	Live birth	Stillbirth (XXth month	(M) Date reque	(D)
Remarks Municipal head	I hereby certify that the Reiwa (Y) (M) Registered domicile Name of born baby I hereby certify that the Reiwa (Y) (M) Individual number (not required whe *If you entered your individual number (not of the following: (1) Copy of in the when attaching (1) or (2) above, and 1. Copy of agreement documer 2. Copy of receipts issued by the *If childbirth took place outside	Multiple birth (be above is true and I) (D) e above is true and I) (D) e above is true and II) (D) n entering the code and number, please attach the following dividual number notification attach one of the following the with the medical institution, etce of Japan, please attach	Address of some of phenomenate of ph	medical facility edical facility ysician or m unicipal heac	th lity y idwife Da	Live birth	Stillbirth (XXth month	(M) Date reque	(D)
Municipal head	I hereby certify that the Reiwa (Y) (M) Registered domicile Name of born baby I hereby certify that the Reiwa (Y) (M) Individual number (not required whe *If you entered your individual numbor one of the following: (1) Copy of in *When attaching (1) or (2) above, a 1. Copy of agreement documer 2. Copy of receipts issued by the *If childbirth took place outside 1. Certificate proving the bi	Multiple birth (be above is true and I) (D) e above is true and I) (D) e above is true and I) (D) n entering the code and number, please attach the following dividual number notification attach one of the following the with the medical institution, etc. e of Japan, please attach the 2. Japanese translation is true and I) (D)	Address of Name of me Name of ph Name of head of household Correct Name of me Name of ph Name of head of household Correct Name of mu Name of ph Name	medical facility edical facility ysician or m unicipal heac ual number and ide nce listing individu passport	th lity y idwife Da ntity. al number, (3) Cop	Live birth te of birth	Name of m	XXth month	(M) Date reque	(D)