

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 XXXX	Name of affiliated office/department	XXXX Co., Ltd., XXXX Branch		
	Name	Furigana ケンポ タロウ Taro Kempo		Date of birth	Showa Heisei	●● (Y) ●● (M) ●● (D)	
	Address, telephone number, etc. of applicant (daytime phone number)	〒123-4567 XXXX Condominium, #456 1-2-3 XXXX-cho, XXXX Ward, Tokyo Telephone number 03-7891-2345					
	Employee ID number	1234567		E-mail address	XXXX@XXXX.ne.jp		

Application details	Person who gave birth (circle the applicable person)	Insured person / Family member (dependent)		Name of person who gave birth		Hanako Kempo		
	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	1 Baby (ies)	Number of stillborn babies	Baby (ies)	In the case of a stillbirth, the elapsed period of pregnancy
	Relationship between the insured person and born baby	Eldest son		Is the born baby a dependent?		Yes No		
	Name of medical institution where baby was born	XXXX Maternity Clinic		Address of medical institution where baby was born		3-3-3 XXXX-cho, Yokohama City, Kanagawa Prefecture		
	■ Complete the following section if applicable			Insured person		Telephone number ()		
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			Code and number		-			
2. Childbirth by dependent within 6 months after qualification→ Name, code and number, etc., of the insured person who was previously enrolled								

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

Authorization Letter	<input checked="" type="checkbox"/> (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.		
	<input type="checkbox"/> (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	Taro Kempo
	Representative (individual actually receiving benefits)	Name	

Information on transfer destination	Please fill in the section for the authorization letter, except for persons enrolled in voluntary and continuous health insurance coverage and retirees.		
	If you are a person enrolled in voluntary and continuous health insurance coverage or a retiree, please fill in the section for information on transfer destination.		

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

Physician / Midwife	Name of mother who...		
	Please ask the medical institution or municipal head to certify this section.		
	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)