

Application for Payment of the Childbirth and Childcare Lump-sum Allowance (Substitute Payee System)

For receipt directly by a medical institution on your behalf

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

Application details	Person expected to give birth (circle the applicable person)	Insured person / Family member (dependent)		Name of person expected to give birth	
	Due date and expected number of babies	H / R (Y) (M) (D) Single birth Multiple birth (babies)	Date of birth for person expected to give birth	Showa (Y) (M) (D) Heisei	
	Name of medical facility institution where delivery is expected			Address of medical facility institution where delivery is expected	
	<p>■ Complete the following section if applicable</p> <p>1. If the insured person gave birth within six months after retirement→ Name, code and number, etc., of the insured person who is currently enrolled</p> <p>2. Childbirth and childcare by dependent within 6 months after qualification→ Name, code and number, etc., of the insured person who was previously enrolled</p>			Insured person	Telephone number ()
				Code-number	—

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

Authorization Letter	<input 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	
	Representative (individual actually receiving benefits)	Name	

Information on transfer destination	Name of financial institution	Bank			Central branch	Branch number
	Type of account	Savings account Checking account	Account number		Name of account holder (Katakana)	

Remarks	<p>■ The Claim form will be accepted from two months before the expected date of delivery.</p> <p>■ Please attach a copy of the part of the Maternal and Child Health Handbook that shows the expected date of birth or a document certifying the expected date of birth.</p>
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Section to be filled out by the proxy to receive payment	<p>The applicant () (hereinafter, "Party A") hereby designates the medical institution () (hereinafter, "Party B") as its proxy and delegates the following authority to Party B. Furthermore, Party A shall not make use of the system of direct payment of the Childbirth and Childcare and Childcare Lump-sum Allowance, etc., to medical institutions. Of the Childbirth and Childcare and Childcare Lump-sum Allowance, etc., claimed by Party A, this is related to the receipt of costs* related to Childbirth and Childcare charged to Party A by Party B. * The upper limit shall be the amount of the Childbirth and Childcare and Childcare Lump-sum Allowance to be paid (includes the amount equivalent to additional benefits in the case that the insured person claims additional benefits related to the Childbirth and Childcare and Childcare Lump-sum Allowance).</p>					
	Reiwa (Y) (M) (D)		Party A (insured person)		Address	
					Name	
			Party B (Medical institution, etc.)		Address	
					Name	
Financial institution for payment to proxy						
	Name of financial institution	Bank			Central branch	Savings account / Checking account
		Shinkin bank (credit treasury)			Branch	
	Account number	Name of account holder (Katakana)				

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.	
	<p>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)</p> <p>• When attaching (1) or (2) above, also attach one of the following: copy of driver's license or copy of passport</p>	

Date request received (stamp)