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

For receipt directly by a medical institution on your behalf

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_		Code Number			2. 0.0011						
son	Insurance card code and number				Name of affiliated						
per					office/department						
ed]		Furigana				CI.					
sar	Name				Date of birth	Showa			(Y)	(M)	(D)
ij.	Tvaine					Heisei			(1)	(141)	(D)
Information on insured person	Adduses talambana mymban	_									
tior	Address, telephone number, etc. of applicant	₹									
mai	(daytime phone number)				Phone number (Ex)		
for											
I	E-mail address										
Application details	Person expected to give birth	T 1	on / Family mambar (dapandant)		Name of person						
	(circle the applicable person)	insured perso	nsured person / Family member (dependent)		expected to give birth						
		H/R	(Y)	(M) (D)		Showa					
	Due date and expected				Date of birth for person				(Y)	(M)	(D)
	number of babies	Single birth	Multiple birth (babies)	expected to give birth	Heisei					
	Name of medical facility				Address of medical facility						
	institution where delivery is expected				institution where delivery is expected						
	•				схрестей						
ldd	■ Complete the following section if applicable				Insured person						
▼	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			Telephone		number	()				
	2. Childbirth and childcare by dependent within 6 months after qualification→										
	Name, code and number, etc., of the insured person who was previously enrolled			Code-number			_	=			
*If	ou wish to delegate recei										
tter	$\square(1)$ I hereby entrust the receipt of benefits based on this claim to the employer. \leftarrow Insert a check (\checkmark) in the box of the applicable item.										
Let	\square (2) I hereby entrust the receipt of benefits based on this claim to the representative listed below. Reiwa (Y) (M) (D)										
on	Insured person Name (applicant)										
Authorization Letter											
	Representative Name										
uth	*		Name								
Auth	(individual actually rec		Name								
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