

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 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	Telephone number (ext.) 03-1234-5678(999)
	Address	〒123-4567 XXXX Condominium, #456 1-2-3 XXXX-cho, XXXX Ward, Tokyo			
	E-mail address	XXXX@XXXX.ne.jp			

Application details	Person expected to give birth (circle the applicable person)	Insured person / Family member (dependent)	Name of person expected to give birth	Hanako Kempo
	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 Heisei ●● (Y) ●● (M) ●● (D)
	Name of medical facility institution where delivery is expected	XXXX Maternity Clinic	Address of medical facility institution where delivery is expected	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→ Name, code and number, etc., of the insured person who is currently enrolled		Code-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				

*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	Name of financial institution	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.	number	123
	Type of account		Taro Kempo	
Remarks	■ The Claim form will be accepted only if the medical institution is designated in the application. ■ Please attach a copy of the payment receipt from the medical institution.			

Section to be filled out by the proxy to receive payment	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).				
	Reiwa (Y) (M)				
	Please ask the medical institution to complete this section.				
	Name of financial institution	Bank Shinkin bank (credit treasury)	Central branch Branch	Type of account	Savings account / Checking account
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. 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	

Date request received (stamp)