Application for Childbirth Allowance and Additional Benefits

Information on insured person

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

Application details

Due date	H / R (Y) (M) (D)	Delivery date	H / R (Y) (M) (D)
Period taken off for childbirth	H / R (Y) (M) (D) to H / R (Y) (M) (D) days		

Did you receive remuneration during the period taken off due to childbirth? Will you receive remuneration in the future?	To present	Have received / Have not received
	In the future	Will be able to receive / Will not be able to receive

■ If you answered "Have received" or "Will be able to receive" above, please enter the remuneration payment period and remuneration amount below.

Remuneration payment period	H / R (Y) (M) (D) to H / R (Y) (M) (D) days
Amount of remuneration received	yen
Amount of remuneration that will be received	yen

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

Authorization Letter

I hereby entrust the receipt of benefits based on this claim to the representative listed below.   Date:

Insured person (applicant)	Name	
Representative (individual actually receiving benefits)	Name	

*If not completed, the money will be transferred to the salary account.

Information on transfer destination

Name of financial institution	Bank Shinkin bank (credit treasury)	Central branch Branch	Branch number	
Type of account	Savings account Checking account	Account number	Name of account holder	

Certificate from physician or midwife

Name of mother who gave birth		Due date	Reiwa (Y) (M) (D)	Date of delivery	Reiwa (Y) (M) (D)
Number of babies born	Single birth Multiple birth (babies)	Live birth or Stillbirth	Live birth	Stillbirth (XXth month or XXth week of pregnancy)	

I hereby certify that the above is true and correct.   Reiwa (Y) (M) (D)

Address of medical facility

Name of medical facility

Name of physician or midwife

Remarks

Individual number (not required when entering the code and number from the insured person's card)

Date request received (stamp)

*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

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■ Please obtain a certificate from the employer.

			Days worked	Paid vacation
Name of insured person				
Work status (use the following symbols: "○" for days worked, "△" for paid vacation, "H" for national holidays, and "/" for absences)			days worked	vacation
H / R (Y) (M)	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31		days	days
H / R (Y) (M)	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31		days	days
H / R (Y) (M)	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31		days	days
H / R (Y) (M)	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31		days	days
H / R (Y) (M)	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31		days	days

(Left vertical label: Column to be certified by the business owner)

Did you receive (will you receive) wages for the period listed above?	Yes / No	Calculation of wages	End of payment period		(D)
Type of salary	Monthly salary Daily salary Hourly wage Percentage wage	Monthly salary based on daily accumulated salary Other ( )		Date of payment	□Applicable month □Next month (D)

	Payment period	Payment amount	Date of payment
Compensation paid for the period above (salary, benefits, etc.)	(Y) (M) (D) to (Y) (M) (D)	yen	(M) (D)
	(Y) (M) (D) to (Y) (M) (D)	yen	(M) (D)
	(Y) (M) (D) to (Y) (M) (D)	yen	(M) (D)
	(Y) (M) (D) to (Y) (M) (D)	yen	(M) (D)
If no payment has been made up to now and will not be made in the future, state the reason			
Method for calculation of wages (deduction for absences, etc.)			

I hereby certify that the above is true and correct. Reiwa (Y) (M) (D)

Employer	Address	
	Name of employer	
	Name	
	Telephone number	

[To employers]

● Please enter the working status, wage payment status, etc., for the wage calculation period, including the period when you did not work.

● You do not need to enter the work status if a copy of your attendance record is attached.

● Please attach a copy of your payroll book.