Application for Childbirth Allowance and Additional Benefits

	T 1	Code	Number		NI C	CC:1: . 1						
nos	Insurance card code and number					- Name of a office/de						
per	code and number					Office/dej	- Jan tillellit	Phone number	(Ext.)		
red	N	Furigana				ъ.	C1 · .1	Showa		(3.7)	0.0	(D)
Information on insured person	Name						f birth	Heisei		(Y)	(M)	(D)
	Address, telephone	Ŧ										
	number, etc. of applicant											
mat	(daytime phone number)						Phone number	(Ext.)				
ıfor	Employee ID											
П	number					E-mail	address					
Application details	Due date	H/R	(Y) (M) (1	Deliver	ny doto	H/R		(Y)	(M)	(D)
	Due date	п/к	(1) (IVI) (D	Deliver	y date	H/K		(1)	(IVI)	(D)
	Period taken off for childbirth	H/R	(Y) (I	M) (D))	to H/	R (Y) (M) (D)				days
	101 CHIIddittii											
	Did you receive remuneration during the period taken off due to childbirth? Will you receive remuneration in the future?					To pr	esent	Have received / Have not received				
uon (In the	futuma	Will be able to make	eive / Will not be able to receiv			
icati	will you receive lei		In the	luture	will be able to rece.	ive / wii	i not be	able to	receive			
Appli	■ If you answered "H	lave received" or	"Will be able	to receive	" above,	please enter th	e remune	ration payment period ar	nd remune	eration a	mount b	elow.
	Remuneration											
	payment period	H/R	(Y) (N	(M) (D) to			R (Y) (M) (D)				days
	Amount of					Amou	Amount of					
	remuneration				yen	remunera						yen
	received					will be r	eceived					
*If y	ou wish to delegate i	eceipt, please co	omplete the	authoriza	ation let	er.						
tter			•									
n Letter	I hereby entrust the red	ceipt of benefits be	-				elow. D	ate:				
ation Letter	Insured po	erson	-	claim to the			elow. E	Oate:				
orization Letter	*	erson	ased on this o	claim to the			elow. D	Date:				
uthorization Letter	Insured po (applica Represent	erson (nt) ative	ased on this o	claim to the			ilow. E	Oate:				
Au	Insured po (applica Represent (individual actually re	erson int) ative acceiving benefits)	ased on this o	claim to the	e represe	ntative listed be	elow. E	Date:				
*If r	Insured po (applica Represent (individual actually re tot completed, the mo	erson int) ative acceiving benefits)	ased on this o	claim to the	e represe	ntative listed be	elow. E				I	
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*If r	Insured po (applica Represent (individual actually re tot completed, the mo	ative sceiving benefits) oney will be transparent Savings account	ased on this o	claim to the	account Bank dit treasury	ntative listed be	clow. C	Central branch	Dia			
*If r	Insured po (applica Represent (individual actually re tot completed, the mo	ative eceiving benefits) oney will be tran	ased on this o	claim to the	e represei	ntative listed be	clow. C	Central branch Branch Name of	Dia			
Information on ** Au transfer destination	Insured por (application Represent (individual actually report completed, the more Name of financial institution Type of account	erson ont) ative occiving benefits) oney will be trans Savings account Checking	ased on this o	claim to the	account Bank hinkin bank dit treasury hccount	ntative listed be		Central branch Branch Name of account holder	num	nber	(M)	(D)
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Information on H Au transfer destination	Insured por (application Represent (individual actually report completed, the more Name of financial institution Type of account Name of mother who gave birth Number of babies born Mu	sative seceiving benefits) oney will be transparent Checking account Single birth (nsferred to the babies)	claim to the ne he salary a he salary a ne Live birt	account Bank hinkin bank dit treasury h.ccount humber	Reiwa (Y)	(M)	Central branch Branch Name of account holder (D) Date of delivery Stillbirth (XXth mont	Reiwa	a (Y)	of preg	gnancy)
Information on ** Au transfer destination	Insured properties (application of the properties) Insured properties (application of the properties) Insured properties (individual actually respectively)	Savings account Checking account Single birth (the above is tru	nsferred to the babies)	claim to the ne he salary a he salary a ne Live birt	account Bank hinkin bank dit treasury h.ccount humber	Reiwa (Y)	(M)	Central branch Branch Name of account holder (D) Date of delivery	num	nber	of preg	
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Information on H Au transfer destination	Insured por (application (application)) Represent (individual actually report completed, the more institution) Type of account Name of mother who gave birth Number of babies born I hereby certify that Add facil	Savings account Single birth (the above is tru ress of medical ity	nsferred to the babies)	claim to the ne he salary a he salary a ne Live birt	account Bank hinkin bank dit treasury h.ccount humber	Reiwa (Y)	(M)	Central branch Branch Name of account holder (D) Date of delivery Stillbirth (XXth mont	Reiwa	a (Y)	of preg	gnancy)
Information on ** Au transfer destination	Insured por (application (application)) Represent (individual actually report completed, the more not not completed, the more not not completed, the more not	Savings account Single birtl altiple birth (the above is tru ress of medical ity active beerson Savings account Single birtl account	h babies) e and correct	claim to the ne he salary a he salary a ne Live birt	account Bank hinkin bank dit treasury h.ccount humber	Reiwa (Y)	(M)	Central branch Branch Name of account holder (D) Date of delivery Stillbirth (XXth mont	Reiwa	a (Y)	of preg	gnancy)
hysician or Information on Istransfer destination	Insured por (application (application)) Represent (individual actually report completed, the more not not completed, the more not not completed, the more not	Savings account Checking account Single birth Other account Checking account Checking account Itiple birth (the above is tru ress of medical ity ne of medical face account o	h babies) e and correct	claim to the ne he salary a he salary a ne Live birt	account Bank hinkin bank dit treasury h.ccount humber	Reiwa (Y)	(M)	Central branch Branch Name of account holder (D) Date of delivery Stillbirth (XXth mont	Reiwa	a (Y)	of preg	gnancy)
Certificate from physician or Information on Autransfer destination	Insured properties (applicated applicated ap	Savings account Single birth Other above is tru ress of medical ity ne of physician of wife	h babies) e and correct	claim to the ne he salary : Shoctore An Due da Live birt	account Bank dit treasury, account tumber	Reiwa (Y)	(M)	Central branch Branch Name of account holder (D) Date of delivery Stillbirth (XXth mont	Reiwa h or XX	th week	of preg	gnancy)
Certificate from physician or Information on Autransfer destination	Insured por (application (application) (application) Represent (individual actually report completed, the more not	Savings account Single birth Checking account Single birth Checking account Single birth Checking account Checking a	h babies) e and corrected and number from the following doc	Due da Live birt Live birt ct.	account Bank dit treasury ccount tumber the or Sti	Reiwa (Y) Ilbirth Live	(M) birth	Central branch Branch Name of account holder (D) Date of delivery Stillbirth (XXth mont Reiwa	Reiwa h or XX	th week	c of preg	gnancy)
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■ Please obtain a certificate from the employer.

	Name of insu	ired												
	Work status (use the following symbols: "○" for days worked, "△" for paid vacation, "H" for national holidays, and "/" for absences)							Days worked	Paid vacation					
	H / R (Y)	(M)	1 2 3 4	56789) 10 11 12	13 1	4 15 16 1	7 18 19 20	21 22 2	23 24 25 26 27	28 29 3	30 31	days	days
	H / R (Y)	(M)	1 2 3 4	5 6 7 8 9) 10 11 12	13 1	4 15 16 1	7 18 19 20	21 22 2	23 24 25 26 27	28 29 3	30 31	days	days
	H / R (Y)	(M)	1 2 3 4	56789) 10 11 12	13 1	4 15 16 1	7 18 19 20	21 22 2	23 24 25 26 27	28 29 3	30 31	days	days
	H / R (Y)	(M)	1 2 3 4	5 6 7 8 9	0 10 11 12	13 1	4 15 16 1	7 18 19 20	21 22 2	23 24 25 26 27	28 29 3	30 31	days	days
	H / R (Y)	(M)	1 2 3 4	5 6 7 8 9	0 10 11 12	13 1	4 15 16 1	7 18 19 20	21 22 2	23 24 25 26 27	28 29 3	30 31	days	days
'ner	Did you receive (will you receive) wages for listed above?			s for the pe	e period		Yes / No		Calculation of	End of payment period			(D)	
Column to be certified by the business owner	Type of salary			nthly salar ırly wage			ry ,	Monthly salary ba accumulated salar Other (•	wages Date of mo		□Appl mon □Next	th	(D)
ıe busi			Payment period						Payment amount			Date of payment		
d by th	Compensation paid for the period above (salary, benefits, etc.)		(Y)) (M)) (D)	to	(Y)	(M)	(D)			yen	(M)	(D)
ertifie			(Y)) (M)	(D)	to	(Y)	(M)	(D)			yen	(M)	(D)
to be c			(Y)) (M)) (D)	to	(Y)	(M)	(D)			yen	(M)	(D)
lumn 1			(Y)) (M)) (D)	to	(Y)	(M)	(D)			yen	(M)	(D)
Co	If no payment has bee up to now and will not be made future, state the rea	in the	the											
	Method for calculati wages (deduction for absence													
	I hereby certify that the above is true and correct. Reiwa (Y)								(M)	(D)				
		Add	ress											
	Employer	Nam empl												
		Na	me											
		Telep num												

[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.