Application for Childbirth Allowance and Additional Benefits

Information on insured person

	Code	Number	Name of affiliated office/department	**XXXX Co., Ltd., XXXX Branch**
Insurance card code and number	●●	**XXXX**		Telephone number (ext.) **03-1234-5678**

			Date of birth	Showa / Heisei ●● (Y) ●● (M) ●● (D)
Name	Furigana	ケンポ ハナコ		
		Hanako Kempo		

Address, telephone number, etc. of applicant (daytime phone number)
〒 **123-4567**
XXXX Condominium, #456 1-2-3 XXXX-cho, XXXX Ward, Tokyo
Telephone number **03-7891-2345**

Employee ID number	**1234567**	E-mail address	**XXXX＠XXXX.ne.jp**

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)	**98** 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

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	

account.

Information on transfer destination

Name of financial institution	○○○	Bank / Shinkin bank (credit treasury)	○○○	Central branch / Branch	Branch number	**123**

Type of account	(Savings account) / Checking account	Account number	**12345678**	Name of account holder	ケンポ タロウ

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			XXth week of pregnancy)	(M) (D)

I hereby certify that the abov...

Address of m...
facility
Name of med...
facility
Name of physician or midwife

Please ask the physician or midwife for a certificate for this section

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)

■ Please obtain a certificate from the employer.

<table>
<tr><td rowspan="20">Column to be certified by the business owner</td><td colspan="2">Name of insured person</td><td colspan="4" rowspan="2"></td><td rowspan="2">Days worked</td><td rowspan="2">Paid vacation</td></tr>
<tr><td colspan="2">Work status (use the following and "/" for absences)</td></tr>
<tr><td colspan="2">H / R　(Y)　(M)</td><td colspan="4">1 2 3 4 ... 31</td><td>days</td><td>days</td></tr>
<tr><td colspan="2">H / R　(Y)　(M)</td><td colspan="4">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</td><td>days</td><td>days</td></tr>
<tr><td colspan="2">H / R　(Y)　(M)</td><td colspan="4">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</td><td>days</td><td>days</td></tr>
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<tr><td colspan="3">Did you receive (will you receive) wages for the period listed above?</td><td>Yes / No</td><td rowspan="2">Calculation of wages</td><td>End of payment period</td><td colspan="2">(D)</td></tr>
<tr><td colspan="3">Type of salary</td><td>Monthly salary　Daily salary
Hourly wage　Percentage wage
Monthly salary based on daily accumulated salary　Other ( )</td><td>Date of payment</td><td>☐Applicable month
☐Next month</td><td>(D)</td></tr>
<tr><td colspan="3" rowspan="5">Compensation paid for the period above (salary, benefits, etc.)</td><td colspan="2">Payment period</td><td>Payment amount</td><td colspan="2">Date of payment</td></tr>
<tr><td colspan="2">(Y)　(M)　(D)　to　(Y)　(M)　(D)</td><td>yen</td><td colspan="2">(M)　(D)</td></tr>
<tr><td colspan="2">(Y)　(M)　(D)　to　(Y)　(M)　(D)</td><td>yen</td><td colspan="2">(M)　(D)</td></tr>
<tr><td colspan="2">(Y)　(M)　(D)　to　(Y)　(M)　(D)</td><td>yen</td><td colspan="2">(M)　(D)</td></tr>
<tr><td colspan="2">(Y)　(M)　(D)　to　(Y)　(M)　(D)</td><td>yen</td><td colspan="2">(M)　(D)</td></tr>
<tr><td colspan="2">If no payment has been made up to now and will not be made in the future, state the reason</td><td colspan="5"></td></tr>
<tr><td colspan="2">Method for calculation of wages (deduction for absences, etc.)</td><td colspan="5"></td></tr>
<tr><td colspan="7">I hereby certify that the above is true and correct.　　　Reiwa　　(Y)　　(M)　　(D)</td></tr>
<tr><td colspan="2" rowspan="4">Employer</td><td colspan="5">Address</td></tr>
<tr><td colspan="5">Name of employer</td></tr>
<tr><td colspan="5">Name</td></tr>
<tr><td colspan="5">Telephone number</td></tr>
</table>

Please ask the employer for a certificate for this section

[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.