

Managing director	Clerical supervisor		Person in charge

Health Insurance card Insurance qualification certificate

Elderly Recipient Certificate

Reissue due to Loss or Damage Application Form

***Please fill in the form in Japanese.**

Section to be filled out by the insured person	Insurance Person code and number	Code Number	Date of birth	(Year)/(Month)/(Day) Showa/Heisei / /		Certification acquisition date	(Year)/(Month)/(Day) Reiwa / /	
	Employee ID							
	Name of insured person	Furigana		Address of the insured person	Postal code			
	Name of affiliated company				Phone number ()			
	Please fill in the following if lost.							
	Place where the certificate was lost	1. Home 2. Other than home () → Police must be notified						
	Have you notified the police?	Yes / No	Notification destination	Police Station	Date of notification	Reiwa (Y) / (M) / (D)	Case No.	
	Circumstances under which the certificate was lost or damaged	*Please describe in as much detail as possible						
	As stated above in the application, I lost my health insurance card/insurance qualification certificate/elderly recipient certificate. I will be more careful when handling the certificate in the future.							
	If I find my health insurance card/insurance qualification certificate /elderly recipient certificate, I will return it immediately.							
	I will be liable for any accidental loss of insurance benefits due to a lost health insurance card/insurance qualification certificate/elderly recipient certificate.							
	Date: Reiwa (Y) / (M) / (D) Name of insured person							
	If reissue is required, please fill in the following. (Health insurance cards cannot be reissued.) If you need a insurance qualification certificate, please submit an application for issuance of a insurance qualification certificate with your application.							
	Applicable person (Please circle the applicable item)	1. For insured person 2. For dependent						
	Complete this section if the applicable person is a dependent	(1)	Furigana	Relationship		Date of birth	Showa/Heisei/Reiwa (Y)/(M)/(D)	
(2)		Furigana	Relationship		Date of birth	Showa/Heisei/Reiwa (Y)/(M)/(D)		
(3)		Furigana	Relationship		Date of birth	Showa/Heisei/Reiwa (Y)/(M)/(D)		
Reason for submission (Please circle the applicable reason)	1. Loss (loss / theft / unknown) 2. Damage (including print that has rubbed off) 3. Other ()							

© If you are applying for reissuance due to damage to your health insurance qualification certificate, please attach the damaged the certificate to this application form.

Remarks	Individual number (not required when entering the code and number from the insured person's qualification certificate)
	*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 of submission: (Y) / (M) / (D)

Office address
Name of office
Name of employer
Phone number

Date request received (stamp)

Labor and social security attorney submitting the application on behalf of the insured

To the Executive Head of the salesforce Health Insurance Association