

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 2000	Date of birth Showa 49/ 7 / 2	Certification acquisition date Reiwa 4 / 4 / 1	
	Employee ID	XXXXXX			
	Name of insured person	Furigana ケンボ タロウ 健保 太郎	Address of the insured person 東京都 ○○区 ▲▲ 1-2-3	Postal code 123-4567	
	Name of affiliated company	株式会社 セールスフォース・ジャパン		Phone number 090 (× × × ×) ◇ ◇ ◇ ◇	
	Please fill in the following if lost.				
	Place where the card was lost	1. Home <input type="radio"/> 2. Other than home (JR錦糸町駅～自宅付近) → Police must be notified			
	Have you notified the police?	<input checked="" type="radio"/> Yes / No	Notification destination 本所	Police Station Reiwa (Y) 6 / (M) 12 / (D) 10	Date of notification Case No. 1234
	Circumstances under which the card was lost or damaged	*Please describe in as much detail as possible 令和○年○月○日 22時半頃、自宅最寄り駅(JR錦糸町駅)改札を出る際、保険証の入った財布を使用。その後、23時頃自宅近くのコンビニで買い物をしたところ、財布の紛失に気づき、中に入っていた保険証も一緒に紛失した。 As stated above in the application, I lost my insurance qualification certificate/elderly recipient certificate. I will be more careful when handling the card in the future. If I find my 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 insurance card or elderly recipient certificate. Date: Reiwa (Y) 5 / (M) 12 / (D) 11 Name of insured person 健保 太郎			
	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 <input checked="" type="radio"/> 2. For dependent			
Complete this section if the applicable person is a dependent	(1)	Furigana ケンボ ハナコ 健保 花子	Relationship 妻	Date of birth Showa (Y) 47 / (M) 10 / (D) 22	
	(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)	<input checked="" type="radio"/> 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 card, please attach the damaged health insurance card to this application form.

Remarks	Individual number (not required when entering the code and number from the insured person's qualification certificate)	Date of submission: (Y) 6 / (M) 12 / (D) 11
	*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	

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