

Managing director	Clerical supervisor		Person in charge

Application Regarding Gender Indication on the Confirmation of Qualification, Etc.

(Year) / (Month) / (Day)

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

Date of submission: Reiwa 6 / 12 / 10

Name of insured person	Insured Person Code and Number		2000	× × × × ×	
	Employee ID	〇〇〇〇〇			
	Name		健保 太郎		
	Date of Birth	Heisei	(Year) / (Month) / (Day) 9 / 1 / 24		
Applicant	<input checked="" type="checkbox"/> Insured person	Name			
	<input type="checkbox"/> Dependent (family member)	健保 太郎			
Currently held card	<input checked="" type="checkbox"/> Health insurance qualification certificate <input type="checkbox"/> Elderly recipient certificate <input type="checkbox"/> High-cost medical expense certificate <input type="checkbox"/> Eligibility certificate for ceiling-amount application <input type="checkbox"/> Certificate for specific disease treatments				

Affidavit

I wish to have the gender notation on the reverse side of my insurance qualification certificate, etc. due to gender discrepancy or gender nonconformity. If I submit this application and move the gender notation on the reverse side of the insurance qualification certificate, I agree that the information on the back of the card will not be changed unless there are unavoidable circumstances.

Reiwa Year/Month/Day 6 / 12 / 19 Applicant Name 健保 太郎

<Note>

- This application allows you to list your gender preference on your health insurance qualification certificate only if judged as absolutely necessary by the applicable health insurance society.
- Please attach your current health insurance qualification certificate
- After this application is accepted, the gender of the following documents will be updated:
Health insurance qualification certificate, elderly recipient certificate (issued to persons aged 70 years or older), high-cost medical expense certificate, eligibility certificate for ceiling-amount application, certificate for specific disease treatments. Any other documents will be the gender in your family register.
- How to list information
Health insurance qualification certificate(front) → Write "refer to back" in gender section
Health insurance qualification certificate(back) → Write the gender stated in your family register

Address to send health insurance qualification certificate	Address	〒 123-4567 東京都 〇〇区 ▲▲町 1-2-3
	Phone	090 (〇〇〇〇) ××××
	Name	健保 太郎

Salesforce Health Insurance Association

Date request received (stamp)