

Managing director	Clerical supervisor		Person in charge

Application for Preferred Name on the Confirmation of Qualification, Etc.

(Year) / (Month) / (Day)

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

Date of submission: Reiwa / /

Name of insured person	Insured Person Code and Number		
	Employee ID		
	Name		
	Date of Birth	Showa/Heisei	(Year) / (Month) / (Day) / /
Applicant	<input type="checkbox"/> Insured Person <input type="checkbox"/> Dependent (family member)		
	Name Stated in Family Register		Preferred Name
	(Furigana)		(Furigana)
	(Name in Kanji)		(Name in Kanji)
Currently held card	<input 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		

<Note>

1. This application allows you to list your preferred name on your health insurance card only if judged as absolutely necessary by the applicable health insurance association.

2. Please attach all of the following documents to this application.

- (1) A medical certificate from a physician confirming that you have gender dysphoria / incompatibility
- (2) Documents confirming that the preferred name is used on a daily basis
- (3) Health insurance card, etc., of the applicant

3. If this application is accepted, the preferred name will be listed only on the following certificates.

Other documents, notifications, etc., will all list the name stated in your family register.

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

4. How to list information

Health insurance qualification certificate(front) → Write the preferred name in the name section

Health insurance qualification certificate(back) → Write the name stated in your family register

Address to send health insurance qualification certificate	Address	
	Phone	()
	Name	

Salesforce Health Insurance Association

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Date request received (stamp)