

For Foreign

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 **6 / 12 / 1**

Name of insured person	Insured Person Code and Number		2000	〇〇〇〇	
	Employee ID		× × × ×		
	Name		Kenpo Taro		
	Date of Birth		Heisei	(Year) / (Month) / (Day) 2 / 12 / 1	
Applicant	<input checked="" type="checkbox"/> Insured Person <input type="checkbox"/> Dependent (family member)				
	Name Stated in Family Register		Preferred Name		
	(Furigana) ケンポ タロウ		(Furigana) ケンポ タロウ		
	(Name in Kanji) KENPO TARO		(Name in Kanji) 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				

<Note>

- 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.
- Please attach all of the following documents to this application.
 - A medical certificate from a physician confirming that you have gender dysphoria / incompatibility
 - Documents confirming that the preferred name is used on a daily basis
 - Health insurance qualification certificate, etc., of the applicant
- 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
- 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	〒 123-4567 東京都 〇〇区 ×× 1-2-3
	Phone	090 (1234) 5678
	Name	健保 太郎

For Gender Uncertainty Name Change

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 **6 / 12 / 1**

Name of insured person	Insured Person Code and Number	2000		〇〇〇〇	
	Employee ID	× × × ×			
	Name	健保 太郎			
	Date of Birth	Heisei	(Year) / (Month) / (Day) 2 / 12 / 1		
Applicant	<input checked="" type="checkbox"/> Insured Person <input type="checkbox"/> Dependent (family member)				
	Name Stated in Family Register		Preferred Name		
	(Furigana) ケンポ タロウ		(Furigana) ケンポ ハナコ		
	(Name in Kanji) 健保 太郎		(Name in Kanji) 健保 花子		
Currently held card	<input checked="" type="checkbox"/> Health insurance qualification certificate <input type="checkbox"/> Elderly recipient certificate <input checked="" 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 qualification certificate, 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	〒 123-4567 東京都 〇〇区 ×× 1-2-3
	Phone	090 (1234) 5678
	Name	健保 花子

Salesforce Health Insurance Association

.....
Date request received (stamp)