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	
son	Insured Person Code and Number	2000		0000	
ured per	Employee ID	××××			
Name of insured person	Name	Kenpo Taro		Kenpo Taro	
Nar	Date of Birth	Heisei		(Year) / (Month) / (Day) 2 / 12 / 1	
	✓ Insured Person			□ Dependent (family member)	
Name Stated in I		amily Register		Preferred Name	
Applicant	(Furigana) ケンポ タロウ			(Furigana) ケンポ タロウ	
Appl	(Name in Kanji)			(Name in Kanji)	
	KENPO	TARO		健保 太郎	
neld card	✓ Health insurance qualification certi	□ Eld	lerly re	recipient certificate	
Currently held card	☐ Eligibility certificate f application	or ceiling-amount		□ 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

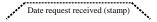
4. How to list information

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

 $Health\ insurance\ qualification\ certificate(back) \rightarrow Write\ the\ name\ stated\ in\ your\ family\ register$

Address to send health insurance qualification certificate	Address	〒 123-4567 東京都 ○○区 ×× 1-2-3
	Phone	090 (1234) 5678
	Name	健保 太郎

Salesforce Health Insurance Association



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 **Insured Person** 0000 2000 Code and Number Name of insured person Employee ID ×××× Name 健保 太郎 (Year) / (Month) (Day) Date of Birth Heisei □ Dependent (family member) ☑ Insured Person Name Stated in Family Register Preferred Name Applicant (Furigana) ケンポ タロウ (Furigana) ケンポ ハナコ (Name in Kanji) (Name in Kanji) Currently held card ☑ Health insurance ☑ High-cost medical expense ☐ Elderly recipient certificate qualification certificate certificate ☐ Eligibility certificate for ceiling-amount Certificate for specific disease treatments application

<Note>

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

 $Health\ insurance\ qualification\ certificate(back) \rightarrow Write\ the\ name\ stated\ in\ your\ family\ register$

Address to send health insurance qualification certificate	Address	〒 123-4567 東京都 ○○区 ×× 1-2-3
	Phone	090 (1234) 5678
	Name	健保 花子

Salesforce Health Insurance Association

