

To: Chairman of the Salesforce Health Insurance Association

Letter of Consent

I, _____, in applying for the sickness allowance payment, consent to the Salesforce Health Insurance Association conducting inquiries to relevant institutions, etc., regarding my health insurance enrollment records, benefit records, records of medical treatment benefits, details and history of medical treatment, and information regarding receipt of insurance benefits under other laws and regulations such as pensions, etc., and I agree that these institutions, etc., may respond to these inquiries. I acknowledge that a copy of this letter is also valid.

Reiwa _____ Year _____ Month _____ Day

Health Insurance Card: Code _____ Number _____

Address: 〒 _____

_____ (Signature)

