

To: Salesforce Health Insurance Association Chairman of the Board

Letter of Consent

I, Kenpo Taro, give consent that the Salesforce Health Insurance Association may make inquiries to related organizations and third party members to obtain the necessary information needed to examine my application for the sick allowance payment.

A copy of this letter is also accepted as valid.

令和 (Reiwa) Year **5** 年 Month **6** 月 Day **1** 日

Health Insurance Card Card Code **2000** Number **〇〇〇〇**

Address 〒 **123-4567**
東京都 〇〇区 ××町 1-2-3

Wet Signature

This column requires a wet signature.