

## Voluntary Health Insurance Continuous Coverage Application

Managing director	Clerical supervisor		Person in charge

To the Executive Head of the Salesforce Health Insurance Association

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

Reiwa (Y) / (M) / (D)

Code and number at time of loss of qualification	Code	Number		
Employee ID				
Name	Furigana			
Applicant's address	Postal code			
	Home phone	( )	Mobile ( )	
Date of birth	Showa/Heisei (Y) / (M) / (D)	Age:	Gender Male / Female	
E-mail address <small>(address where contact is possible after retirement)</small>				
Date of loss of qualification (day following retirement)	Date: Reiwa (Y) / (M) / (D)			
Name of affiliated company at time of losing qualification				
Name of affiliated department at time of losing qualification				
Designated destination for remittance of benefits, etc.	Bank		Central branch	
	Shinkin bank			
Payment method for insurance premiums	Savings Account		Name of account holder	
	account number			
I consent to procedures for loss of qualification being taken if confirmation cannot be made of premium remittance by the premium payment deadline date.	1. Monthly		2. Advance payment of 1 year's worth of premiums	
			3. Advance payment of 6 month's worth of premiums	
Name of insured person				
Issuance of Insurance qualification certificate	<input type="checkbox"/>	I would like to receive a letter of qualification certificate <small>(If you are using a miner's insurance card, you do not need to check this box)</small>		
Status of dependent	Name	Date of birth	Gender Relationship Address	
		Showa/Heisei/Reiwa (Y) / (M) / (D)		
	Issuance of Insurance qualification certificate	<input type="checkbox"/>	I would like to receive a letter of qualification certificate <small>(If you are using a miner's insurance card, you do not need to check this box)</small>	
		Showa/Heisei/Reiwa (Y) / (M) / (D)		
	Issuance of Insurance qualification certificate	<input type="checkbox"/>	I would like to receive a letter of qualification certificate <small>(If you are using a miner's insurance card, you do not need to check this box)</small>	
		Showa/Heisei/Reiwa (Y) / (M) / (D)		
Issuance of Insurance qualification certificate	<input type="checkbox"/>	I would like to receive a letter of qualification certificate <small>(If you are using a miner's insurance card, you do not need to check this box)</small>		
	Showa/Heisei/Reiwa (Y) / (M) / (D)			
Issuance of Insurance qualification certificate	<input type="checkbox"/>	I would like to receive a letter of qualification certificate <small>(If you are using a miner's insurance card, you do not need to check this box)</small>		
	Showa/Heisei/Reiwa (Y) / (M) / (D)			

(Note) Please note that this application will not be accepted if it is not delivered to the health insurance society within 20 days from the date on which qualification was lost.

Remarks	If you have entered your individual number, there is no need to provide additional documents. However, if you have not entered your individual number, please attach one of the following documents to confirm your individual number and identity: (1) a copy of your individual number notification card, (2) a copy of your certificate of residence listing your individual number, or (3) a copy of your individual number card (both sides). Additionally, when attaching (1) or (2) above, please also attach a copy of your driver's license or passport.
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*Column to be filled out by the health insurance society	Voluntarily and continuously insured person insurance card code and number	
	Scheduled date of loss of qualification	Date:
	Standard monthly remuneration at time of loss of qualification	,000 yen (in thousands of yen)
	Set monthly amount	,000 yen (in thousands of yen)
	Date of first premium payment	

Date request received (stamp)