

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) 5 / (M) 5 / (D) 1

Code and number at time of loss of qualification	Code	2000	Number	0000
Employee ID	▲▲▲▲			
Name	Furigana ケンポ タロウ 健保 太郎			
Applicant's address	Postal code	123-4567	東京都 ○○区 ◇◇ 1-2-3	
	Home phone	()	Mobile	090 (▲▲▲▲) 0000
Date of birth	Showa (Y) 43 / (M) 4 / (D) 10		Age: 55	Gender Male / Female
E-mail address (address where contact is possible after retirement)	XXXX@XXXX.ne.jp			
Date of loss of qualification (day following retirement)	Date: Reiwa (Y) 5 / (M) 5 / (D) 1			
Name of affiliated company at time of losing qualification	株式会社 セールスフォース・ジャパン			
Name of affiliated department at time of losing qualification				
Designated destination for remittance of benefits, etc.	○○ Bank Shinkin bank ◇◇ Central branch			
	Savings account number	1234567	Name of account holder	ケンポ タロウ
Payment method for insurance premiums	1. Monthly 2. Advance payment of 1 year's worth of premiums 3. Advance payment of 6 month's worth of premiums			
I consent to procedures for loss of qualification being taken if confirmation cannot be made of premium remittance by the premium payment deadline date.				
Name of insured person 健保 太郎				
Issuance of Insurance qualification certificate	<input type="checkbox"/>	I would like to receive a letter of qualification certificate (If you are using a miner's insurance card, you do not need to check this box)		
Status of dependent	Name	Date of birth	Gender	Relationship
	健保 花子	Showa (Y) 48 / (M) 6 / (D) 13	女	妻
	Issuance of Insurance qualification certificate	<input type="checkbox"/>	I would like to receive a letter of qualification certificate (If you are using a miner's insurance card, you do not need to check this box)	
		Showa/Heisei/Reiwa (Y) / (M) / (D)		
	Issuance of Insurance qualification certificate	<input type="checkbox"/>	I would like to receive a letter of qualification certificate (If you are using a miner's insurance card, you do not need to check this box)	
		Showa/Heisei/Reiwa (Y) / (M) / (D)		
Status of dependent	Issuance of Insurance qualification certificate	<input type="checkbox"/>	I would like to receive a letter of qualification certificate (If you are using a miner's insurance card, you do not need to check this box)	
		Showa/Heisei/Reiwa (Y) / (M) / (D)		
Status of dependent	Issuance of Insurance qualification certificate	<input type="checkbox"/>	I would like to receive a letter of qualification certificate (If you are using a miner's insurance card, you do not need to check this box)	
		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)