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	○○○○
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 (▲▲▲▲) ○○○○			
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 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

Status of dependent	Name	Date of birth	Gender	Relationship	Address
	健保　花子	Showa （Y）48 /(M)6 /(D） 13	女	妻	被保険者と同居
		Showa/Heisei/Reiwa （Y） /(M） /(D）			
		Showa/Heisei/Reiwa （Y） /(M） /(D）			
		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.

*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)