Health Insurance Claim for Injury and Illness Allowance

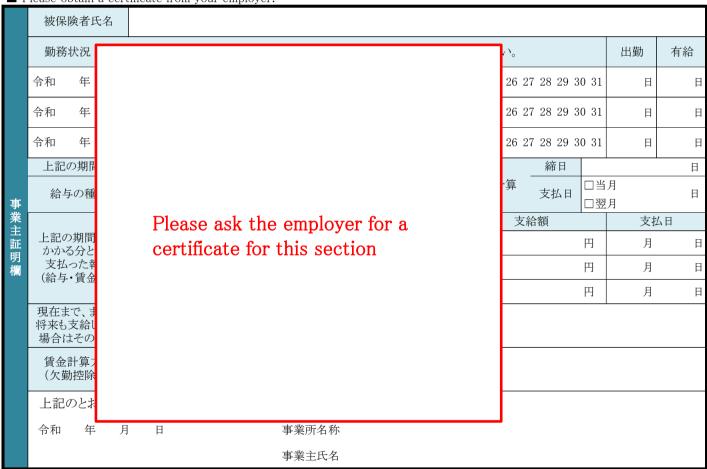
*Please fill in the form in Japanese.

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		Code	Number							
person	Insurance code and number	2000	0000)	Name of affiliated office	株式会社 セールスフォース・ジャパン				
Information on insured person		Furigana ケンポ タロウ			(Year) / (Month) / ((Day)		
	N	Furigana ケンポータロウ 健保 太郎		D. Clid	CII	54/6/19				
	Name			Date of birth	Showa					
tion	Address, telephone	Postal code 123-	-4567							
orma	number, etc. of applicant (daytime phone number)	東京都〇〇四	東京都〇〇区〇〇町1-2-3 △△マ		マンション456号室 Phone number 090 (🗸		090 (🛕	AA)O	000	
Inf	Employee ID	××××			E-mail address	XXXX@XXXX.ne.jp				
	Name of injury / illness	1) 右大腿部骨折		Date of injury or onset of illness	Reiwa 5/4/30					
		,			Heisei/Reiwa (Y)	/(M)	/(D)			
		2)			Heisei/Reiwa (1)	/ (IVI)	/(D)			
		3)				Heisei/Reiwa (Y)	/(M)	/(D)		
	Cause of injury or illness			自宅の階	設で足を踏み外し	落下したため				
Application details	Was it caused by the		_		Please describe the situation if					
	actions of a third party?	Ye	Yes · No		your medical care was required due to the actions of a third party.					
	Period taken off	Reiwa	5/5/1	te	1 2	Reiwa 5/5/31		31	days	
	due to injury/illness Did you receive rem	to injury/illness dyou receive remuneration during the period taken off due to			To present	Have receiv	od / Have no	t received		
	injury/illness?			In the future	Will be able to receive / Will not be able to receive					
	Will you receive remuneration in the future?							be able to	receive	
	■ If you selected 'Have received' or 'Will be able to receive' above, please provide the remuneration payment period and amount below.									
	Remuneration payment period	Reiwa 5/5/1		0	Reiwa 5/5/31 31		31	days		
	Amount of remuneration received	10,00	00	yen	Amount of remuneration that will be received				yen	
	■ Are you currently receiving or requesting disability pension/disability allowance, old-age pension, etc.?									
	If you answered "Currently receiving" or "Currently requesting," please complete the following section.									
	Type of pension, etc.	Disability pension 2. Disability allowance			e 3. Old-age pension	n 4. Other ()	
	Name of injury / illness				Pension amount				ĺ	
	Basic pension number				Date on which payment commenced	Reiwa (Y)	/ (M)	/ (D)		
	Are you currently receivi Compensation Insurance?	currently receiving or requesting temporary disability compensation under Industrial Acci				Yes / No				
	If you answered "Yes," please list the Labor Standards Inspection Office of the payee (entity to which request f					Labor Standards				
)'' O	compensation was submitted).					Inspection Office				
	nly fill out the following if you wish to transfer funds to another account				it other than your pay					
Information on transfer destination	Name of financial institution	Bank				Central branch Branch number				
		Shinkin bank (credit treasury)								
	Type of account	Savings				Name of account				
		account	Accou	nt number		holder				
Info		Checking account				(Katakana)				
							Date re	quest recei	ved	
ks	Individual number (not required when entering insured code and number)					(stamp)			/	
Remarks	*If you entered your individual number, please attach the following documents to confirm your individual number and identity.									
Re	One of the following: (1) Copy of individual number notification card, (2) Copy of certificate of residence listing individual number, (3) Copy of individual number card (both sides)									
	• When attaching (1) or (2) above	ve, also attach one of the follow	ving: copy of driver's licens	se or copy of pa	assport]			
sales	force Health Insurance	e Association							1	

■ Please obtain an opinion and certification from the attending physician.

	患者氏名		発病または 負傷年月日	平•令		年	月	日
		1)		平•令		年	月	日
療養担当医師	傷病名	2)	療養を開始 した年月日	平•令		年	月	日
						年	月	日
	発病または 負傷の原因							
	労務不能と 認めた期間				日間	診療実日数		日
0	入院した場合 はその期間	Please ask the attending	physician		日	まで		日間
意見	傷病の主たる症状 治療内容等	to complete this section						
	症状経過からみて 労務不能と認められ							
	上記のとおり相							
	令和 年)							
		医即の氏名			J			

■ Please obtain a certificate from your employer.



【事業主の方へ】

- ●労務に服さなかった期間を含む賃金計算期間の勤務状況および賃金支払状況等をご記入ください。
- ●勤務状況は出勤簿の写しの添付があれば記入は不要です。
- ●賃金台帳の写しを添付してください。

[:会保険労務士の提出代行欄