

# Claim for Health Insurance Payment of Childbirth and Childcare Lump-Sum Allowance for Insured Person or Family Member

[If not using the system of direct payment to medical institutions, or if childbirth took place outside of Japan]

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

Information on insured person	Insurance code and number	Code	Number	Name of affiliated office	
	Name	Furigana		Date of birth	Showa / Heisei (Year) / (Month) / (Day) / /
	Address, telephone number, etc. of applicant (daytime phone number)	Postal code		Phone number ( )	
	Employee ID number			E-mail address	

Application details	Person who gave birth (circle the applicable person)	Insured person / Family member (dependent)		Name of person who gave birth						
	Delivery date	Reiwa (Y)	/(M)	/(D)	Date of birth of person who gave birth	Showa / Heisei (Year) / (Month) / (Day) / /				
	Live birth or stillbirth (circle the applicable type)	Live birth / Stillbirth / Mixture of live birth and still birth			Number of live-born babies	Baby (ies)	Number of stillborn babies	Baby (ies)	In the case of a stillbirth, the elapsed period of pregnancy	Weeks: ( ) days
	Relationship between the insured person and born baby				Is the born baby a dependent?	Yes No				
	Name of medical institution where baby was born				Address of medical institution where baby was born					
	■ Complete the following section if applicable: - If the insured person gave birth within six months after retirement, please provide the name, code, number, and other details of the insured person who is currently enrolled with the insurer. - If a dependent gave birth within six months after qualification, please provide the name, code, number, and other details of the insured person who was previously enrolled with the insurer.				Insured person	Phone number ( )				
				Code and number	-					

※Only fill out the following if you wish to transfer funds to another account other than your payroll account

Information on transfer destination	Name of financial institution	Bank Shinkin bank (credit treasury)			Central branch	Branch number	
	Type of account	Savings account Checking account	Account number		Name of account holder (Katakana)		

■ Certification section (please receive certification from one of the following)

医師・助産師 ※	出産者氏名			出産年月日	令和 年 月 日		
	出生児の数	単胎・多胎 ( 児)	生産または死産の別	生産・死産(妊娠第 月または満 週 日)			
	上記のとおり相違ないことを証明する						
	令和 年 月 日		医療施設の所在地 医療施設の名称 医師・助産師の氏名				
市区町村長 ※	本籍		筆頭者氏名		母の氏名		
	出生児氏名		出生年月日		令和 年 月 日		
	上記のとおり相違ないことを証明する						
令和 年 月 日		市区町村長名					㊟

Remarks	Individual Number: If you have not entered your insured code and number, please enter your individual number. If you entered your individual number, please attach one of the following documents to confirm your individual number and identity: 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 either (1) or (2) above, also attach a copy of your driver's license or passport.
Documents for Attachment	Please include a copy of the agreement document with the medical institution, etc. Please include a copy of the receipts issued by the medical institution, etc. If childbirth took place outside of Japan, please provide the following documents: 1) Certificate of birth, 2) Japanese translation of the birth certificate 3) Copy of the receipt 4) Copy of the documents (passport, etc.) that show the period of overseas travel 5) Consent form for inquiries to overseas medical institutions, etc.

Date request received (stamp)