

# 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 2000	Number 0000	Name of affiliated office 株式会社 セールスフォース
	Name	Furigana ケンポ タロウ 健保 太郎		Date of birth Heisei (Year) / (Month) / (Day) 4 / 5 / 24
	Address, telephone number, etc. of applicant (daytime phone number)	Postal code 123-4567 東京都〇〇区〇〇町1-2-3 △△マンション456号室 Phone number 090 ( 0000 ) × × × ×		
	Employee ID number	▲▲▲▲▲		E-mail address XXXX@◇◇◇◇.ne.jp

Application details	Person who gave birth (circle the applicable person)	Insured person / Family member (dependent)		Name of person who gave birth 健保 花子
	Delivery date	Reiwa 5 / 10 / 2		Date of birth of person who gave birth Heisei (Year) / (Month) / (Day) 8 / 2 / 10
	Live birth or stillbirth (circle the applicable type)	Live birth / Stillbirth / Mixture of live birth and still birth		Number of live-born babies 1 Baby (ies)
	Relationship between the insured person and born baby	長男		Number of stillborn babies Baby (ies)
	Name of medical institution where baby was born	〇〇産婦人科		In the case of a stillbirth, the elapsed period of pregnancy Weeks: ( ) days
	Is the born baby a dependent?		Yes No	
Address of medical institution where baby was born		神奈川県横浜市〇〇町3-3-3		
■ 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	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
	<div> Please ask the medical institution or municipal head to certify this section. </div>			
市区町村長 ※	市区町村長名			
	<div> </div>			

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)