

Health
InsuranceInsured Person
Dependent

Lump-sum Childbirth Allowance

(To be used to submit a proxy)

*Please fill in the form in Japanese.

Information on insured person	Insurance Code and Number	Code 2000	Number 〇〇〇〇〇	Company	株式会社 セールスフォース・ジャパン
	Full Name	Furigana ケンボ タロウ 健保 太郎	Date of birth	Heisei 1/12/20	
	Address, telephone number, etc. (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 Phone number 03 (1234) 1234			
	E-mail	XXXX@gmail.com			

Application details	Person expected to give birth (circle the applicable person)	Insured person (Family member (dependent))	Name of person expected to give birth	健保 花子
	Due date and expected number of babies	Reiwa 6/10/31 Single birth Multiple birth (babies)	Date of birth for person expected to give birth	Heisei 1/7/19
	Name of hospital where delivery is expected	〇〇産婦人科クリニック	Address of medical facility institution where delivery is expected	神奈川県横浜市〇〇町3-3-3
	■ Complete the section to the right only if the following is applicable 1. If the insured person gave birth within six months after termination → Name, code and number, etc., of the insured person who is currently enrolled 2. Childbirth and childcare by dependent within 6 months after qualification → Name, code and number, etc., of the insured person who was previously enrolled		Insured person	Only fill out if applicable
			Code-number	

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

Bank Transfer	Bank Code	123		Branch Code	456	
	Bank Name	三井住友銀行		Bank	新宿	Main Branch
	Account Type	Savings Other Checking ()	Account Number	123456	Name of Account Holder (Katakana)	ケンボ タロウ

Remarks	■ This claim form will only be accepted two months before the expected date of delivery. ■ Please attach a copy of the page in the mother-child handbook that shows the expected date of birth or any document certifying the expected date of birth.
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Section to be filled out by the proxy to receive payment	The applicant () (hereinafter, "Party A") hereby designates the medical institution () (hereinafter, "Party B") as its proxy and delegates the following authority to Party B. Furthermore, Party A shall not make use of the system of direct payments of the Childbirth and Childcare Lump-sum Allowance to medical institutions of the Childbirth and Childcare and * The upper limit of the Childbirth and Childcare Lump-sum Allowance is 100,000 yen. The medical institution (Party B) shall not receive the lump-sum benefits related to					
	Reiwa					
	Please ask the medical institution to complete this section.					
	Name of medical institution	/ Checking account				
Account number			account holder (Katakana)			

Remarks	Individual number (not required when entering insured code and number)	
	*If you entered your individual number, please attach the following documents to confirm your individual number and identity. 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, also attach one of the following: copy of driver's license or copy of passport	

Date request received
(stamp)