

Health Insurance Claim for Maternity Allowance

*Please fill in the form in Japanese.

Information on insured person	Insurance code and number	Code 2000	Number 〇〇〇〇〇	Name of affiliated office 株式会社 セールスフォース
	Name	Furigana ケンボ ハナコ 健保 花子	Date of birth Heisei 6 / 8 / 24	(Year) / (Month) / (Day)
	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 (× × × ×) ▲▲▲▲		
	Employee ID 〇〇〇〇	E-mail address △△△△@〇〇〇.ne.jp		

Application details	Due date Reiwa 5 / 9 / 10	Delivery date Reiwa 5 / 9 / 10
	Period taken off for childbirth Reiwa 5 / 7 / 31 to Reiwa 5 / 11 / 5 98 days	
	Did you receive payment while you were on maternity leave? And will you receive payment in the future?	To present Have received / Have not received
		In the future Will be able to receive / Will not be able to receive
	■ If you answered "Have received" or "Will be able to receive" above, please enter the remuneration payment period and remuneration amount below.	
	Remuneration payment period Reiwa 5 / 7 / 1 to Reiwa 5 / 7 / 31 31 days	
Amount of remuneration received 5,000 yen	Amount of remuneration that will be received yen	

※ 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)	

医師・助産師の証明	出産者氏名	出産予定日	令和 年 月 日	出産日	令和 年 月 日
	出生児の数	単胎	月または第 週)		
	上記のとおり相違ないこと				年 月 日
	<div> <div>医療施設</div> <div>医療施設</div> <div>医師・助産師の氏名</div> </div>				

Please ask the physician or midwife for a certificate for this section

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)

■ Please obtain a certificate from your employer.

事業主証明欄

被保険者氏名																																			
勤務状況【出勤は○】・【有給は△】・【公休は公】・【欠勤は／】でそれぞれ表示してください。																															出勤	有給			
令和	年	月	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	日	日
令	<div>Please ask the employer for a certificate for this section</div>																														日				
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【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。

社会保険労務士の提出代行欄