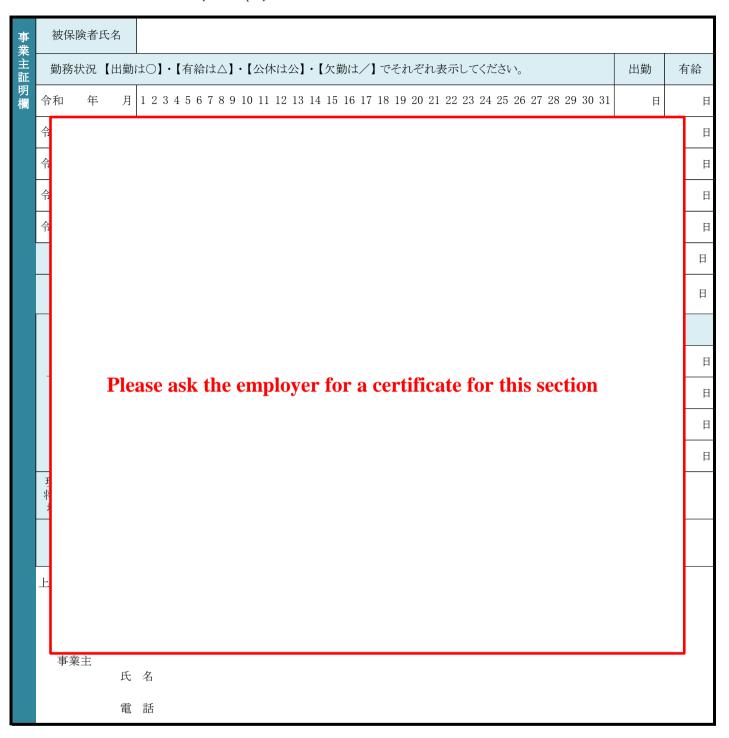
Health Insurance Claim for Maternity Allowance \*Please fill in the form in Japanese. Number Insurance code and Name of affiliated Information on insured person 株式会社 セールスフォース office number 2000 00000 ケンポ (Year) / (Month) / (Day) Furigana ハナコ Name Date of birth Heisei 健保 花子 6/8/24 Address, telephone Postal code 123-4567 number, etc. of applicant (daytime phone number) 東京都〇〇区〇〇町1-2-3 △△マンション456号室 Phone number  $090(\times \times \times \times)$ Employee ID 0000 E-mail address **△△△△@○○**.ne.jp Reiwa Due date Reiwa 5/9/10 Delivery date 5/9/10 Period taken off Reiwa 5/7/31 Reiwa 5 / 11 / 5 98 days to for childbirth Have received / Have not received To present Did you receive payment while you were on maternity leave? And will you receive payment in the future? 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 Reiwa 5/7/1 Reiwa 5/7/31 **31** days to payment period Amount of Amount of remuneration 5,000 yen remuneration that yen will be received received \*\*Only fill out the following if you wish to transfer funds to another account other than your payroll account Name of financial Bank Central branch Branch Shinkin bank

ation estin	institution		Shinkin bank (credit treasury)  Branch									er		
Information transfer destin	Type of account		Savings account Checking account		Account number					Name of account holder (Katakana)				
医	出産者氏名				出産予定日	令和	年 年	月	目	出産日	令和	年	月	目
師・	出生児の数	単	胎								月または	第	週)	
助産師	上記のとおり相	違ない	Please ask the physician or midwife								年 月		目	
師の		医療力	拖	for a certificate for this section										
証明		医療力	<b>施</b>											
	医師・助産師の氏名													
80	Individual number (not	required	when entering in	sured code and numb	er)						Date	request rec	ceived (stamp	p) \
Remarks	*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

■ 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。

社会保険労務士の提出代行欄	