

常務理事	事務長		係

## Health Insurance Issuance of Eligibility Certificate for Ceiling-Amount Application

Current status of insured person	Health insurance card code and number	Code	Number		
	Name of insured person	Furigana		Date of birth	(Y) (M) (D)
	Office			Department	
	Address of the insured person	〒			
	Desired address to send certificate	<input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Other			
	Desired mailing address	<small>*Please send the certificate to an address other than my home address</small> 〒			
Current status of applicable person	Name of applicable person	Furigana		Relationship with the insured person	
	Address of the applicable person	<small>*(Write "same as above" if the address is the same as the address of the insured person)</small> 〒		Date of birth	(Y) (M) (D)
Outpatient and Inpatient Services		<input type="checkbox"/> Outpatient / <input type="checkbox"/> Inpatient (Length of hospitalization:			(Y) (M) (D) to (Y) (M) (D))
Was the examination for an illness or injury caused by a traffic accident or another third party act?		<input type="checkbox"/> Yes / <input type="checkbox"/> No			<small>*This certificate cannot be used to receive medical care for an illness or injury caused by a traffic accident or another third party act. Please contact the HGST Health Insurance Association before submitting this application.</small>

I hereby request the issuance of an Eligibility Certificate for Ceiling-Amount as stated above.

\*Please fill in the information below if someone other than the insured person or applicable person is submitting the application.

Applicant Proxy	Name		Relationship with the insured person	
	Contact	TEL	( )	
Reason for proxy				

NOTE: \*The effective date of the application is the first day of the month in which the application reaches the HGST Health Insurance Association.

\*As a general rule, the certificate is valid for the period included on the application. (Three-month maximum)

\*Please make sure to return the Health Insurance Eligibility Certificate for Ceiling-amount Application after it expires.

Remarks	Individual Number (not required when entering the health insurance card code and number of the insured person)	
	<small>*If you included your Individual Number, please attach the documents below to verify your Individual Number and identity.          One of the following: (1) Copy of the Individual Number notification card (front side), (2) copy of a certificate of residence including the Individual Number, or a (3) copy of the Individual Number card (both sides)          - Include one of the following as well when attaching (1) or (2) above: copy of driver's license or copy of passport</small>	

健保記入欄	標準報酬月額	千円
	適用区分	
	発効年月日	年 月 日
	有効期限	年 月 日

Submitted on (Y) (M) (D)  
 受付日付印