To the Executive Head of the	Western Digital	Technologies He	alth Insurance Association
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常務理事	事務長	担当

	Health Insu	rance		Eld		rance card cipient Cer	tific	ate			Applic	ation for R	leissu	e of In	sura	nce C	ard
				Eligibility	Certific	cate for Ce	iling	-Amo	ount				-		-	<u>.</u>	
Section to be filled out by the insured person	Insurance card code and	Code	de			Date of birth	(Y)			(M)	(D) Date of acquisition of	acquisition			(M)	(D)	
	number	Num	ıber							_		eligibility					
	Name of the insured person	Furigana		→ Address of the insured													
	workplace and	HGST Telepho	-	n Ltd. xtension)					rson	Telej	phone	()			
	Reason for sub (Please circle applicable rea	e the	1. Loss: Loss / theft / Losing qualification (resignation, etc.) (Date of loss of qualification (Y)								(M)	(D))					
	reissued? (Please c	Id you like to have the card ssued? (Please circle the applicable answer) 1. Yes															
	Person requesting the card be reissued or name of person who lost the card		(1)	Furigana						Relationship		Date of birth			(Y)	(M)	(D)
			(2)	Furigana						Relationship Re		Date of birth			(Y)	(M)	(D)
			(3)	Furigana						Relationship Re		Date of birth			(Y)	(M)	(D)
	Circumstances	under	*D1	ease descri	he in er	- much dat	<u></u>		: h 1a	Rel							
	which the card w or damage	was lost	"PI	lease descri	ibe in as	s much det	an as	s poss	sible								
		Have you notified the			Yes / No Notification destination Police Station Date of notification								(Y)	(M)	(D)
No	tification of the	Damag	e of I	insurance Care	d / Elderly	y Recipient C	ertific	ate / E	ligibilit	y Cei	rtificate f	or Ceiling-Am	ount (Fi	ll out on	y in tł	ne case o	of loss)
e	As stated abov tc."). Going for																
	ound. I will also assu	me full	resp	onsibility for	anv accid	lents that may	V OCCI	ır in m	v insur	ance	benefits	due to my los	s of the	insuranc	e card	l. etc.	
	(Y)		M)	(D)	any accre				red p			<i>uue to my 105</i> .	, or the		e eure	.,	
					(Enter on	ly in	case	es of	dan	nage)						
	<attached do<="" td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>0 /</td><td></td><td></td><td></td><td></td><td></td><td></td></attached>										0 /						
P	lease check th			-	gether w	ith this appl	licatio	on.									
事				「相違ないこ。	とを証明	します。						Date of su	ıbmissio	n (Y)	(M)	(D)
業主の	年 月 日 事業所所在地									·				\			
証事業所名 明事業主氏名													受	:付日	付印	/	
	電	話															
s	Individual number (not required when entering the symbol number from the insured person's card)																
 *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 (front side), (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 								(3)									
社会保険労務士の提出代行記載欄																	