To the Executive Head of the Western Digital Technologies Health Insurance Association

常務理事	事務長	担当

Health Insurance Elderly Recipient Certificate Eligibility Certificate for Ceiling-Amount Application for Reissue of Certificate Eligibility Card

Section to be filled out by the insured person

Insured person's card code and number	Code Number		Date of birth	(Y)	(M)	(D)	Date of acquisition of eligibility	(Y)	(M)	(D)				
Name of the insured person	Furigana		Address of the insured person	〒 Telephone ( )										
Assigned workplace and department	HGST Japan Ltd. Telephone (Extension)													
Reason for submission (Please circle the applicable reason)		1. Loss: Loss / theft / Losing qualification (resignation, etc.) (Date of loss of qualification (Y) (M) (D)) 2. Damage												
Would you like to have the card reissued? (Please circle the applicable answer)		1. Yes 2. No												
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		Date of birth	(Y)	(M)	(D)						
	(3)	Furigana	Relationship		Date of birth	(Y)	(M)	(D)						
Circumstances under which the card was lost or damaged	*Please describe in as much detail as possible													
Have you notified the police?	Yes / No	Notification destination	Police Station		Date of notification	(Y) (M) (D)								

Notification of the Damage of Certificate Eligibility Card/ Elderly Recipient Certificate / Eligibility Certificate for Ceiling-Amount (Fill out only in the case of loss)

As stated above, I lost my Certificate Eligibility Card/Elderly Recipient Certificate /Eligibility Certificate for Ceiling-Amount (hereinafter, "certificates"). Going forward, I will take sufficient care in the handling of the item, and shall immediately return the lost certificates if it should be found.

I will also assume full responsibility for any accidents that may occur in my insurance benefits due to my loss of the certificates.

(Y) (M) (D) Name of insured person

(Enter only in cases of damage)

<<Attached document>>

Please check the box and submit it together with this application.

☐ Damaged certificates.

事業主の証明

上記の申請について相違ないことを証明します。

年 月 日

事業所所在地

事業所名

事業主氏名

電話

Date of submission (Y) (M) (D)

受付日付印

Remarks

Individual number (not required when entering the insured person's 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 (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

社会保険労務士の提出代行記載欄