

決 裁	常務理事	事務長	担当

Health Insurance Notification of Name Change of Insured Person / Dependent (Corrections)

To the Western Digital Technologies Health Insurance Association

Insured person's code and number								Name of the insured person										Gender		Insured person's birth date											
																		M ・ F		(Y)				(M)			(D)				
Assigned workplace and department (Bldg./Fl.)								Dependent's name (only if applicable)								Relationship		Gender		Type of household		Dependent's address (if living separately)									
HGST Japan Ltd.																		M ・ F		Living together ・ Living separately											
Telephone (Extension)																															
Name after change														Name before change																	
Furigana														Furigana																	
Last name								First name								Last name								First name							
Date of change								Reason for the change										Insured person's address													
(Y) (M) (D)																		Telephone													

事業主の証明	Date of submission (Y) (M) (D)															
	事業所所在地															
	事業所名															
	事業主氏名															
電話																

社会保険労務士の提出代行記載欄															

\*Please be sure to attach the insured individual's insurance card, etc.

受付日付印