

常務理事	事務長	担当者

To the Western Digital Technologies Health Insurance Association
 【If sent by mail, must arrive by February 10, 2025, Health Insurance Association】

Subsidies for Influenza Vaccination in FY2024

① Current status of insured person	提出日	(Y)	(M)	(D)	※Please fill in ① and ② below.					
	Insured person's code and number	code	number						Name of insured person	Furigana
	Office							Department		
Telephone	— —									

※② must be completed even if the claim is for one insured person (principal).

※If you are requesting more than 6 people, please make a copy of the form and fill it out on two separate sheets.
 In that case, please fill in the same information as the first sheet in part ① of the second sheet.

② Inoculated person (Individuals and families)	Name	Date of birth			day of inoculation			cost	
	Furigana	(Y)	(M)	(D)	(Y)	(M)	(D)	yen	
					(Y)	(M)	(D)	yen	
	Furigana	(Y)	(M)	(D)	(Y)	(M)	(D)	yen	
					(Y)	(M)	(D)	yen	
	Furigana	(Y)	(M)	(D)	(Y)	(M)	(D)	yen	
					(Y)	(M)	(D)	yen	
	Furigana	(Y)	(M)	(D)	(Y)	(M)	(D)	yen	
					(Y)	(M)	(D)	yen	
	Furigana	(Y)	(M)	(D)	(Y)	(M)	(D)	yen	
					(Y)	(M)	(D)	yen	
	Regarding the attached receipts, I confirm that the above information is for the cost of the influenza vaccination and apply for it.								
	Name of insured person:								

- Attachments: Receipts (original) must be attached on a separate sheet of paper.
- The following information must be included on the receipt. If incomplete, please present the receipt to the medical institution and ask them to complete the form.

【Receipt Checklist】

- Name of the person receiving the vaccination
- Date of vaccination
- Cost
- Explanation: Indication that the cost is for the influenza vaccination
- Name of medical institution
- Signature of medical institution or person in charge

【注意事項】	
1. target group	: Western Digital Technologies Health Insurance Association members
2. Applicable period	: Sunday, September 1, 2024 – Friday, January 31, 2025
3. Number of times	: One person at a time
4. auxiliary point	: Immunization fee 1 yen = 1 health point (Upper limit 4000 points)
5. Application Period	: February 10, 2025 must be

健保使用欄	
付与ポイント	pt
登録完了日	/

