

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

①Current status of insured person	提出日	2024 (Y) 10 (M) 30 (D)						※Please fill in ① and ② below.		
	Insured person's code and number	code	number						Name of insured person	Furigana taro kenpo
		1	1	2	3	4	5	6		7
	Office	○○○○						Department	○○○ 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.

②Inoculated person (Individuals and families)	Name	Date of birth	day of inoculation	cost
	Furigana hanako kenpo	Hanako Kenpo	1966 (Y) 10 (M) 30 (D)	2024 (Y) 9 (M) 20 (D)
	(Y) (M) (D)			yen
Furigana ichiro kenpo	Ichiro Kenpo	2014 (Y) 2 (M) 10 (D)	2024 (Y) 9 (M) 20 (D)	3,000 yen
			2024 (Y) 10 (M) 18 (D)	3,000 yen
Furigana		(Y) (M) (D)	(Y) (M) (D)	yen
Furigana		(Y) (M) (D)	(Y) (M) (D)	yen
Furigana		(Y) (M) (D)	(Y) (M) (D)	yen
Furigana		(Y) (M) (D)	(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: Taro Kenpo

If the vaccination was divided into two dose, please fill in the two doses.

- 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】

- target group : Western Digital Technologies Health Insurance Association member
- Applicable period : Sunday, September 1, 2024 – Friday, January 31, 2025
- Number of times : One person at a time
- auxiliary point : Immunization fee 1 yen = 1 health point (Upper limit 4000 points)
- Appllication Period : February 10, 2025 must be

健保使用欄	
付与ポイント	pt
登録完了日	/



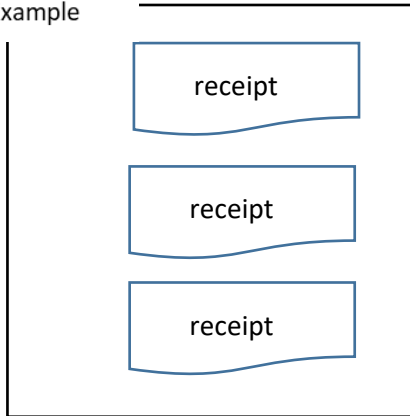
【separate sheet】

# Receipt Attachment Column

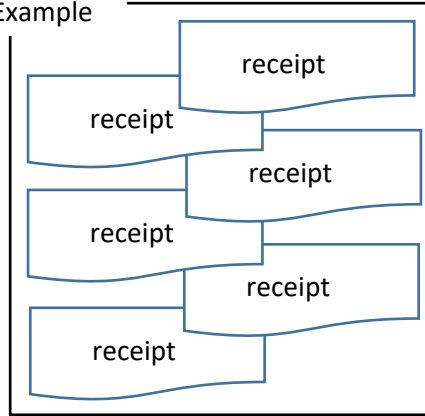
※Please affix the receipt in such a way that it will not peel off.

※Attachments other than receipts (vaccination certificate, vaccination record certificate only, statement only, etc.) are not acceptable.

Example



Example



※If you have many receipts, please attach them in a staggered manner.