

**The Childbirth and Childcare Lump-Sum Grant additional benefits  
for Insured Person or Family Member**

[If not using the system of direct payment to medical institutions, or if childbirth took place outside of Japan]

<b>Information on insured person</b>	Insurance card code and number	Code	Number	Name of affiliated office/department	Phone number (Ext. )		
	Name			Date of birth	(Y)	(M)	(D)
	Address, telephone number, etc. of applicant (daytime phone number)	〒			Phone number (Ext. )		
	Employee ID number			E-mail address			

<b>Application details</b>	Person who gave birth (circle the applicable person)	Insured person / Family member (dependent)		Name of person who gave birth						
	Delivery date	(Y)	(M)	(D)	Date of birth of person who gave birth	(Y)	(M)	(D)		
	Live birth or stillbirth (circle the applicable type)	Live birth / Stillbirth / Mixture of live birth and still birth			Number of live-born babies	Baby (ies)	Number of stillborn babies	Baby (ies)	In the case of a stillbirth, the elapsed period of pregnancy	Weeks: ( ) days
	Relationship between the insured person and born baby				Is the born baby a dependent?	Yes		No		
	Name of medical institution where baby was born				Address of medical institution where baby was born					
	■ Complete the following section if applicable 1. If the insured person gave birth within six months after retirement→ Insurer's name, code and number, etc., of the insured person who is currently enrolled 2. Childbirth by dependent within 6 months after qualification→ Name, code and number, etc., of the insured person who was previously enrolled				Insured person	Telephone number ( )				
				Code and number	-					

\*If you wish to delegate receipt, please complete the authorization letter.

<b>Authorization Letter</b>	I hereby entrust the receipt of benefits based on this claim to the representative listed below. Date:	
	Insured person (applicant)	Name
	Representative (individual actually receiving benefits)	Name

<b>Information on transfer destination</b>	Bank Number			Branch number		
	Name of financial institution	Bank Shinkin bank (credit treasury)			Central branch branch	
	Type of account	Savings account	Other ( )	Account number	Name of account holder (Katakana)	

■ Certification section (please receive certification from one of the following)

<b>Physician / Midwife</b>	Name of mother who gave birth			Delivery date	(Y)	(M)	(D)	
	Number of babies born	Single birth Multiple birth ( babies)		Live birth or stillbirth	Live birth Stillbirth (XXth month or XXth week of pregnancy)			
	I hereby certify that the above is true and correct (Y) (M) (D) Address of medical facility Name of medical facility Name of physician or midwife							
<b>Municipal head</b>	Registered domicile	Name of head of household			Name of mother			
	Name of born baby				Date of birth	(Y)	(M)	(D)
	I hereby certify that the above is true and correct (Y) (M) (D) Name of municipal head							

<b>Remarks</b>	Individual number (not required when entering the code and 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, (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
<b>Documents for Attachment</b>	1. Copy of agreement document with the medical institution, etc. 2. Copy of receipts issued by the medical institution, etc. *If childbirth took place outside of Japan, please attach the following documents. 1. Certificate proving the birth 2. Japanese translation of the birth certificate 3. Copy of receipt 4. Copy of documents (passport, etc.) that show the period of overseas travel 5. Consent form for inquiries to overseas medical institutions, etc.

Date request received (stamp)