

**Health Insurance**

Date of Acquisition/Loss of Qualification as an Insured Person  
 Date of Certification/Deletion as a Dependent

**Certification Request Application**

Managing director	Clerical supervisor		Person in charge

Date: 2021 (Y) 10 (M) 5 (D)

I hereby request certification regarding the following matter below.

Name of insured person	Insurance card code and number	○○	○○○○○	
	Emp.No.		○○○○○	
	Name of office		○○○○○	
	Name		Kenpo Taro	
	Address	Postal code ○○○-○○○ X-X-X Sendagaya, Shibuya-ku, Tokyo		
	Date of birth		1980 (Y) 10 (M) 5 (D)	

**<Matter for which Certification is Desired>**

\* Please place a check mark in the  next to the matter for which certification is desired, and enter the name of the relevant dependent as well as to whom the certification will be submitted and the purpose of submittal.

<input checked="" type="checkbox"/> Insured person	<input type="checkbox"/> Date qualification acquired	<input checked="" type="checkbox"/> Date qualification lost
<input checked="" type="checkbox"/> Dependent	Date of birth	Matter for certification
Kenpo Hanako	1985 (Y) 8 (M) 1 (D)	<input type="checkbox"/> Date of certification / <input checked="" type="checkbox"/> Date of removal
	(Y) (M) (D)	<input type="checkbox"/> Date of certification / <input type="checkbox"/> Date of removal
	(Y) (M) (D)	<input type="checkbox"/> Date of certification / <input type="checkbox"/> Date of removal
	(Y) (M) (D)	<input type="checkbox"/> Date of certification / <input type="checkbox"/> Date of removal
	(Y) (M) (D)	<input type="checkbox"/> Date of certification / <input type="checkbox"/> Date of removal

Where to submit	○○City / Ward / Other ( )
Purpose of submission	Enrollment in National Health Insurance / Other ( )

I would like the above certificate to be sent to the following address.

Date: 2021 (Y) 10 (M) 5 (D) Name of insured person Kenpo Taro

Certificate mailing address	<input checked="" type="checkbox"/> Send to the address of the insured person
	<input type="checkbox"/> Send to other address * Please complete the following.
	Postal code - Phone number ( )
	Address
	Name of addressee (To: )