Managing director	Office manager		Person in charge

Health Insurance Application for Eligibility Certificate for Ceiling-Amount/Reduction of the Standard Amount of Patient Liability

Insurance card code and number		Code		Number		Emp. No.	
Name of insured person	Name					
	Date of birth	(Y) (M) (D)				
Office	Office name					
	Address					
Person applying for reduction	Name			Relationship		
	Date of birth	(Y) (M) (D)		Gender	Male / Female	
Address of insured person (person applying for reduction)	Postal code –		Telephone number	–	–	
Long-term hospitalization	Qualified / Not qualified					

The following section can only be completed by applicants who are qualified as undergoing long-term hospitalization.

			Total number of days hospitalized	(days)
(1)	Hospitalization period (number of days) during the 1 year prior to the application date	For the period from (Year) (Month) (Day)		days
		to (Year) (Month) (Day)		
	Authorized insurance medical institution, etc., where hospitalized	Name of institution		
		Address		
(2)	Hospitalization period (number of days) during the 1 year prior to the application date	For the period from (Year) (Month) (Day)		days
		to (Year) (Month) (Day)		
	Authorized insurance medical institution, etc., where hospitalized	Name of institution		
		Address		
(3)	Hospitalization period (number of days) during the 1 year prior to the application date	For the period from (Year) (Month) (Day)		days
		to (Year) (Month) (Day)		
	Authorized insurance medical institution, etc., where hospitalized	Name of institution		
		Address		

Desired destination for sending the Eligibility Certificate for Ceiling-Amount/Reduction of the Standard Amount of Patient Liability	☐Address of the insured person ☐Address of the eligible person ☐Other [Home / Hospital] *Please enter any necessary names (addressee/care of), room numbers, etc. Postal code

Section for listing individual number of insured person (not required when listing the code and number of the insured person's health insurance card)

I hereby attach the related documents and request the issuance of an "Eligibility Certificate for Ceiling-Amount/Reduction of the Standard Amount of Patient Liability" as stated above.

To the Executive Head of the Accenture Health Insurance Society

Issuance date:

(*) Section for certification by municipal head	This certifies that the insured person is not subject to the municipal tax in the ____ fiscal year. (Y) (M) (D) Name of municipal head (Seal)

*A tax exemption certificate for municipal tax can be attached instead of a certificate from the municipal head.