

Managing director	Clerical supervisor		Person in charge

Insurance Card
Elderly Recipient Certificate

Reissue due to
Loss or Damage

Application Form

I attest that the application below is true and correct.
I will pay 3,000 Yen as the cost for reissuing an insurance card.

Name of insured person[Kempo Taro]

Insurance card code and number	Code	100	Emp. No.	○○○○○	Date of birth	(Y)	(M)	(D)	Certification acquisition date	(Y)	(M)	(D)				
	Number	○○○○○			1980	10	1	2020	4	1						
Name of insured person	Furigana	ケンポ タロウ		Address of the insured person	Postal code	151-0051										
	Kempo Taro		X-X-X Sendagaya, Shibuya-ku, Tokyo													
Name of affiliated company Name of affiliated department	xxxxx Co., Ltd.			Telephone number	03 (XXXX)XXXX											
	XXXX Department XXXX Section															
Reason for submission (Please circle the applicable reason)	<input checked="" type="radio"/> 1. Loss (loss theft / missing) Damage (including print that has rubbed off) <input type="radio"/> 3. Other ()															
Would you like to have the card reissued? (Please circle the applicable answer)	<input checked="" type="radio"/> 1. Yes <input type="radio"/> 2. No															
Applicable person (Please circle the applicable item)	1. For insured person <input checked="" type="radio"/> 2. For dependent															
Complete this section if the applicable person is a dependent	(1)	Furigana	ケンポ ハナコ		Relationship	Wife		Date of birth	1	9	9	5	0	9	2	1
	(2)	Furigana			Relationship			Date of birth								
	(3)	Furigana			Relationship			Date of birth								
Place where the card was lost	1. Home <input type="radio"/> 2. Other than home (<input checked="" type="radio"/> somewhere between JR Kinshichō Station and home) → Police must be notified															
Have you notified the police?	<input checked="" type="radio"/> Yes / No	Notification destination	Kinshichō		Police Station	Date of notification	<input type="radio"/>	Date:				No.	1234			
Circumstances under which the card was lost or damaged	*Please describe in as much detail as possible At around 10:30 pm on XX (Y) XX (M) XX (D), I used a wallet containing my insurance card when exiting the ticket gate at the station closest to my home (JR Kinshichō Station). Afterwards, when I went shopping at a convenience store near my house at around 11:00 pm, I noticed that my wallet was lost. I also lost the insurance card that was inside.															

◎ If you are applying for reissuance due to damage to your health insurance card, please attach the damaged health insurance card to this application form.

Notification of Loss of Insurance Card / Elderly Recipient Certificate (complete this section only in the case of loss)

As stated above in the application, I lost my insurance card/elderly recipient certificate. I will be more careful when handling the card in the future.
If I find my insurance card/elderly recipient certificate, I will return it immediately.
I assume full responsibility for any accidents that may occur in my insurance benefits due to my loss of the insurance card, etc.

Date: **2021** (Y) **12** (M) **1** (D) Name of insured person **Kempo Taro**

Date of submission:

To the Executive Head of the Accenture Health Insurance Society

If your insurance card was lost or stolen, please immediately notify the health insurance society and police.
Also, we recommend using the Personal Declaration System* that is established by the personal credit information agency.
If the insurance card is fraudulently used by a third party, the health insurance society shall not assume any responsibility.

Date request received (stamp)

*Personal declaration system: A system in which information such as the loss or theft of a stolen ID card is registered with a personal credit information agency. This enables the member companies of the credit agency to perform a more careful credit screening.

*For details on the procedures, etc., please directly contact the personal credit information agency.