

常務理事	事務長	担当

## Report loss of "Health insurance card" and "Elderly beneficiary certificate"

I have lost my health insurance card/elderly beneficiary certificate as described below. If I find my health insurance card/elderly beneficiary certificate, I will return it immediately. I will take all responsibility in the event of an accident in insurance benefits with this health insurance card/elderly beneficiary certificate.

Date            /            /

Name of insured person (applicant)

Insured card Coad / Number	Coad		Date of birth	Year	Month	Day	Date of certification	Year	Month	Day
	Number									
Name of insured person	Emp No. (※)			〒 (postal code)						
Name of your office or department (※)	Address of insured person									
Reason for submission (Please mark the applicable items with a circle)				1. Loss 2. Other ( )						
Applicable persons (Please mark the applicable items with a circle)				1. Insured person    2. Dependents						
Please fill in if the person is a dependents	①	Name	Relationships	Date of birth	Year	Month	Day			
	②	Name	Relationships	Date of birth	Year	Month	Day			
	③	Name	Relationships	Date of birth	Year	Month	Day			
Situation at the time of loss	※Please describe the circumstances of the loss in detail.									
Status of police notifications	Yes · No	Notification police office		Notification date	/ /					
Comment field				※Health Insurance Use field • Loss • Dependent (Transfer) • Update • Other			 Date stamp of acceptance			

(※) : If it was issued after you became Voluntary Continuation Health Insurance System, you do not need to fill in the form.