

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 **2021/ 1 / 31**

Name of insured person (applicant) **Kempo Taro**

Insured card Coad / Number	Coad 100	Date of birth	Year	Month	Day	Date of certification	Year	Month	Day	
	Number 〇〇〇〇〇		1980	1	0		0	1	2020	0
Name of insured person	Kempo Taro		Emp No. (※)		〇〇〇〇〇					
			Address of insured person		〒 (postal code) 151-0051 X-X-X Sendagaya, Shibuya-ku, Tokyo TEL 0 3 (XXXX) XXXX					
Name of your office or department (※)										
Reason for submission (Please mark the applicable items with a circle)	<input checked="" type="radio"/> 1. Loss 2. Other ()									
Applicable persons (Please mark the applicable items with a circle) <input checked="" type="radio"/> 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. I accidentally discarded it at home.									
Status of police notifications	Yes • <input checked="" type="radio"/> 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.