

常務理事	事務長	担当

- Report loss of "Certificate for limit Application"
- Report loss of "Certificate of limit application / standard burden reduction"
- Report loss of "Specific illness medical treatment certificate"

※Please the lost certificate

<p>I have lost my "Certificate for limit Application", "Certificate of limit application / standard burden reduction" and "Specific illness medical treatment certificate" as described below.</p> <p>If I find it, 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.</p> <p>Date _____ / _____ / _____</p> <p>Name of insured person (applicant) _____</p>	
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Insured card Coad / Number	Code	Date of birth	Year	Month	Day	Date of certification	Year	Month	Day
	Number								
Name of insured person			Emp No. (※)						
Name of your office or department (※)			Address of insured person	〒 (postal code)					
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			
※ Date of delivery: Heisei/Reiwa / /									

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