

Managing director	Clerical supervisor		Person in charge

## Notification of Change of Insured Person Name

Insurance Card Code/Number	Insured Person Name	Gender	Date of birth	Name of office
○○      ○○○	<b>Kenko Hanako</b>	Male	<b>1980</b> (Y) <b>10</b> (M) <b>1</b> (D)	<b>○○○○</b>
Emp. No.		Female		Telephone number <b>03-○○○-○○○</b>
○○○○				
Address of the insured person				
Postal code <b>151-0051</b> <b>X-X-X Sendagaya, Shibuya-ku, Tokyo</b>				
Name after the change		Name before the change		Reason for change
(Furigana)		(Furigana)		
<b>ケン</b> (Last name)	<b>ハナコ</b> (First name)	<b>ケンコウ</b> (Last name)	<b>ハナコ</b> (First name)	
<b>Hoken</b>	<b>Hanako</b>	<b>Kenko</b>	<b>Hanako</b>	
<b>Marriage</b>				

※ Please make sure to attach your "Insurance Card".

Date: **2021** (Y) **4** (M) **1** (D)

Date request received (stamp)

Office address
Name of office
Name of employer
Telephone number

Labor and social security attorney submitting the application on behalf of the insured

To the Executive Head of the Accenture Health Insurance Society

20210401