

Written Notice for Acquisition of Qualification as a Voluntarily and Continuously Insured Person

Managing director	Clerical supervisor		Person in charge

To the Executive Head of the Accenture Health Insurance Society

(Y) (M) (D)

Code and number at time of loss of qualification	Code	○○	Number	○○○○○
Name	Furigana	ケンポ タロウ		
		Kempo Taro		
Applicant's address	Postal code	151-0051		
		X-X-X Sendagaya, Shibuya-ku, Tokyo		
	Home telephone	03 (1234) 5678	Mobile	090 (9876) 5432
Date of birth		○ (Y) ○ (M) ○ (D) (○○) years of age	Gender	Male / Female
E-mail address <small>(address where contact is possible after retirement)</small>	XXXX@XXXX.ne.jp			
Date of loss of qualification (day following retirement)	Date:			
Name of affiliated company at time of losing qualification	xxxxx Co., Ltd.			
Name of affiliated department at time of losing qualification	○○ Branch			
Designated destination for remittance of benefits, etc.		○○○	Bank	○○
		Shinkin bank		Central branch
Payment method for insurance premiums	Savings account	○○○	Account number	1234567
			Name of account holder	ケンポ タロウ
I consent to procedures for loss of qualification being taken if confirmation cannot be made of premium remittance by the premium payment deadline date.	1. Monthly		2. Advance payment of 1 year's worth of premiums	
			3. Advance payment of 6 month's worth of premiums	
Name of insured person				
Kempo Taro				
Status of dependent	Name	Date of birth	Gender	Relationship
	Kempo Hanako	1986 (Y) December (M) 16 (D)	Female	Wife
	Kempo Momoko	1998 (Y) September (M) 4 (D)	Female	Eldest daughter
		(Y) (M) (D)		
		(Y) (M) (D)		
Address				
X-X-X Sendagaya, Shibuya-ku, Tokyo				
Same as above				

(Note) Please note that this application will not be accepted if it is not delivered to the health insurance society within 20 days from the date on which qualification was lost.

Remarks	individual number (voluntary)
	*If you entered your individual number, please attach the following two documents to confirm your individual number and identity. (1) Copy of individual number notification card or copy of certificate of residence listing individual number (2) Copy of driver's license or copy of passport

*Column to be filled out by the health insurance society	Voluntarily and continuously insured person insurance card code and number	
	Scheduled date of loss of qualification	Date:
	Standard monthly remuneration at time of loss of qualification	
	Set monthly amount	,000 yen (in thousands of yen)
	Date of first premium payment	,000 yen (in thousands of yen)

Date request received (stamp)