

Managing director	Clerical supervisor		Person in charge

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

To the Executive Head of the Accenture Health Insurance Society

I hereby submit this notice and make this application to lose the qualification as a voluntarily and continuously insured person as described below.

Date:

Insurance card code and number	Code	Number					
Name	Furigana						
Address	Postal code						
	Phone number ( )						
Date of birth	(Y)	(M)	(D)	( )	years of age	Gender	Male / Female
Reason for loss of qualification	1. Obtained employment (obtaining employment effective (Y) (M) (D))						
	2. Other ( )						
Insurance card	1. Enclosed Insurance card Total _____ sheets						
	2. Not enclosed Reason ( ) Scheduled return date (Y) (M) (D)						
Issuance of a certificate of losing qualification	1. Want issuance			2. Do not want issuance			

(Note 1) If you enroll in other health insurance due to obtaining employment, please attach a copy of your newly acquired health insurance card.

(Note 2) If you lost your insurance card, please attach the notification of insurance card loss.

*Column to be filled out by the health insurance society	Date of losing qualification	(Y)	(M)	(D)
	Amount of insurance premium to be refunded	(Y)	(M)	(D) to (Y) (M) (D)
	Remarks			

Date request received (stamp)