

Becoming insured under an alternate policy (when the policyholder starts working and becomes eligible for alternate health insurance coverage)

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 〇〇	Number 〇〇〇〇〇
Name	Furigana ケンポ タロウ Kempo Taro	
Address	Pos: 151-0051 X-X-X Sendagaya, Shibuya-ku, Tokyo Phone number 〇〇 (〇〇〇〇) 〇〇〇〇	
Date of birth	(Y) (M) (D) (〇〇) years of age	Gender Male / Female
Reason for loss of qualification	1. Obtained employment (obtaining employment effective 2021 (Y) 4 (M) 1 (D) 2. Other ()	
Insurance card	1. Enclosed Insurance card Total <u> 3 </u> sheets Reason () 2. Not enclosed 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	yen (Y) (M) (D) to (Y) (M) (D)
	Remarks	

Date request received (stamp)

When the applicant has notified the insurer that you wish to lose his/her eligibility using the prescribed application form.

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Date:

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Name	Furigana ケンポ タロウ Kempo Taro	
Address	Post 151-0051 X-X-X Sendagaya, Shibuya-ku, Tokyo Phone number 〇〇 (〇〇〇〇) 〇〇〇〇	
Date of birth	(Y) (M) (D) (〇〇) years of age	Gender Male / Female
Reason for loss of qualification	1. Obtained employment (obtaining employment effective (Y) (M) (D)) 2. Other (Wish to lose eligibility at 2022/2/1.)	
Insurance card	1. Enclosed Insurance card Total _____ sheets Reason (For a hospital visit) 2. Not enclosed Scheduled return date 2022 (Y) 2 (M) 1 (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) yen
	Remarks

*Column to be filled out by the health insurance society

Date request received (stamp)