

## Notification of Succession of Rights

Date                      /                      /

To Accenture Health Insurance Society Chairman of the Board

Address of claimant \_\_\_\_\_  
\_\_\_\_\_

Name of claimant \_\_\_\_\_ Signature \_\_\_\_\_

Relationship with the person who was insured \_\_\_\_\_

The following insured person, who was my (                      ), died at a.m. / p.m.                      /day                      /month                      /year, I hereby notify you that I have succeeded to the right to claim a benefits under the Health Insurance Law.

Description

Code and number of the insured person's insurance card of the person who was insured \_\_\_\_\_

Name of the person who was insured \_\_\_\_\_

### \*Precautions\*

- (1) Please be sure to attach a certificate (a copy of your family register or a resident's card) that clarifies the identity relationship between the claimant and the dead in order to confirm whether or not you have the inheritance right under the Civil Code.
- (2) The successor to the right of this notification must be a person pursuant to Articles 886 to 890 (Laws related to inheritance) of the Civil Code.

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## Benefit Account Registration Form

I would like the insurance benefits paid by Accenture Health Insurance Society as a result of the succession of my rights to be paid to the following financial institution account.

(Please fill in all fields below.)

Name of Financial Institution		Branch Name							
Deposit Type	Savings Account / Checking Account / Deposit / Other	Account Number							
Account Name									

Please enter the account name of the person who inherited the rights.

If you wish to use Japan Post Bank, please pay attention to a branch name.