Request for Payment of Maternity Allowance

Information on insured person

Insurance card code and number	Code: ●●	Number: XXXX	Name of affiliated office/department	XXXX Co., Ltd., XXXX Branch Telephone number (ext.) 03-1234-5678 (999)
Name	Hanako Kempo		Date of birth	●● (Y) ●● (M) ●● (D)
Address, telephone number, etc. of applicant (daytime phone number)	〒123-4567 XXXX Condominium, #456 1-2-3 XXXX-cho, XXXX Ward, Tokyo Telephone number 03-7891-2345			
Employee ID number	1234567		E-mail address	XXXX@XXXX.ne.jp

Application details

Due date	●●(Y) ●●(M) ●●(D)	Delivery date	●●(Y) ●●(M) ●●(D)
Period taken off for childbirth	● (Y) ●● (M) ●● (D) to ● (Y) ●● (M) ●● (D) 98 days		
Did you receive remuneration during the period taken off due to childbirth? Will you receive remuneration in the future?		To present	Have received / Have not received (circled)
		In the future	Will be able to receive / Will not be able to receive (circled)

■ If you answered "Have received" or "Will be able to receive" above, please enter the remuneration payment period and remuneration amount below.

Remuneration payment period	(Y) (M) (D) to (Y) (M) (D) days		
Amount of remuneration received	yen	Amount of remuneration that will be received	yen

*If you wish to delegate receipt, please complete the authorization letter.

Authorization Letter

I hereby entrust the receipt of benefits based on this claim to the representative listed below. Date:

Insured person (applicant)	Name	
Representative (individual actually receiving benefits)	Name	

Information on transfer destination

Bank Number	1234	Branch number	567
Name of financial institution	●● Bank (circled) / Shinkin bank / (credit treasury)	●●	Central branch / branch
Type of account	Savings account (circled) / Checking account / Other ( )	Account number: 1234567	Name of account holder (Katakana): Taro Kempo

Certificate from physician or midwife

Name of mother who gave birth		Due date	(Y) (M) (D)	Date of delivery	(Y) (M) (D)
Number of babies born	Single / Multiple births				(XXth week of pregnancy)

I hereby certify that the above ... (Y) (M) (D)

Address of medical facility

Name of medical facility

Name of physician or midwife

Please ask the physician or midwife for a certificate for this section

Remarks

Individual number (not required when entering the code and number from the insured person's card)	

*If you entered your individual number, please attach the following documents to confirm your individual number and identity.
One of the following: (1) Copy of individual number notification card, (2) Copy of certificate of residence listing individual number, (3) Copy of individual number card (both sides)
・When attaching (1) or (2) above, also attach one of the following: copy of driver's license or copy of passport

Date request received (stamp)

■ Please obtain a certificate from the employer.

Please ask the employer for a certificate for this section

Column to be certified by the business owner

Name of insured person				
Work status (use the followin[g] ... and "/" for absences)			Days worked	Paid vacation
(Y) (M)	1 2 3 4 ... 31		days	days
(Y) (M)	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31		days	days
(Y) (M)	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31		days	days
(Y) (M)	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31		days	days
(Y) (M)	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31		days	days

Did you receive (will you receive) wages for the period listed above?	Yes / No	Calculation of wages	End of payment period	(D)
Type of salary	Monthly salary / Daily salary / Monthly salary based on daily accumulated salary / Hourly wage / Percentage wage / Other ( )		Date of payment	☐Applicable month ☐Next month (D)

Compensation paid for the period above (salary, benefits, etc.)	Payment period	Payment amount	Date of payment
	(Y) (M) (D) to (Y) (M) (D)	yen	(M) (D)
	(Y) (M) (D) to (Y) (M) (D)	yen	(M) (D)
	(Y) (M) (D) to (Y) (M) (D)	yen	(M) (D)
	(Y) (M) (D) to (Y) (M) (D)	yen	(M) (D)
If no payment has been made up to now and will not be made in the future, state the reason			
Method for calculation of wages (deduction for absences, etc.)			

I hereby certify that the above is true and correct. (Y) (M) (D)

Employer

Address

Name of employer

Name

Telephone number

[To employers]

● Please enter the working status, wage payment status, etc., for the wage calculation period, including the period when you did not work.

● You do not need to enter the work status if a copy of your attendance record is attached.

● Please attach a copy of your payroll book.

(20220401)