

常務理事	事務長	係	係

Application for (Re)Issuance of Verification of eligibility

Health Insurance Code and Number		If the insured person's code and number are unknown, please enter the Individual Number (My Number).	
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Individual Number (My Number)			
Insured Person's Name		Date of Birth	
		Day: _____ Month: _____ Year: _____	
Insured Person's Company Name and Department Please include building, floor, branch office, division, section name, etc.		Verification	
		<input type="checkbox"/> This application form was completed by the applicant (insured person).	
Contact Information for Daytime Communication ※Used for inquiries			
(Phone Number)		(Email)	
Target Individuals			
Name	Relationship to Insured	Date of Birth	Reason
		D: _____ M: _____ Y: _____	<input type="checkbox"/> Please select from the list below
		D: _____ M: _____ Y: _____	<input type="checkbox"/> Please select from the list below
		D: _____ M: _____ Y: _____	<input type="checkbox"/> Please select from the list below
		D: _____ M: _____ Y: _____	<input type="checkbox"/> Please select from the list below
Reason Options			
1 : Lost My Number Card (Individual Identification Number Card) 2 : My Number Card (Individual Identification Number Card) is being renewed 3 : The electronic certificate on the My Number Card (Individual Identification Number Card) has expired 4 : Haven't registered My Number Card (Individual Identification Number Card) for health insurance use 5 : Haven't applied a My Number Card (Individual Identification Number Card) 6 : Returned the My Number Card (Individual Identification Number Card) to government office 7 : Require third-party support (e.g., caregiver) for using My Number health insurance when visiting medical institutions 8 : Lost or damaged the verification of eligibility			

* Privacy Protection: This information will be used only for health insurance purposes and not for any other purposes.
 Sony Health Insurance Society 11th Floor, Sony City 1-7-1 Konan, Minato-ku, Tokyo 108-0075

事業主の証明	上記のとおり被保険者から交付の申請がありましたので届出します。
	事業所所在地
	事業所名称
	事業主名
	電話番号

 受付印

社会保険労務士の提出代行者名記入欄	
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