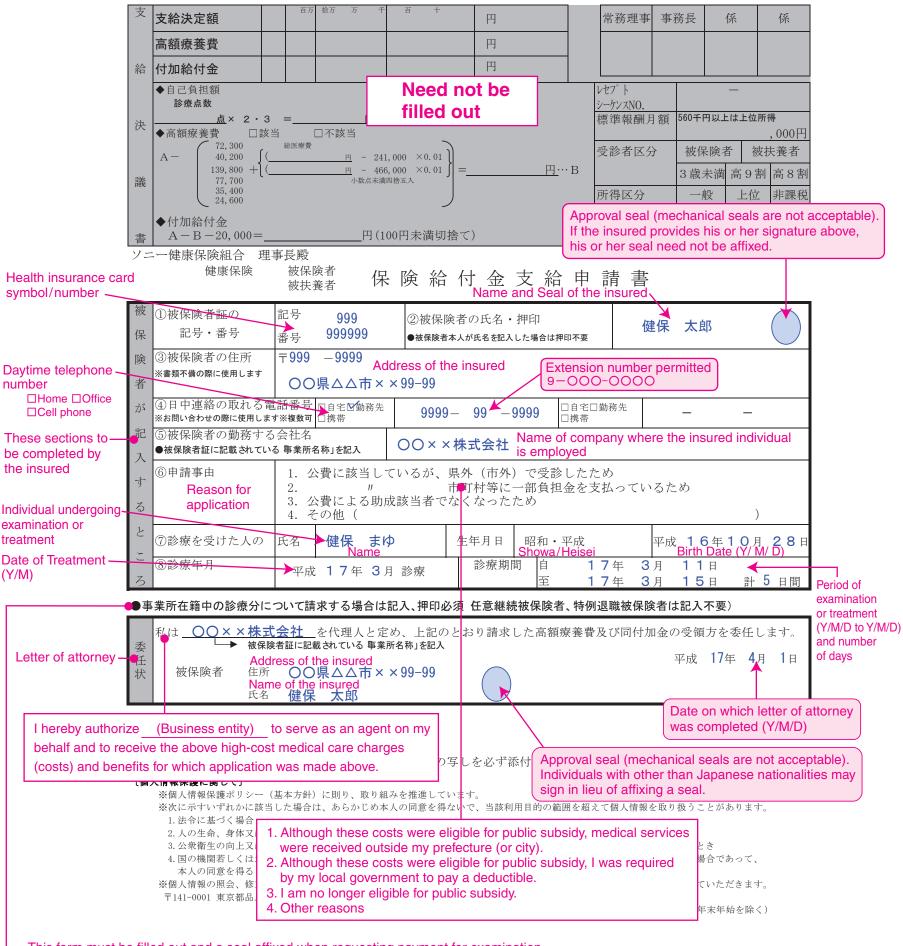
## **Application [for Resumption] of Insurance Benefits Payments**

## 《記入例》〈Example〉



This form must be filled out and a seal affixed when requesting payment for examination or treatment undergone while employed by the business facility (the form does not need to be completed for individuals insured by voluntary continuing health insurance or by health insurance for retirees).