

Submit to:
By post: Suntory Health Insurance Association
2-1-40 Dojimahama, Kita-ku, Osaka 530-0004

【提出先】
〒530-0004 大阪市北区
サントリー大阪オフィス内
サントリー健康保険組合宛

Application Form for Issue/Reissue of Eligibility Verification Certificate

健康保険 資格確認書 (再) 交付申請書

Health insurance code and number of the insured

被保険者の記号・番号 記号 1601	番号 12345	Working office 勤務先事業所 SWH	Division 部署 〇〇部
被保険者氏名 Insured Person's name 健康 太郎		Birth Date: (YY/MM/DD) 被保険者の生年月日 平成 2年 4月 30日	
(再) 交付対象者 Person to whom the certificate is (re)issued 健康 花子		Relationship 続柄 長女	Birth Date: (YY/MM/DD) 対家者の生年月日 平成 30年 1月 1日

Reason for applying

申請理由

(いずれかに○)

- (Circle one.)
1. マイナ
1. Lost Individual Number Card
 2. マイナ
2. In the process of renewing Individual Number Card
 3. マイナ
3. Individual Number Card electronic certificate has expired.
 4. マイナ
4. Individual Number Card issued but not registered for use as a health insurance card
 5. マイナ
5. No Individual Number Card issued
 6. マイナ
6. Individual Number Card returned
 7. マイナ
7. Support from a third party (e.g., caregiver) required to receive examinations and treatment with a Myna health insurance card
 8. 健康保
8. Lost health insurance card (Note that no Eligibility Verification Certificate can be issued to those who have a Myna health insurance card.)
 9. 資格確
9. Lost Eligibility Verification Certificate
- * If your health insurance card or Eligibility Verification Certificate is lost or stolen, it is recommended that you report the loss or theft to the nearest police station to avoid the risk of misuse. This will serve as legal proof of the loss or theft.

(申請理由が 8、9 の場合のみ)

今後は紛失することのないように注意す
また、紛失した資格確認書または健康

(The following pledge is required only if the reason for applying is 8 or 9:)

I will be careful not to lose the certificate and if I find the lost Eligibility Verification Certificate or health insurance card, I will return it immediately.
If your Association suffers any damage due to misuse of the lost Eligibility Verification Certificate or health insurance card, I, the insured, pledge to be responsible to compensate for the damage.

【和暦】 年 月 日
Insured Person's Address
被保険者 住所

Application Date(YY/MM/DD)

Insured Person's Name 氏名

The Eligibility Verification Certificate will be sent by simple registered mail.
Please enter the recipient name and address where it can be received.

資格確認書は、簡易書留にて郵送いたします。受取可能な住所と宛名を記入ください。

資格確認書送付先	〒 Zip Code	TEL Telephone
	(宛名) Name	携帯 Mobile Number

Where to send the Eligibility Verification Certificate

※ 健保処理欄

常務理事	事務長	担当者	交付年月日