

記入見本

被保険者 被扶養者 埋葬料（費）請求書

被 保 険 者 場 合 （ 記 入 ）	社員番号	○ ○ ○ ○ ○ ○	フリガナ	ハナツバキ タロウ
	Health Insurance Card [Symbol] [Number]	号 ○ ○ ○ ○ ○ ○ 号 ○ ○ ○ ○ ○ ○	請求者の氏名	花椿 太郎
	Name of Claimant	花椿 太郎	Relationship to Insured Person	夫
	In the case that Insured Person deceased	Address of Claimant ○○○ ○○○ ○○○ ○○-○ Date of Death: [Heisei] / [Reiwa] [Year][Month][Date] 平成 ○ 年 ○ 月 ○ 日 Date of Burial: [Heisei] / [Reiwa] [Year][Month][Date] 平成 ○ 年 ○ 月 ○ 日	Phone Number	000-0000-0000
被 扶 養 者 場 合 （ 記 入 ）	Name of Dependant	氏名	Relationship to Insured Person	
	Date of Death: [Heisei] / [Reiwa] [Year][Month][Date] 平成 ○ 年 ○ 月 ○ 日	Cause of Death (Name of Disease)	〇〇〇	
	Date of Burial: [Heisei] / [Reiwa] [Year][Month][Date] 平成 ○ 年 ○ 月 ○ 日	Burial Expenses	000,000 円	
振 込 先	*Please fill in the claimant's bank account if the case is relevant to 'Decease of Insured Person', 'During voluntarily continued enrollment' or 'After retirement'.			
	合は請求者の口座を記入してください。			
	<div> <div> ○〇〇 </div> <div> [Name of Banking institution] [Bank] / [Shinkin Bank] / [Agricultural Cooperative Society] </div> </div>			
	<div> <div> ● 普通 </div> <div> [Account Number] </div> </div>			
在 職	Section for current employee(Power of Attorney)		委任状	
	"I delegate the receipt of above benefits to the below-mentioned employer."		令和 ○ 年 ○ 月 ○ 日	
	被保		被扶養者が死亡した場合、こちらにご記入ください。	
	Address of Insured Person		Please fill in the Power of Attorney if Dependant deceased.	
事 業 主 記 入 欄	Section for employer		受 付 印	
	請求者様へ支給します。		令和 ○ 年 ○ 月 ○ 日	
	所在地			
	事業所名			
事業主名		Certification from employer is required.		

Note:
If the Claimant is a voluntarily continued member, please submit the form directly to the Health Insurance Society without filling in the 'Section for employer'.

Documents required to be attached:

- Please attach a photocopy of one of the following documents: Death Certificate / Burial Permit / Cremation Permit
- Please attach additional documents in the following cases.

[If the claim is for decease of Insured Person and the Claimant is not a Dependant]

- In the case of sharing a livelihood in a relationship
 - Living together Certificate of Residence (The deceased person and the claimant are listed in the same household.)
 - Living separately Remittance Certificate (Proof of sharing a livelihood in a relationship, a photocopy of document showing regular sending of money as allowance, etc.)
- In the case that there is no family member in a relationship sharing a livelihood
 - Receipts for burial expenses (Addressed to the claimant, showing details of the expenses)