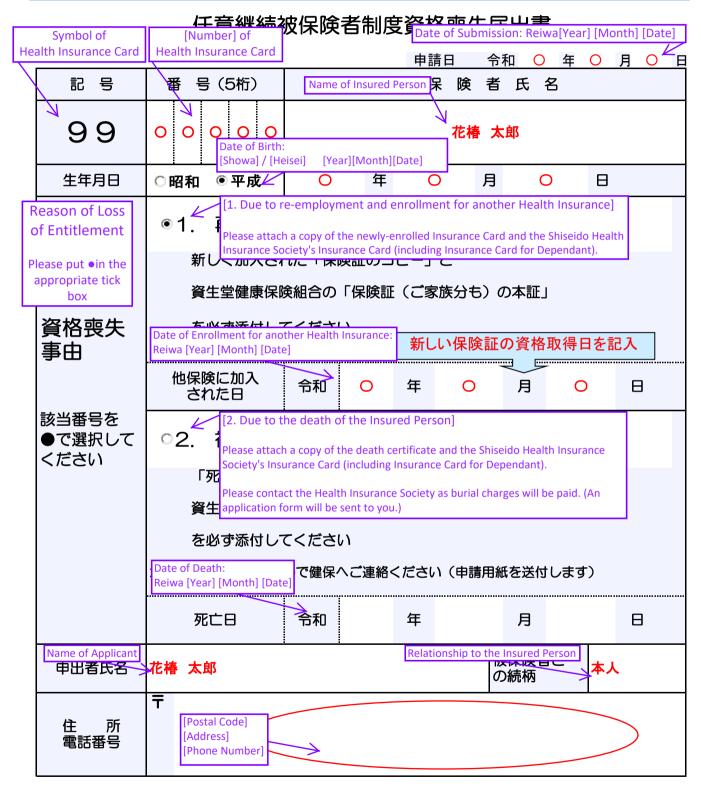
記入見太

This 'Loss of Entitlement' application form is to be submitted in the event of re-employment and enrolling another Health Insurance Society(Association), or in the event of loss of entitlement to insured status due to death of the Insured Person. (The Entitlement cannot be lost during the insurance period except in the case of re-employment or death.)

This application is not necessary in the case of expiration of Voluntarily Continued Insurance period (2 years after enrollment).



Note

1. Insurance Premiums from the month of loss of entitlement onwards will be refunded.

However, if the date of loss and the month of acquisition of your insured status are in the same month, Insurance Premiums will not be refunded.

'The Refund Request Form(還付請求書)' will be sent to the relevant person separately after receipt of this application form.

【送付先】〒105-8310 東京都港区東新橋 1-6-2 資生堂健康保険組合 任意継続担当宛