

Notice of a Change (Correction) of Name of the Insured or the dependent

**[Example]**

保険 氏名変更届

①被保険者

②被扶養者

|      |     |    |    |   |
|------|-----|----|----|---|
| 常務理事 | 事務長 | 課長 | 係長 | 係 |
|------|-----|----|----|---|

|                              |                                       |  |                                    |               |                         |
|------------------------------|---------------------------------------|--|------------------------------------|---------------|-------------------------|
| Health Insurance Card Symbol | Health Insurance Card Number          | Individual Number (or Pension Handbook Number) | Put a circle mark " "              | Birth Date    | Gender: 1.Male/2.Female |
| ① 保険証-記号                     | ② 保険証-番号                              | ③ 個人番号(または基礎年金番号)                              | ④ 生 年 月 日                          | ⑦ 種 別 (性別)    | 送 信                     |
| ※ 3003                       | 12345                                 |  | 大. 3 年 月 日<br>昭. 5<br>平. 7<br>令. 9 | ① 男<br>2. 女   |                         |
| ⑤ 変更後の氏名                     | (氏) 健保 (名) 太郎                         | ① 変更前の氏名                                       | (氏) 東松山 (名) 太郎                     | ⑥健康保険被保険者証作成  | 送 信                     |
| Name after the change        | (フリガナ) ケンポ タロウ                        | Name before the change                         |                                    | ※ 要 0<br>不要 1 | ⑧ 備 考                   |
|                              | Name after the change (With katakana) |  | 令和 ○ 年 ○ 月 ○ 日 提出                  |               | 結婚                      |

◎ 「印欄」は記入しないでください。

|        |                                  |
|--------|----------------------------------|
| 事業所所在地 | 届書記入の個人番号に誤りがないことを確認しました。        |
| 事業所名称  | 〒 Zip Code                       |
| 事業主氏名  | Business Entity Address and Name |
| 電 話    | Name Business Owner              |
|        | Telephone Number (局) 番           |
|        | Date                             |
|        | 社会保険労務士記載欄<br>氏名等                |

The personal information you provide is gathered to help the Bosch Health Insurance Society undertake its operations fairly and in accordance with the Health Insurance Law and relevant notifications. Under no circumstances will this personal information be provided to a third party or used for any purpose other than those stated above. In certain cases, we may contact you to seek clarification of details you have provided, or, if necessary, ask you to provide additional supporting documentation. Please address all inquiries concerning the handling of personal information, requests for disclosure of personal information, and so forth to the Bosch Health Insurance Society General Affairs Section (telephone: 0493-22-0890).

\*To find out more about how we handle personal information, please refer to the "Privacy Policy" on our website.