

●Retained personal information and purpose for use

Types of personal information		Details of personal information	Purpose for its use
Applicable information	Insured persons	Health insurance card code/number, name, date of birth, sex, qualification date, initial acquisition date, date qualification lost, standard monthly remuneration, remuneration record, presence or absence of dependents, address, telephone number	<ul style="list-style-type: none"> <li>■ Collection of insurance premiums, etc. [For use within the health insurance society]</li> <li>• Confirmation of qualification of dependents and establishment of standard monthly remuneration and standard bonuses</li> <li>• Collection of health insurance premiums</li> <li>• Approval of dependents</li> <li>• Issuance of insurance cards for health insurance insured persons [Items requiring provision of information to other operators, etc.]</li> <li>Outsourcing of qualification data processing such as insured persons' names, etc.</li> </ul>
	Voluntary and continuously insured persons	Health insurance card code/number, name, date of birth, sex, qualification date, date qualification lost, standard monthly remuneration at time of loss of qualification, presence or absence of dependents, address, telephone number, bank account number	
	Dependents	Name, date of birth, sex, relation to dependents, occupation (or name of school), average monthly income, living together or separately, circumstances of support	
Receipt information	Insured persons and dependents	Classification of insured person/dependent, examination classification, insurer number, health insurance card code/number, benefit ratio, year and month of consultation, prefecture code, medical institution code, name, date of birth, sex, special notes, due to work, name and address of medical institution, department of consultation, name of injury or illness, date consultations commenced, transferred or discharged, actual number of days of consultation, final points, public expense points, amount of partial contribution, amount contributed by patient, amount contributed for outpatient treatment, amount contributed for inpatient treatment, amount of high medical expenses, amount contributed for pharmaceuticals, public expense portion of amount contributed for pharmaceuticals, number of days of treatment with meals, public expense portion of number of days of treatment with meals, set amount for treatment with meals, public expense portion of set amount for treatment with meals, standard contribution for treatment with meals, public expense portion of standard amount for treatment with meals, consultation details, images (receipt images)	<ul style="list-style-type: none"> <li>■ Review/payment of consultation and treatment expenses [For use within the health insurance society]</li> <li>Check/review of details of breakdown of medical expenses (receipts), etc. [Items requiring provision of information to other operators, etc.]</li> <li>• Outsourcing of check/review of receipt data</li> <li>• Outsourcing of data entry for processing of receipt data and image reading and processing</li> </ul>
		Code/number, name, date of birth, name of judo therapist, year and month of operation, cost of operation, name of injury or illness, bank account of judo therapist for transfers	
Judo therapy information	Insured persons	Code/number, name, date of birth, name of judo therapist, year and month of operation, cost of operation, name of injury or illness, bank account of judo therapist for transfers	<ul style="list-style-type: none"> <li>■ Stabilization of health insurance society management [For use within the health insurance society]</li> <li>• Medical analysis, illness analysis [Items requiring provision of information to other operators, etc.]</li> <li>• The outside trust which is data processing it affects in an investigation, an analysis of medical expenses and notice of medical expenses.</li> </ul>
	Dependents	Names of insured person, relation to dependents, (other details as per the insured person)	
Cash benefits	Insured persons	Health insurance card code/number, name, date of birth, address, telephone number, bank account for transfers, name of medical institution where consultation was performed, year and month of consultation, income, basic pension number, amount of pension, medical expenses, date aids were fitted, purchase cost of aids, income for the previous year (for those exempt from tax only), transfer expenses, name of certifying medical institution, period unable to work, salary received during period unable to work, work attendance record during period unable to work, (scheduled) delivery date, number of children born, names of children born, relationship, date of death, cause of death (name of illness), details of removal from family register, funeral expenses (actual funeral costs only), address of applicant, telephone number, bank account for transfer	<ul style="list-style-type: none"> <li>■ Insurance benefits for insured persons, etc. [For use within the health insurance society]</li> <li>• Implementation of insurance benefits and additional benefits [Items requiring provision of information to other operators, etc.]</li> <li>• Automatic payment of high medical expenses, partial contribution reimbursements, etc.</li> <li>• Outsourcing of translation work when overseas medical expenses arise</li> <li>• Claims for compensation from non-life insurance companies, etc. arising from actions of a third party</li> <li>• Joint operations involving the National Federation of Health Insurance Society's high medical expense benefits</li> <li>• Notification to insured persons of medical expenses</li> <li>■ Stabilization of health insurance society management [For use within the health insurance society]</li> <li>• Medical analysis, illness analysis</li> </ul>
	Dependents	Name, date of birth, name of insured person, relation to dependents, bank account for transfers, name of medical institution where consultation was performed, year and month of consultation, name of injury or illness, income for the previous year (for those exempt from tax only), medical expenses, date aids were fitted, purchase cost of aids, (scheduled) delivery date, number of children born, names of children born, relationship, date of death, cause of death (name of	

Regular health examination information	Insured persons	Code/number, name, address, date of birth, telephone number, name of workplace, workplace employee code, consultation expenses, items not included in examination, type of examination (regular/special), date of examination, name of institution where examination was performed, address of institution where examination was performed, images (X-ray photos), ECG, observations, name of doctor, name of test technician, name of nurse, history of past illnesses, history of present illness, subjective symptoms, medical examination record, results of medical examination, personal habits, name of person in charge at workplace	<ul style="list-style-type: none"> <li>■ Implementation of health activities [For use within the health insurance society]</li> <li>▪ Medical examinations conducted in cooperation with the employer for the purposes of maintaining and promoting health</li> <li>▪ Health guidance and health counseling for the purposes of maintaining and promoting health [Items requiring provision of information to other operators, etc.]</li> <li>▪ Partial outsourcing of medical examination subsidiary operations</li> <li>▪ Outsourcing of test results analysis</li> </ul>
Complete medical checkup information	Insured persons	Address, name, date of birth, registration number, consultation number, sex, telephone number, day and time of examination, course applied for, workplace, title, amount paid for medical examination, name of institution where examination was performed, images (X-ray photos), examination items, items not included in examination, observations, directions, overall comments, history of past illnesses, family history, history of present illness, medical examination and consultation record, presence of abnormalities, duties, personal habits, subjective symptoms, test results, name of doctor, name of test technician, name of nurse	<ul style="list-style-type: none"> <li>■ Implementation of health activities [For use within the health insurance society]</li> <li>▪ Medical examinations, health guidance and health counseling for the purposes of maintaining and promoting health [Items requiring provision of information to other operators, etc.]</li> <li>▪ Outsourcing of test results analysis</li> <li>▪ Outsourcing of medical examinations for persons employed in remote locations</li> </ul>
Housewives' medical examination, etc.	Dependents	Names of insured person, relation to dependents, (other details as per the insured person)	
Information on medical examinations at clinics under direct management	Insured persons	Health insurance card code/number, address, name, date of birth, telephone number, number and name of insurer, address, name and address of workplace, public expense contributor number, recipient number, date consultation commenced, consultation fee, details of consultation, name of doctor, name of test technician, name of nurse, images (X-ray photos), test observations, prescription record, history of past illnesses, family history	<ul style="list-style-type: none"> <li>■ Implementation of health activities [For use within the health insurance society]</li> <li>▪ Operation of clinics for the purposes of maintaining and promoting health</li> <li>▪ Implementation of medical examinations, health guidance and health counseling for the purposes of maintaining and promoting health [Items requiring provision of information to other operators, etc.]</li> <li>▪ Outsourcing of test results analysis</li> </ul>
	Dependents	Names of insured person, relation to dependents, (other details as per the insured person)	
Health guidance	Insured persons	Health insurance card code/number, name, title, names of dependents, address, date of birth, telephone number, name of workplace, workplace employee code, items not included in examination, names of examination items, date of examination, name of institution where examination was performed, address of institution where examination was performed, details of counseling/guidance, observations, name of health worker/nurse, name of head doctor, history of past illnesses, family medical history, information from current medical clinic and other medical institutions, circumstances of treatment, employment restriction classification, health survey, daily lifestyle survey, name of person in charge at workplace	<ul style="list-style-type: none"> <li>■ Implementation of health activities [For use within the health insurance society]</li> <li>▪ Implementation of various health activities for the purposes of maintaining and promoting health [Items requiring provision of information to other operators, etc.]</li> <li>▪ Outsourcing of health counseling and health guidance to regional occupational physicians</li> </ul>
	Dependents	Names of insured person, relation to dependents, (other details as per the insured person)	
Information on users of other health services	Insured persons	Health insurance card code/number, name, address, telephone number, date of birth, name of employer, name of workplace, employee code, sex, qualification date, date qualification lost, date of respective medical examinations, name of medical institution where respective examinations were conducted, details of counseling/guidance, details of observations, name of doctor, name of nurse, history of past illnesses, prescription record, records of various purchases	<ul style="list-style-type: none"> <li>■ Implementation of health activities [For use within the health insurance society]</li> <li>▪ Implementation of health activities for the purposes of maintaining and promoting health</li> <li>▪ Implementation of medical examinations, health guidance and health counseling for the purposes of maintaining and promoting health [Items requiring provision of information to other operators, etc.]</li> <li>▪ Outsourcing of sales of household medicines, health products, etc., telephone health counseling, and physical education promotion activities</li> </ul>
	Dependents	Names of insured person, relation to dependents, (other details as per the insured person)	

## **[Joint operations relating to benefits for high medical care costs, conducted in cooperation with the National Federation of Health Insurance Societies]**

### **1. Purpose of use of personal information in joint operations**

To apply for subsidies related to benefits for high medical care costs handled jointly with the National Federation of Health Insurance Societies (NFHIS) pursuant to Article 2 of the Supplementary Provisions of the Health Insurance Law (under which the NFHIS pays a portion of any high medical care expenses incurred by the Society).

### **2. Personal information items to be used jointly**

Copies of receipts and documents containing information such as a person's name, gender, insured/dependent status, inpatient/outpatient status, month and year of diagnosis and treatment, and billing history

### **3. Scope of parties handling personal information**

- Society personnel
- Employees of the NFHIS's Society Financial Support Group
- Subcontractors providing operational services to the NFHIS (the Social & Information Systems Department of the Japan Productivity Center for Socio-Economic Development)

### **4. Persons responsible for the administration of personal information**

- The Society's personal information protection supervisors
- The Group Manager of the NFHIS's Society Financial Support Group

## **[Sharing health checkup results with employers]**

### **1. Purpose of joint use of personal information**

Results of health checkups are used jointly by the employer (the Company) and the Society to promote health management and improvement.

### **2. Personal information items to be used jointly**

Results of periodic health checkups and secondary checkups  
Employers are not concerned with the results of gastrointestinal checkups or spousal checkups conducted by the Society.

### **3. Scope of parties handling personal information**

- Society personnel
- Employer personnel
- Health Checkup Service Subcontractor (Ippan Zaidan Hojin Nihon Yobou Igaku Kyokai)

### **4. Persons responsible for the administration of personal information**

- Society personnel
- Employer personnel
- Health Checkup Service Subcontractor

## ● Regarding items that require consent

At the Bosch Health Insurance Society, we have decided not to make any changes to handling procedures for the following items. However, because these items all involve the submission of material by a third party, the consent of the person concerned is required. On the other hand, with regard to items that are beneficial to the insured person, and to items that place a considerable burden on the operator and for which gaining clear consent from the insured person would not necessarily be reasonable, in accordance with Ministry of Health, Labour and Welfare guidelines, general consent is deemed sufficient. Consequently, at the Bosch Health Insurance Society, because we have decided to deem the following items to be covered by general consent, any persons who do not consent should contact the Bosch Health Insurance Society's Personal Information Counseling Office.

1 Payment of high medical care costs (reimbursement of medical expenses in cases where the cost of medical treatment is high) through an employer without an application by the insured person.

2 Payment of additional benefits (benefits in addition to those covering medical or other expenses actually incurred) through an employer without an application by the insured person.

3 Notification of medical expenses (consultation notification including patient's name, month of consultation, medical expenses, name of medical institution, etc.) on a household rather than an individual basis.

\*Note that with regard to 4 Notification of medical expenses, because this item requires the consent of relevant family members in addition to the consent of the insured person, family members who do not consent should contact the Bosch Health Insurance Society's Personal Information Counseling Office.

Office: General Affairs Section, Bosch Health Insurance Society Tel. 0493-22-0890

Hours: 9:00–17:00