



Messrs. Bosch Health Insurance Society,

# Influenza Vaccination Subsidy Bill

※Voluntarily continued insured persons are requested to apply using “Health Service / Expense Application”.

**【Applicant (Insured Person)】**

Date: (M) 11 (D) 15 ,(Y)2024

Insurance card	Symbol	9999	Insured Person's Name	Kenpo Taro
	No.	99999		
Site Name (Company Name)	XXXXXX			Contact Phone No.
Unite Name	XX - XX / XXXX			XX-XXXX-XXXX

**【Vaccination Status】**

Please fill in even if the vaccinated person is an insured person only.

Vaccinated Person's Name	Relationship	Date of Vaccination	Name of Medical Institution	Expense	
Kenpo Taro	XX	(M) 10 (D) 30 ,(Y) 2024	〇〇病院	4,000Yen	
Kenpo Hanako	XX	(M) 10 (D) 30 ,(Y) 2024	〇〇病院	4,000Yen	
Kenpo Ichiro	XX	(M) 10 (D) 30 ,(Y) 2024	〇〇病院	4,000Yen	
		(M) (D) ,(Y)		Yen	
		(M) (D) ,(Y)		Yen	
		(M) (D) ,(Y)		Yen	
<b>【Conditions for Payment of Subsidy】</b>				<b>Total Amount</b>	12,000Yen

- Object persons for subsidy: Shall be insured persons and their dependents
- Object period: Every year from October 1 to January 31 of the following year
- Number of applications: Once per person during the above period
- Maximum amount of subsidy: ¥2,000/person for insured persons and dependents
- Application method: The subsidy bill + an original receipt are requested to be presented to this Health Insurance Society **(The receipt cannot be returned.)**  
※Vaccination receipts are ineligible for filling your final tax return.
- Receipt entry items: Names of vaccinated persons, dates of vaccination, names of medical institutions (seals), unit price per each vaccination, and clear definition that the cost is for “influenza vaccination”.  
※We accept the receipt, even if it is of a receipt type slip, as long as above-mentioned essential entry items are described and together with the receipt seal of the medical institution. (All the descriptions shall be filled at the medical institution.)
- Cases where you are not eligible for payment:
  - If you have received a group vaccination sponsored by each location
  - When vaccinated using Toshinkyō's influenza vaccination ticket
- Limited only to those vaccinated in Japan
- The vaccination period and submission deadline and so on will be announced separately.

<b>Bosch Health Insurance Society's Entry Field</b> (Please don't fill in here.)	
Determined Amount of Allowance	Yes

**【Where to send Application】**

Bosch Health Insurance Society (Hig-RBHI), Healthcare Promotion Section, Person in Charge of Subsidy

**【Recommended sending method】**

※Since an application document is equal to a security, the following sending method is recommended for prevention of losing it and for clarification of the responsible party.

- ① Sending by general mail:** (Bosch Health Insurance Society, 2-5-5 Yakyūcho, Higashimatsuyama City, 355-0028) Please send it by registered mail or simple registered mail. However, please understand that we don't issue the document that certifies receipt.
- ② When “Internal Registered Mail Application” of Bosch internal mail can be used,** please send it upon writing the internal registered mail application with putting a ✓ mark in the item of requesting “The receipt certificate”. (When “Internal Registered Mail Application” cannot be used, please send it making use of the above-mentioned method ①.)

※ **The sites or business offices which cannot utilize Bosch internal mail ② due to their remote locations, are requested for cooperation to send the materials in bulk.**

The information which you filled is collected for the purpose of our society to operate our service accurately and fairly according to Health Insurance Act and other related notices of authorities. We don't use the personal information for other purposes than this purpose, nor provide it to the third parties. In the meanwhile, there may an opportunity that we ask you for further details about the information which you filled and for the additional evidencing documents, if necessary. For further question on the handling of the personal information or if you have a request for information disclosure and so on, please contact Bosch Health Insurance Society General Affairs Section (Phone 0493-22-0890). ※ As for the handling of personal information, please also see the home page, “Personal Information Protection Policy”. Revised on Apr, 2024