

Health Insurance Maternity Allowance Payment Request

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Entered by insured (applicant)/doctor/midwife

Application Detail	1. Is this maternity allowance requested before or after childbirth?	<input type="checkbox"/>	1. Request before birth 2. Request after birth
	2. In the case of "Request before birth," enter the expected date of delivery. In the case of "Request after birth," enter the expected and actual dates of delivery.	Expected date of delivery	Reiwa YY MM DD
		Date of delivery	Reiwa YY MM DD
	3. Period of leave due to childbirth (application period)	From Reiwa YY MM DD	days
		To Reiwa YY MM DD	
4. Did you receive any remuneration for the above leave period due to childbirth (application period)? Or will you receive it in the future?	<input type="checkbox"/>	1. Yes 2. No	
5. Number of newborn	Single birth Multiple birth (chldn.)		

Entered by doctor/midwife	Name of person giving birth			
	Expected date of delivery	Reiwa YY MM DD	Date of delivery	Reiwa YY MM DD
	Number of newborn	Single birth Multiple birth (chldn.)	Live birth or stillbirth	Live birth Stillborn (weeks pregnant)
	I hereby certify that there is no discrepancy as described above.		Reiwa YY MM DD	
	Location of medical institution			
Name of medical institution				
Name of doctor/midwife		TEL ()		

When correcting the information entered, please cross out the corrected part with a double line and provide the correct information and the name (signature) of certifier.

This notification meets the requirement (i) or (ii). (Please put a check in the box.)

(i) This Request is prepared by the applicant (insured).

(ii) The applicant confirmed that the contents are correct.

A form "Entered by Employer" continues on page 3. ->>>

