Health Insurance — Insured / Family — Medical Care Expenses Application Form

(payment of full medical costs up-front without using health insurance, etc.)

1 | 2

To be filled out by the insured person (the applicant)

Please use double-sided printing to help simplify clerical duties.

Information regarding the insured person (Applicant)

	Symbol	Number	Date of Birth (MM. DD, YYYY)
Insurance card (Fill in from the right side)			☐ Showa ☐ Heisei
Name	(Furigana)		
Address	(〒 -)		
Telephone number (Daytime contact)	TEL ( )		

☐ I delegate the authority to submit this application form to my employer. (Place a check mark in the box to delegate authority)

Designated transfer account

Name of financial institution: Bank / Credit Union / Shinkin Bank / Agricultural Cooperative / Fishery Cooperative / Other ( ) — Main branch / Branch / Local office / Head office / Branch office

Account type: 1. Ordinary 2. Current 3. Special 4. Deposit at notice

Account number: Fill in from the left side.

▼Katakana (Leave one square between your first and last name. Please write diacritic marks (“, ゜) as one character.)

Account holder

Account holder category: 1. Applicant 2. Agent

Beneficiary agent field

Insured person (Applicant)

I delegate the authority to receive benefits based on this application form to the following agent:

Date: Reiwa (Y)/ (M)/ (D)

Name

Address: Same as the address under “Information regarding the insured person (Applicant)”

Agent (Account holder)

(〒 -) TEL ( )

Address

(Furigana)

Name

Relationship between the Delegator and the Agent

“Applicant Entry Form” continues on page 2. 〉〉〉

(R2.12)

Name of the social insurance and labor consultant serving as the agent in submitting this form	

Reception date stamp

The personal information you provide here is collected by the Health Insurance Society in order to conduct business operations in a fair and equitable manner, and in accordance with the Health Insurance Act and related government notices. We do NOT use personal information or provide it to third parties for any other purpose. In addition, we may ask you about the information you have provided, and, if necessary, we may request that you submit evidentiary documents separately. For inquiries or requests for disclosure regarding the handling of your personal information, contact the Bosch Health Insurance Society General Affairs Division at 0493-22-0890.
*For details on the handling of personal information, also refer to the “Privacy Policy” on our website.

Bosch Health Insurance Society
2-5-5 Yakyu-cho, Higashimatsuyama City, 355-0028 Internal mail: Hig RBHI

Health Insurance **Insured** **Family**

Medical Care Expenses Application Form

(payment of full medical costs up-front without using health insurance, etc.)

1 2

To be filled out by the insured person (the applicant)

Name of the insured person	

Application details

1 Person receiving medical care	☐ 1. The insured person 2. A dependent family member
1-(1) If a family member, then that person's	Name / Date of birth MM DD, YYYY
2 Name of injury or illness	3 Date of illness onset or injury occurring MM DD, YYYY
4 Cause of injury and progress (in detail)	
5 Medical institution where treatment was received	Name / Location / Name of physician etc. providing treatment
	Name / Location / Name of physician etc. providing treatment
6 Date(s) treatment was received	From MM DD YY To MM DD YY Number of days day(s)
6-(1) If hospitalized during the above period, the dates in hospital	From MM DD YY To MM DD YY Number of days day(s)
7 Expenses incurred for treatment	Yen
8 Details of treatment	
9 Information about the person receiving treatment	1. I had not yet received my health insurance card as I had only just joined the company 2. Medical examination was unavoidable due to an emergency and I did not have my health insurance card with me ☐ 3. I used someone else's health insurance card by mistake 9. Other (Reason)

☐ This application satisfies the conditions of (1) or (2). (Please check the box ☑.)

(1) This application was prepared by the insured person (the applicant him/herself).

(2) The applicant him/herself has checked that the content of the application is correct.