## Health **Overseas Medical** Application Insurance **Care Expenses**

**Form** 

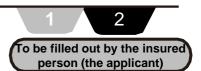
To be filled out by the insured person (the applicant)

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

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and othe sepa	l in er p ara airs	ersonal information you accordance with the lopurpose. In addition, vately. For inquiries or to Division at 0493-22-(etails on the handling	Health Insurance A we may ask you aborequests for disclos 0890.	ct and re out the in sure rega	elated gover nformation arding the	ernment r you have handling	notices. We provided, of your per	e do NO and, if r sonal in	T use p necessa formati	ersona ary, we on, con	l inform may re	ation o	r provi hat you	de it to t I submit	nird part evidenti	ies for a ary doc	any :ument						

## Health Overseas Medical Insurance Care Expenses

## Application Form



Appli	1 Person receiving medical care	1. The insured person 2. A dependent fa	amily member									
Application details	1-(1) If a family member, then that person's	Name	Date of birth	MM DD, YYYY								
details	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 of country											
		Name	Location	Name of physician etc. providing treatment								
	6 Date(s) treatment was received	FromMM DD YY ToMM DD	1 1 1	lumber of days day(s)								
	6-(1) If hospitalized during the above period, the dates in hospital	From MM DD YY MM DD		Number of days day(s)								
	7 Expenses incurred for treatment	( ) Please enter the currency (e.g. U.S. dollars).										
	8 Details of treatment											
	9 Information about the person receiving treatment	Are they currently planning to return to Japan? Or  1. Yes  2. No  Reasons for staying ab  Period of travel ( Purpose of travel Reasons for travel										

- $\hfill\Box$  This application satisfies the conditions of (1) or (2). (Please check the box  $\normalfont{$\sc Z$}.$  )
  - (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.