# A Guidebook for Kyoukai Kenpo

How to fill out the application forms for the health insurance system







# How to fill out the application forms for the health insurance system

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### Introduction

Alongside information on "How to fill out the application forms for the health insurance system," this guidebook provides information on the flow of procedures, required documents, and submission deadlines. Please use this information when making applications.





Please refer to A Guidebook for Kyoukai Kenpo details on each system.

#### **GUIDANCE**



### Remember to check our website.

The site contains the latest information on the health insurance system, including examples of how to fill out application forms and notification procedures.

https://www.kyoukaikenpo.or.jp

Kyoukai Kenpo

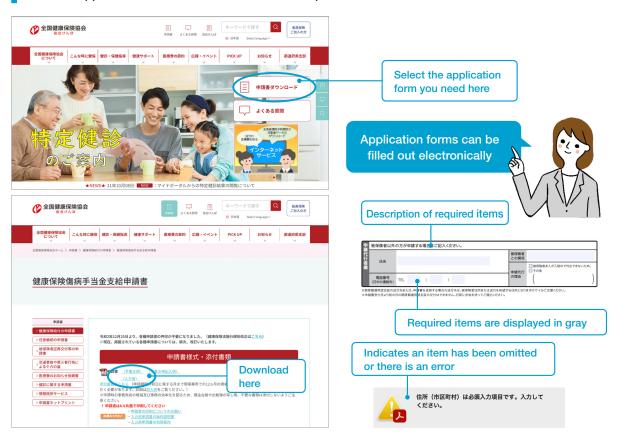


Or scan the following QR code:



#### Application forms can be downloaded from our website.

All of our application forms can be downloaded and printed from our website.



#### **Requests When Printing Application Forms**

Kyoukai Kenpo is working to improve the efficiency of our screening processes by scanning the documents you submit. To ensure our scanners can read the content correctly, please follow the guidelines on the right when printing out documents such as application forms.

- A4, printed at 100% scale on one side of the page
- 2 Set toner and ink settings to normal (turn off ink-saving functions)

#### Changes to Format of Some Application Forms (from January 2023)

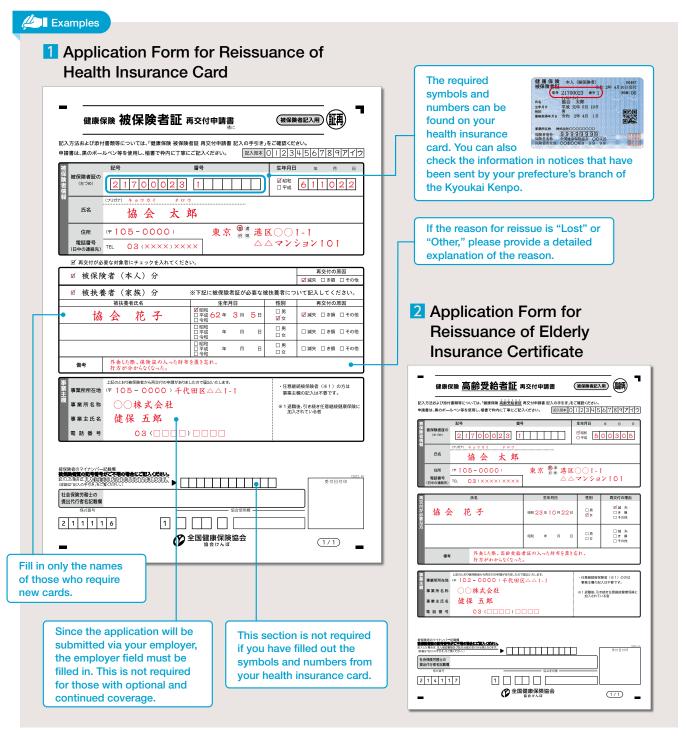
Some application forms will be revised from January 2023 to a new format that is easier to read and fill out. Please assist us in the smooth transition to these new forms.



## **Application Form for Reissuance**

See page 41 of A Guidebook for Kyoukai Kenpo

If you lose or damage your health insurance card or Elderly Insurance Certificate, submit an "Application Form for Reissuance of Health Insurance Card" or "Application Form for Reissuance of Elderly Insurance Certificate" to receive a new one.





- Submission Period
   When you have lost your health insurance card or elder beneficiary certificate
- Place of Submission
  For insured persons and their dependents who work at a workplace → Kyoukai Kenpo branch with jurisdiction over that workplace For those with optional and continued coverage and their dependents → A Kyoukai Kenpo in your prefecture
- Attached Documents
   If you are applying for reissue due to "Damage," please attach your damaged health insurance card or elder beneficiary certificate.



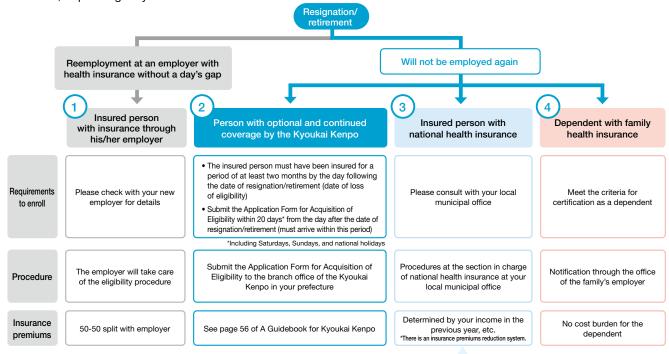
## **Application Form for Optional and Continued Coverage**

See page 55 of A Guidebook for Kyoukai Kenpo

After you lose your eligibility for health insurance due to reasons such as resigning, you can apply to continue your insurance coverage if you meet the requirements.

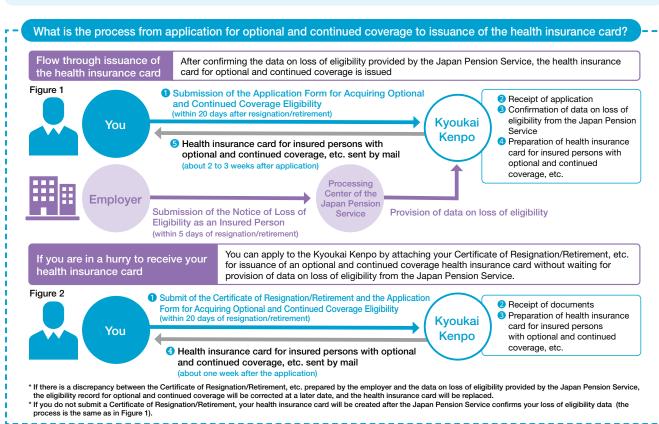
## **Enrollment in Health Insurance after Resigning**

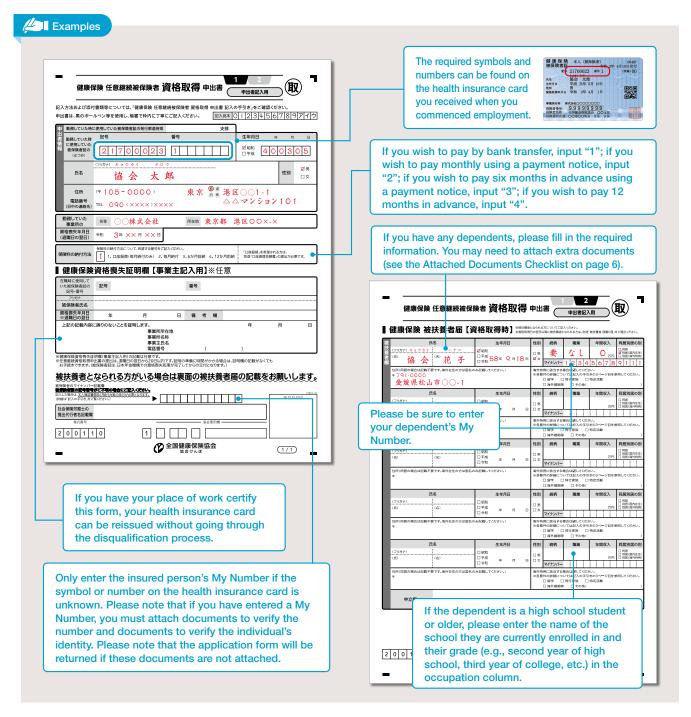
After resigning, you will need to carry out the necessary procedures to enroll in one of the following options for health insurance, depending on your situation.



#### There is a system to reduce the national health insurance premiums for "insured persons subject to special exceptions"

There is a system to reduce national health insurance premiums for people who are unemployed due to bankruptcy, dismissal, etc. (people eligible for specified benefits and people who have left their jobs for specified reasons). Please confirm the details with your local municipal office.

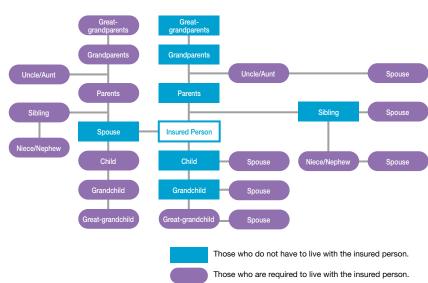




#### Requirements for Dependents

- Under 75 years of age, resides in Japan, and depends primarily on the insured person's income for their livelihood.
- 2 Is an eligible family member (falls within three degrees of kinship)
- Meets the income requirements for being a dependent
  - If living with the insured person:
     Annual income of less than 1.3 million yen\* and earns less than 1/2 of the insured person's annual income
  - If not living with the insured person:
     Annual income of less than 1.3 million yen\* and earns less than any amounts sent to them by the insured person.

Note: Less than 1.8 million yen if 60 years or older or a recipient of a disability pension





#### Application Period

Within 20 days from the day after the date of resigning (date of disqualification). The application must arrive at the branch within 20 days if sent by mail.

Note: Applications may be accepted even after the submission deadline if there is an unavoidable and legitimate reason as recognized by Kyoukai Kenpo (e.g., natural disaster, transportation/communication strike, etc.).

Place of Submission

Kyoukai Kenpo branch in your prefecture

#### Attached Documents Checklist

- ☐ Those who wish to use bank transfer to pay insurance premiums → Request Form for Bank Transfer (optional)
- Documents confirming the date of resignation (copy of resignation certificate, copy of notice of disqualification, or fill in proof of disqualification section on the form to continue insurance status)

#### Required attachments if you have dependents

	Living Together/	Age Student		•	T		attache ments	ed
If the fro	Apart	Age	Student	•	Income	Allowance money	nents	Living together
If the individuals were dependents from the time of employment		Under 16 years old		<b>&gt;</b>				
luals v time o	Living Together	16 years and	Student	•	✓			
vere d f empl		older	Ider Non-student					
epend loymer	Apart	Under 16 years old		<b>&gt;</b>				
ents 1t		16 years and	Student	<b>&gt;</b>	✓			
		older	Non-student	•	✓	✓		

	Living Together/	Age	Student	•	Types of attac			ed
	Apart	Age	Student	•	Income	Allowance money	Relationship	Living together
Forn		Under 16 years old		<b>&gt;</b>			<b>✓</b>	<b>✓</b>
For new dependents	Living Together	16 years and	Student	•	<b>✓</b>	✓	<b>✓</b>	
		older	Non-student	<b>&gt;</b>	✓		nents	<b>✓</b>
	Apart	Under 16 years old		•			<b>✓</b>	
		16 years and	Student	•	✓		✓	
		older	Non-student	<b>&gt;</b>	/	<b>✓</b>	<b>✓</b>	

Note: If the insured person and the person to be certified as a dependent live together, a residence certificate (showing the relationship of all household members) can be used to confirm the relationship that they are living together. Please refer to the table below for specific examples of attachments.

Examples of required attachments		No income	<ul> <li>The most recent taxation certificate (or certificate of tax exemption), etc. issued by the municipality Note: Even if the individual's income is zero, proof of this is required.</li> </ul>						
		Those with income from part-time jobs	One of the following:  The most recent taxation certificate (or certificate of tax exemption), etc. issued by the municipality  Copies of pay slips for the last three months  [Under 60 years old: less than 108,334 yen per month] [60 years or older: less than 150,000 yen per month]						
	Income	Those who have resigned	One of the following:  Copy of unemployment slip Copy of resignation certificate issued by the company Copy of certificate of eligibility for unemployment insurance (copy)  [Under 60 years old: less than 3,612 yen per day]						
		Self-employed, farmers, and those with real estate income	Copy of most recent tax return form (final return)     Note: Must have a seal of acceptance from the tax office or an indication of receipt of electronic application.						
		Those with pension income	<ul> <li>A copy of the most recent notice of pension revision or a copy of the most recent pension amount transfer notice</li> </ul>						
	Allowance money	If you are living separately	One of the following:  Bank transfer receipt  Registered postal cash envelope receipt  Copy of bank book, etc.  Note: Documents that allow for confirmation of allowance that exceeds annual income  Note: Documents that allow for confirmation of names and amounts sent by the sender to the receiver						
achme	Living together	Those who are required to live together	<ul> <li>Residence certificate(issued within 90 days of the date of submission; must show the relationship of all household members)</li> </ul>						
nts	Relationship	Documents to confirm identity	One of the following:  Original copy or extract of the family register  Residence certificate (if living together) (issued within 90 days of the date of submission, must show the relationship of all household members)						
		Spouse in de facto marriage	<ul> <li>Original copy or extract of the family register and residential certificates [must indicate the relationship of the wife (unofficially registered) and husband (unofficially registered), etc.]</li> <li>(issued within 90 days of the date of submission, must show the relationship of all household members)</li> </ul>						
	Living abroad	For dependents living abroad	Please prepare the following documents alongside the documents required for domestic residents to be certified as dependents.  Documents proving that the applicant meets the requirements for an exception for living abroad. [If studying abroad] A copy of their visa, student ID, certificate of enrollment, and certificate of admission [If traveling overseas for volunteer activities or purposes other than employment] A copy of their visa, proof they are assigned with a volunteer group, volunteer participation agreement, etc.						

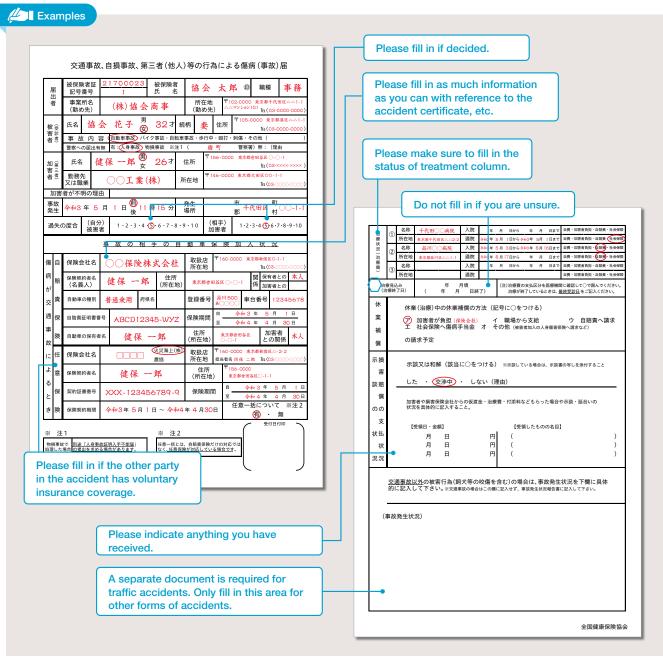


# Notice of Injury or Illness (Accident) Caused by a Third Party Act

See page 42 of A Guidebook for Kyoukai Kenpo

If you are injured due to the act of a third party, such as a traffic accident\*, and you receive medical treatment using your health insurance card, you will need to submit a "Notice of Injury or Illness (Accident) Caused by a Third Party Act."

Note: Excludes accidents at work (work-related accidents) or commuting accidents.



Checklist
 Officerist

Application Timing	<ul><li>Attached</li></ul>	Documents	Checklis
Duramentle :			

Promptly

**Traffic Accidents** 

Agreement Report on Cause of Injury (Notice of Cause of Injury)

Report on Situation of Accident Traffic Accident Certificate

Letter of Commitment and Memorandum for Payment of Compensation for Damages

Statement of Reasons for Not Being Able to Obtain a Personal Injury Certificate (when treated as a property damage accident, etc.)

Other Accidents

Report on Cause of Injury (Notice of Cause of Injury)

Letter of Commitment and Memorandum for Payment of Compensation for Damages Agreement



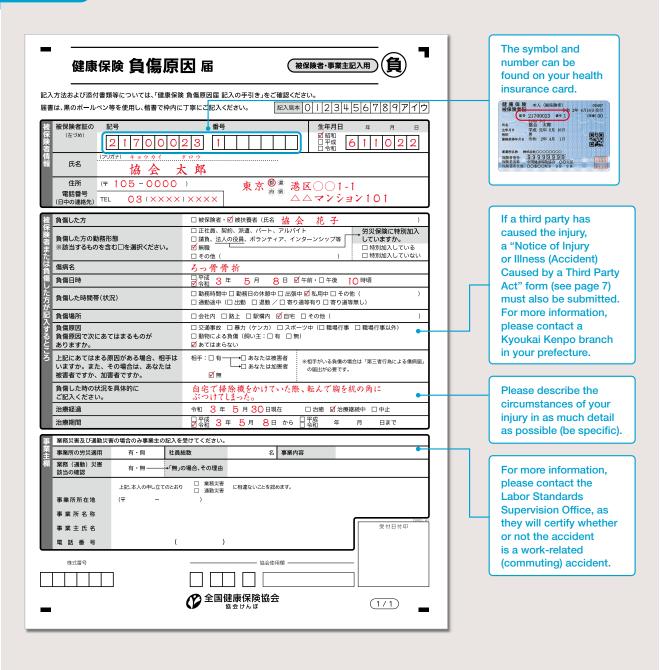
## Notice of Cause of Injury

See page 41 of A Guidebook for Kyoukai Kenpo

If you apply for various benefits due to an injury, you must submit a "Notice of Cause of Injury" as an attached document. If the illness/injury was caused by an act of a third party, you must submit a "Notice of Injury or Illness (Accident) Caused by a Third Party Act" as well.

Note: Excludes accidents at work (work-related accidents) or commuting accidents.







- A "Notice of Cause of Injury" form is required when applying for the next payment.
- Medical expenses (therapeutic orthotic)
- O Medical expenses (advance payment for a third party, etc.)
- O High-cost medical expenses
- Injury and sickness allowance
- O Burial charges (expenses)
- Family burial charges

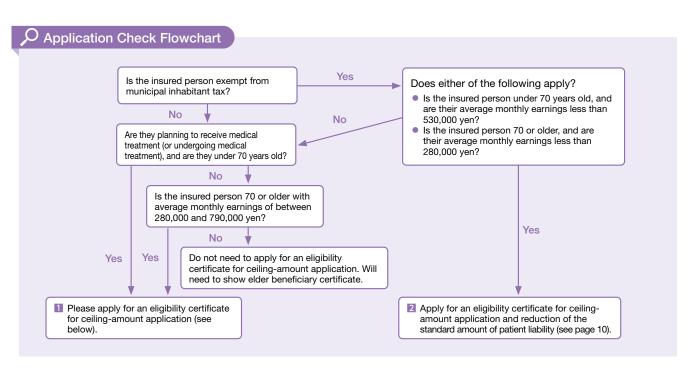
Must be submitted only when applying for the first time

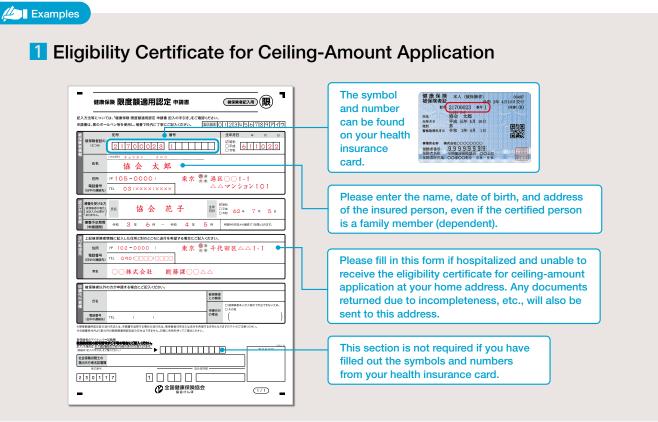


## **Eligibility Certificate for Ceiling-Amount Application**

See page 43 of A Guidebook for Kyoukai Kenpo

If high medical expenses are expected, you can apply for an "eligibility certificate for ceiling-amount application" in advance. By presenting this certificate at the counter of the medical institution, etc., the amount you have to pay at the counter will be limited to the legally mandated maximum amount.





medical institutions, etc.

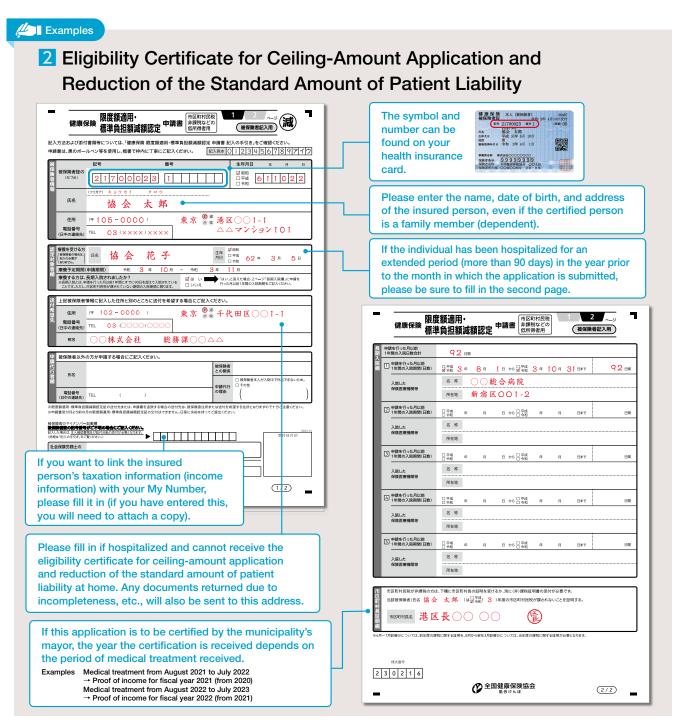
When the insured person and their dependents want to reduce the payment amount at the counter at

☐ "Notice of Cause of Injury" (see page 8) is required if receiving treatment due to injury.



Application Timing

Attached Documents Checklist



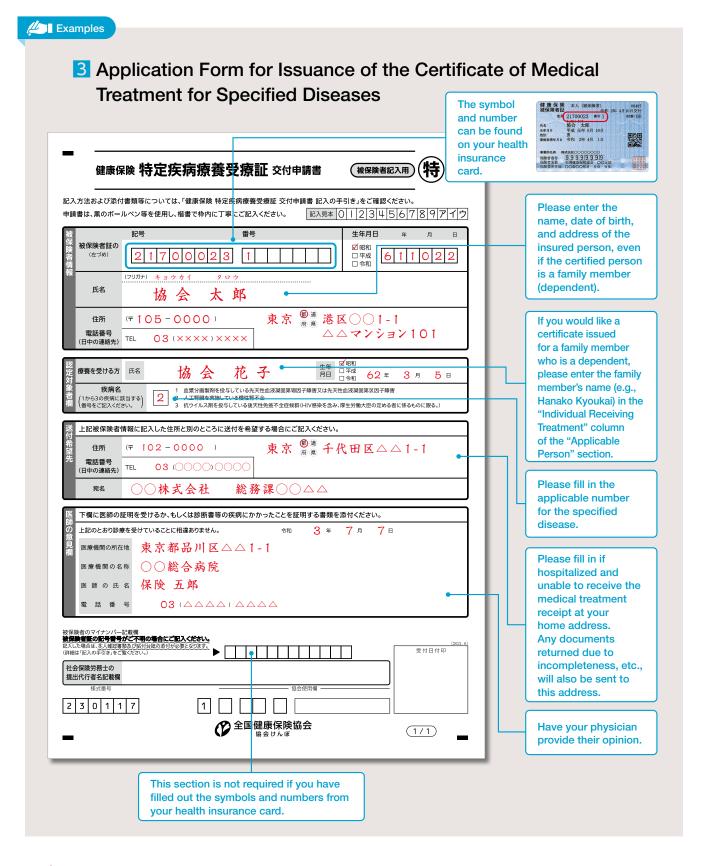


#### Application Timing

If the insured person is exempt from municipal tax and they or their dependents want to reduce the amount paid at the counter of hospitals, medical clinics, or pharmacies.

#### Attached Documents Checklist

	"Notice of Cause of Injury" (see page 8) is required if receiving treatment due to injury.
Low-income	(If My Number has been filled in)  ☐ Template for attaching personal identification documents Application Form for Confirmation of Taxation Information, etc. Using My Number + personal identification documents  (If not filling in My Number)  ☐ Original tax exemption certificate of the insured person  (Note: Not required if certification has been provided in the certification section of the application form)
Ga.1.5	For medical treatment from April to July, the original tax exemption certificate for the previous year  For medical treatment from August to March of the following year, the original tax exemption certificate for the current year  At least 91 days of hospitalization within the last year (long-term hospitalization)
	A copy of a receipt showing the length of hospitalization





Application Timing

When you have to pay high medical expenses for treatment of a specified disease

 Attached Documents Checklist Doctor's certificate

Please fill in the "Physician's Statement" column in the application form and have it certified, or attach a written opinion on a specific disease or other documents (medical certificate, etc.) proving that you have the disease.



## **Application Form for Payment of Medical Expenses**

See page 47 of A Guidebook for Kyoukai Kenpo

If you paid the full amount of medical expenses yourself for reasons such as visiting a medical institution without your health insurance card due to unavoidable circumstances, having therapeutic orthotics made for treatment, or falling suddenly ill while overseas and needing medical treatment, you can file a claim at a later date and receive a refund.

#### O Application Check Flowchart

Which of the following did you pay out-of-pocket?

- 1 Medical expenses for health insurance treatment in Japan
- Cost of orthotic devices made as required by doctors for treatment
  Overseas medical expenses





Which of the following explains why

1 Unable to present health insurance

treatment commenced prior to

receiving the card from place of

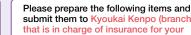
2 Accidentally used an old health

card due to forgetting it or because

you paid your own expenses?

employment

insurance card



workplace).

#### Application Form for Payment of Medical Expenses (therapeutic

#### Examples: page 14

- Receipt (itemized receipt) (original)
- Medical examination report (certificate describing the details of medical treatment)
- Proof of use of orthotic device (original)

Please prepare the following items and submit them to Kyoukai Kenpo's Kanagawa Branch.

3

- Application Form for Payment of Overseas Medical Expenses
  - Examples: page 15
- Attending physician's statement (original and translation)
- Receipt (original) Itemized receipt (original and translation)
- Copy of passport
- Consent form allowing for inquiries to medical institutions, etc. that the applicant has visited abroad



Please prepare the following items and submit them to Kyoukai Kenpo (branch that is in charge of insurance for your

 Application Form for Payment of Medical Expenses (payment for third party, etc.) Examples: page 13

- Receipt (itemized receipt) (original) Medical examination report
- (certificate describing the details of medical treatment)

Please prepare the following items and submit them to Kyoukai Kenpo (branch that is in charge of insurance for your

- Application Form for Payment of Medical Expenses (payment for third party, etc.) Examples: page 13
- Receipt issued by the municipality, etc., which is to be repaid (original)
- Statement of medical expenses received from municipality, etc., which is to be repaid

#### Main cases in which you can receive reimbursement for medical expenses

- $lue{1}$  If you are unable to present your insurance card due to unavoidable circumstances, and you have to pay 100%of the health insurance portion of medical expenses
- If you mistakenly use the insurance card of health insurance you previously subscribed to, and later receive a refund for medical expenses
- If a corset or other treatment orthotic is made and worn under the direction of a doctor
- 4 If fresh blood is purchased through a hospital and transfused
- If you have received treatment of acupuncture, moxibustion, or massage with the approval of a doctor
- 6 If you receive medical treatment at a medical institution, etc. overseas (Injuries caused by work-related accidents are excluded. Cases of going abroad for the purpose of medical treatment are also excluded)
- If you receive treatment from a judo therapist (osteopathic clinic or orthopedic clinic)

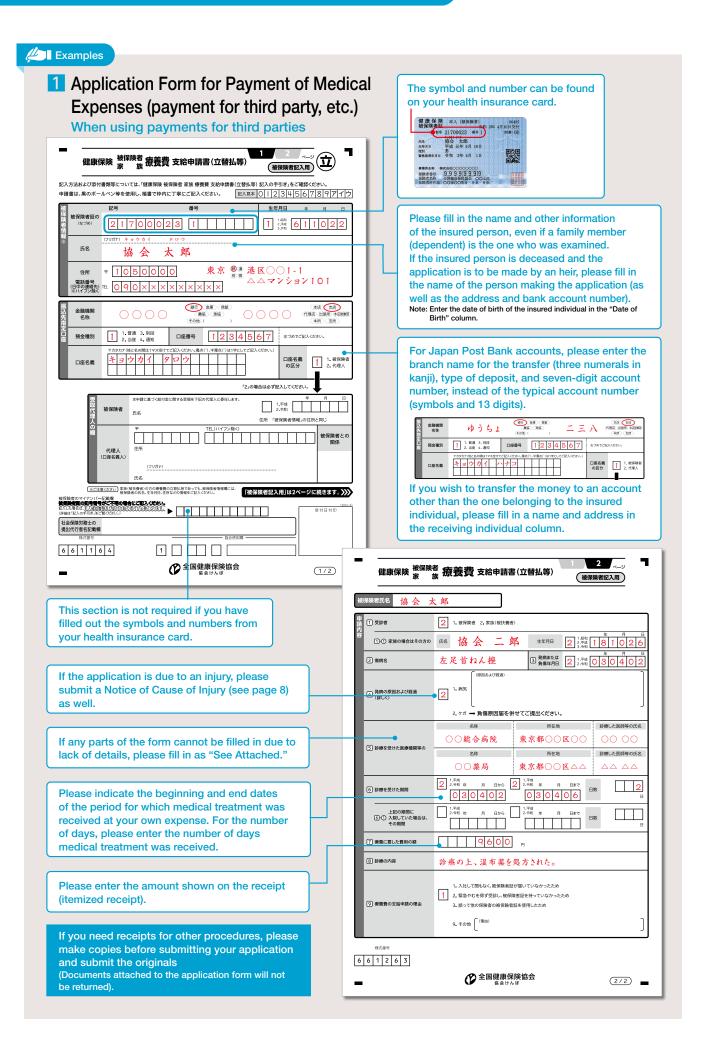
#### Judo therapists (osteopathic clinics or orthopedic clinics) .....

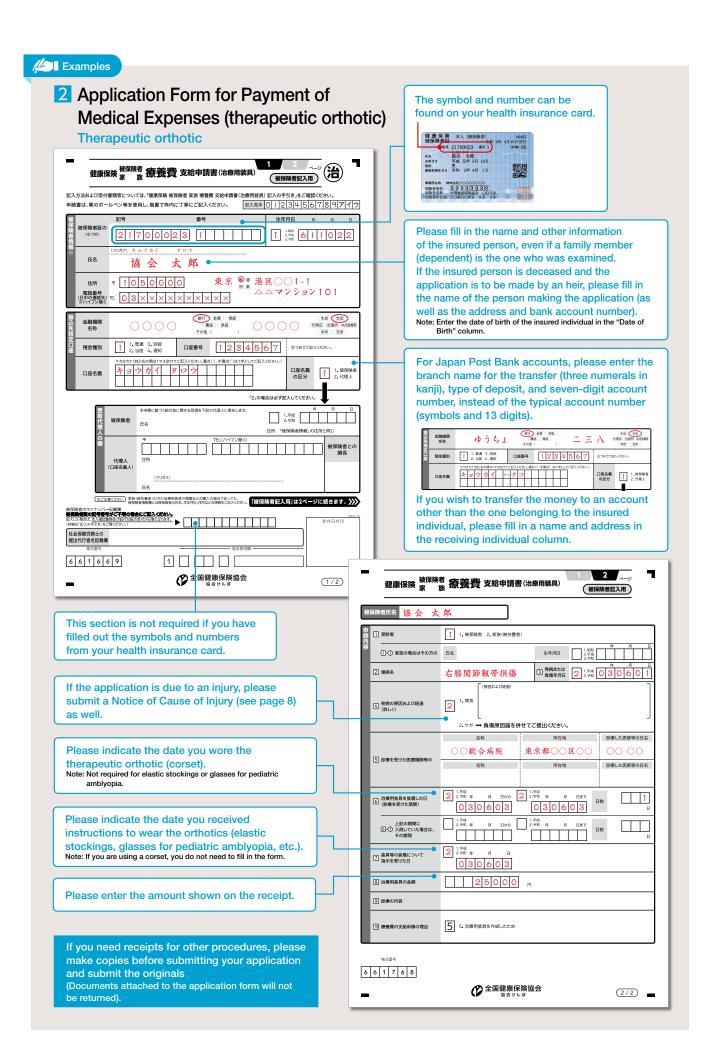
Cases in which health insurance can be used

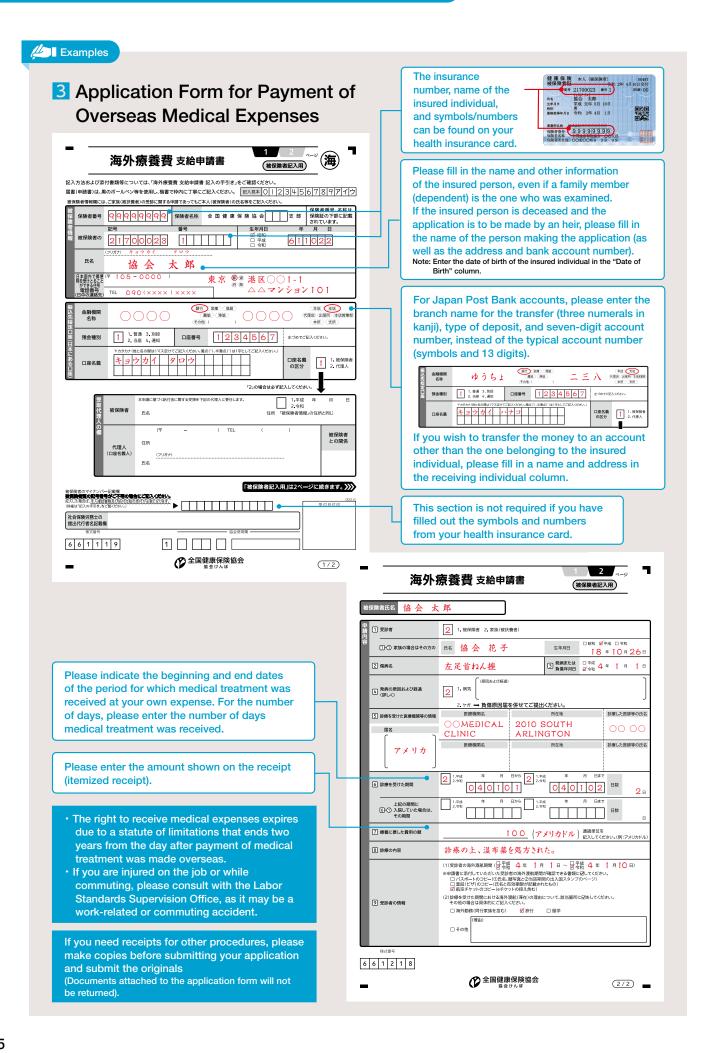
Bone fractures, dislocation, sprains, bruises, pulled or torn muscles, etc., where the cause of injury is clear and the injury is not chronic (with the exception of emergency treatment, bone fractures and dislocation require a doctor's approval)

#### Cases in which health insurance cannot be used

- Fatigue caused by daily life, mere stiffness in the shoulders, poor health, etc.
- Muscular fatigue caused by sports









#### Application Timing

Within two years from the day after payment of medical treatment was made

(In the case of payment for a third party involving a health insurance card from a prior insurance plan, within two years from the day after receiving medical treatment [day of consultation])

#### Attached Documents Checklist

	If you receive out of pocket	Original copies of receipts (receipt statements) (original copies of receipts proving the expenses incurred for medical treatment)				
Advance	medical treatment	☐ Medical examination report (certificate describing the details of medical treatment)				
payment for a third party	If you used an incorrect health insurance card	Original copies of receipts issued by the municipality or other place of return				
	(e.g., National Health Insurance) while enrolled in Kyoukai Kenpo	☐ Medical fee statements ordered from the municipality or other place of return (If the envelope is sealed, please attach the entire envelope without opening it)				
	☐ Original copies of the doctor's opinion and equipment fitting certificate					
	Original copy of the receipt	(with a breakdown of items)				
Equipment	☐ If there is no break	down on the receipt, a copy of the document with the breakdown (such as a copy of the invoice)				
	☐ In the case of orthopaedic	shoes				
	☐ A photograph of the	e equipment (that can be used to confirm that it is the actual equipment to be worn)				
		eyeglasses, etc. (results of eye examination, certificate from a doctor stating the name of the injury or illness*) pia, strabismus, or refractive correction after congenital cataract surgery in children				
□ Everlesee	Examination report (if the results of the eye examination are not clearly indicated in the "Instructions for Eyeglasses, etc.," a copy of the results of the eye examination)					
Eyeglasses	Original copies of receipts (with a breakdown)					
	☐ If there is no breakd	down on the receipt, a copy of the document with the breakdown (such as a copy of the invoice)				
	Original copy of the instruc	tions for wearing elastic gowns, etc.				
Elastic garments, etc.	Original receipts (with a bre	eakdown)				
	☐ If there is no break	down on the receipt, a copy of the document with the breakdown (such as a copy of the invoice)				
	☐ Original copy of the medical statement prepared by an overseas doctor					
	☐ Original copy of the overseas receipt statement					
Overseas medical	☐ Original copy of the receipt					
expenses	☐ Japanese translation (include the translator's signature, address, and contact information)					
	A copy of your passport (the and exit confirmation)	e page that shows the photo of the overseas traveller and the page that shows the country entry				
	☐ A letter of consent to refer to the medical institution, etc. that provided the medical treatment overseas					
When the insur	ed person is deceased, and	their legal heir is applying.				
	Original copy of the family r	register (to confirm the relationship between the insured and the applicant)				

Please note that original documents that you attached cannot be returned.

 $<sup>{}^{\</sup>star}\text{Please}$  keep copies of the documents in case you need them for other procedures, such as municipal procedures.

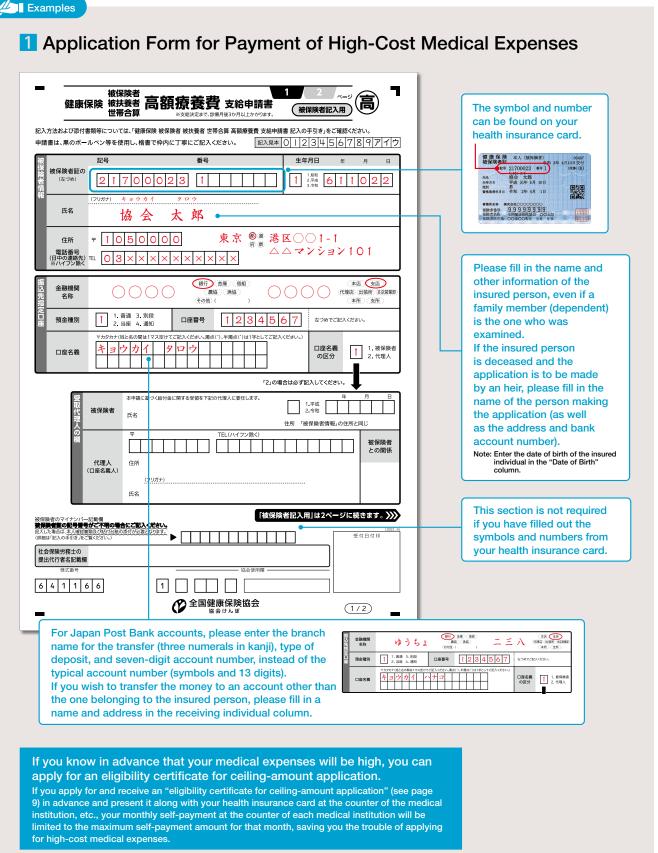


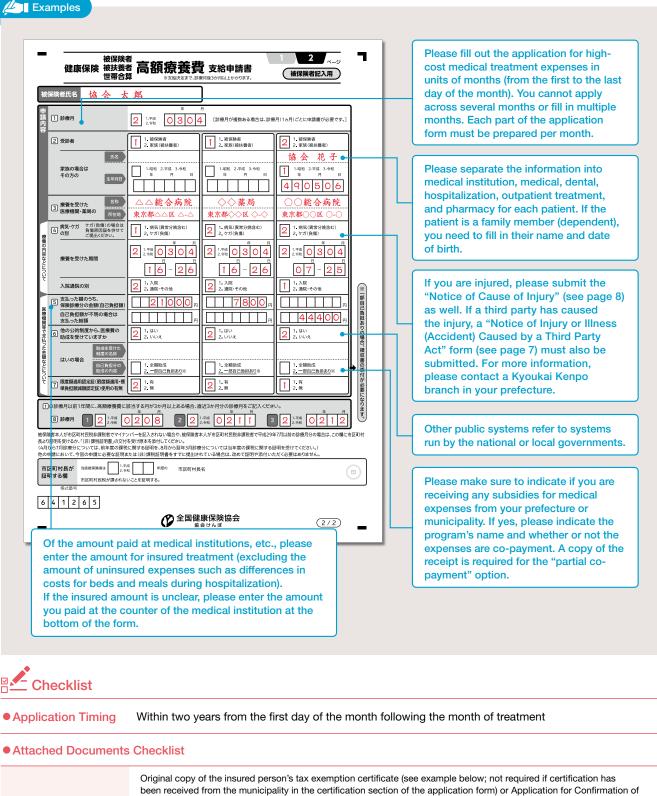
# Application Form for Payment of High-Cost Medical Expenses

See page 44 of A Guidebook for Kyoukai Kenpo

If the amount of partial payment (co-payment) at a medical institution, etc. in the same month becomes so high that it exceeds the co-payment limit, the excess amount will be refunded as a high-cost medical treatment expense.

s t





# Original copy of the insured person's tax exemption certificate (see example below; not required if certification has been received from the municipality in the certification section of the application form) or Application for Confirmation of Taxation Information, etc. Using My Number + personal identification documents. The fiscal year for which the tax exemption certificate is required for screening changes every August. Example 1: If the month of medical treatment is from August 2021 to July 2022: Tax exemption certificate for the fiscal year 2021 Example 2: If the month of medical treatment is from August 2022 to July 2023: Tax exemption certificate for fiscal year 2022 When the insured person is deceased, and their legal heir is applying. Original copy of the family register (to confirm the relationship between the insured and the applicant) If you are receiving subsidies for medical expenses from other public systems Copy of receipt



# 2 Application Form for High-Cost Nursing Combined Medical Expenses and the Application Form for Issuance of a Co-Payment Certificate

**Applying for Payment** 

Apply to the care insurer (city, ward, town, or village) for a co-payment certificate expenses for nursing care insurance, and then apply to the medical insurer with which the applicant (insured person) is enrolled as of July 31 (reference date), attaching the issued certificate for the amount of co-payment expenses.

If you are making an application for payment of the total amount of high-cost nursing care expenses (if you are a member of Kyoukai Kenpo at the end of the calculation period and will apply for the payment), please check (1). If you wish to apply for a co-payment certificate expenses, please check (2).

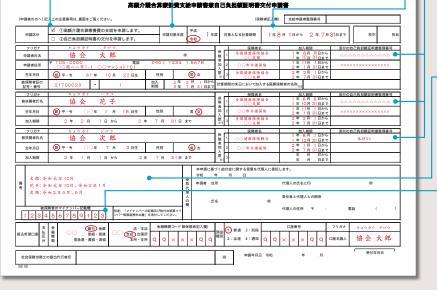
Please write the year to which the start date of the Applicable Calculation Period column belongs.

Calculation period: →August 1, of applicable year to July 31 of the following year.

Please fill in the medical insurance and nursing care insurance history during the Applicable Calculation Period.

Please enter the medical examination history (year and month of medical examination) of the applicant and their dependents during the period of membership with Kyoukai Kenpo.

If you will not attach the co-payment certificate and taxation (exemption) certificate because the information is linked to My Number, please enter the insured person's My Number (if you have entered this, you will need to attach documents).



# Base amount for calculating the total amount for nursing care

#### Under 70 years old

Ir	come d	Standard amount					
Α	Sta	830,000 yen or more	2.12 million yen				
В	andarc enum	530,000-790,000 yen	1.41 million yen				
С	Standard monthly renumeration	280,000-500,000 yen	670,000 yen				
D	7 ∯	Less than 260,000 yen	600,000 yen				
Е		ncome earners (exempt rom municipal tax)	340,000 yen				

#### People between the ages of 70 and 75

	Income category of insured persons	Standard amount
Standard monthly remuneration	For 830,000 yen or more, 30% of the cost burden will be borne with the Elderly Insurance Certificate (equivalent to active work force III)	2.12 million yen
	For 530,000-790,000 yen, 30% of the cost burden will be borne with the Elderly Insurance Certificate (equivalent to active work force II)	1.41 million yen
	For 280,000-500,000 yen, 30% of the cost burden will be borne with the Elderly Insurance Certificate (equivalent to active work force I)	670,000 yen
) Hy	For 260,000 yen or less (general income earner)	560,000 yen
Exem <sub>l</sub> munic	Low-income earners II	310,000 yen
Exempt from municipal tax	Low income earners I	190,000 yen



#### Application Timing

Apply within two years from the day after the reference date (usually August 1) (However, if the person in question is deceased, the application deadline is within two years from the day after the date of death)

#### Attached Documents Checklist

#### Co-Payment Certificate

Co-payment certificate issued by the nursing care insurer (city, ward, town or village) and insurers other than Kyoukai Kenpo (if applicable)

#### Tax exemption certificate, etc. (if applicable)

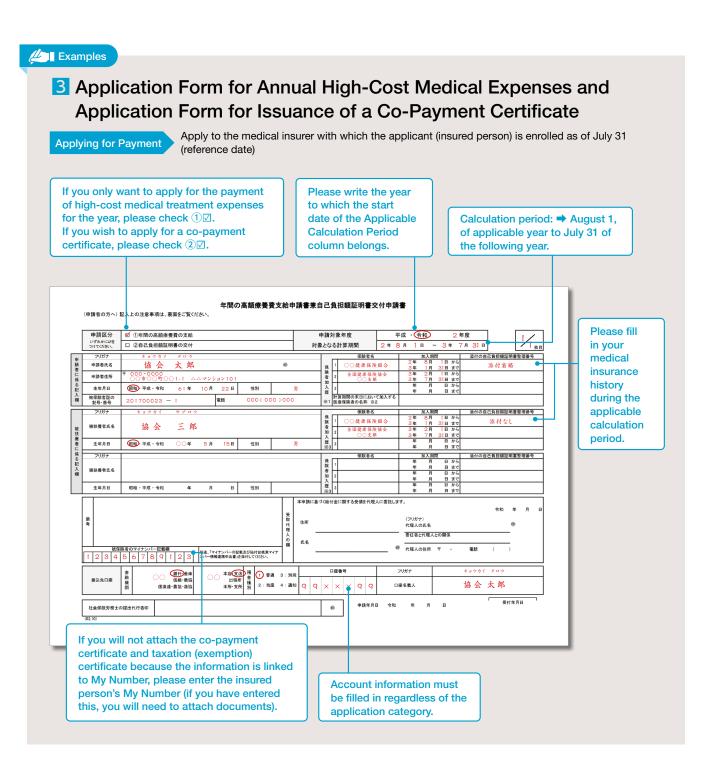
Applies if the applicant (insured person) is exempt from municipal residence tax for the fiscal year for which the application is made.

For example, for applications made between August 2021 and July 2022, a tax exemption certificate for fiscal year 2021 must be attached.

#### (If My Number has been filled in)

Template for attaching personal identification documents

Application for Confirmation of Taxation Information, etc. Using My Number + personal identification documents





#### Application Timing

Apply within two years from the day after the reference date (usually August 1) (However, if the person in question is deceased, the application deadline is within two years from the day after the date of death)

#### Attached Documents Checklist

Co-payment certificate (if applicable)

Applies where there is a change in the medical insurance coverage during the applicable calculation period (August to July of the previous year)

A co-payment certificate issued by an insurer (national health insurance or union) other than the prefectural branch of the Kyoukai Kenpo to which the application is submitted

Tax exemption certificate, etc. (if applicable)

Applies if the applicant (insured person) is exempt from municipal residence tax for the fiscal year for which the application is made.

For example, for applications made between August 2021 and July 2022, a tax exemption certificate for fiscal year 2021 must be attached.

(If My Number has been filled in)

Template for attaching personal identification documents

Application for Confirmation of Taxation Information, etc. using My Number + personal identification documents



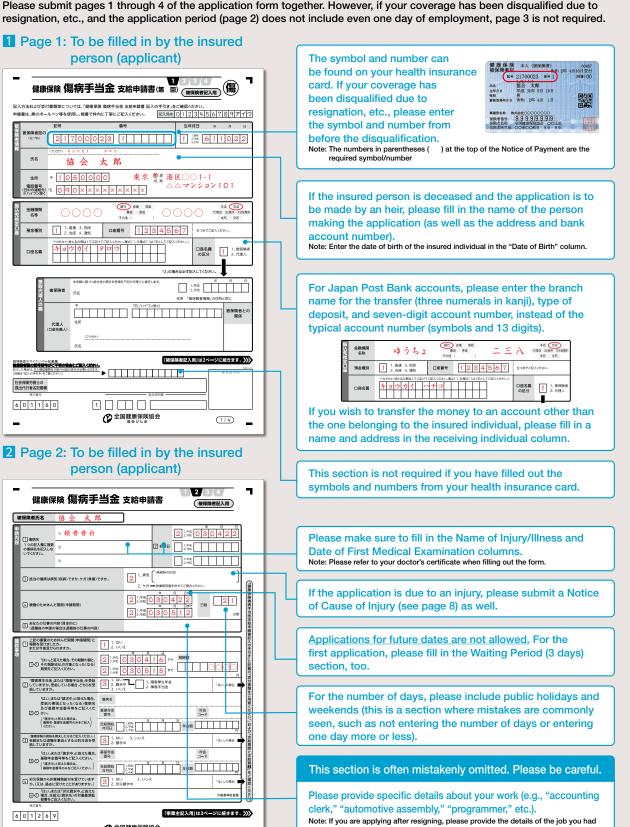
## Application Form for Payment of Injury and Sickness Allowance

See page 49 of A Guidebook for Kyoukai Kenpo

Paid when the insured person is unable to work for four or more days (includes three consecutive days of absence) due to illness or injury and cannot receive a salary during that period.

**Examples** 

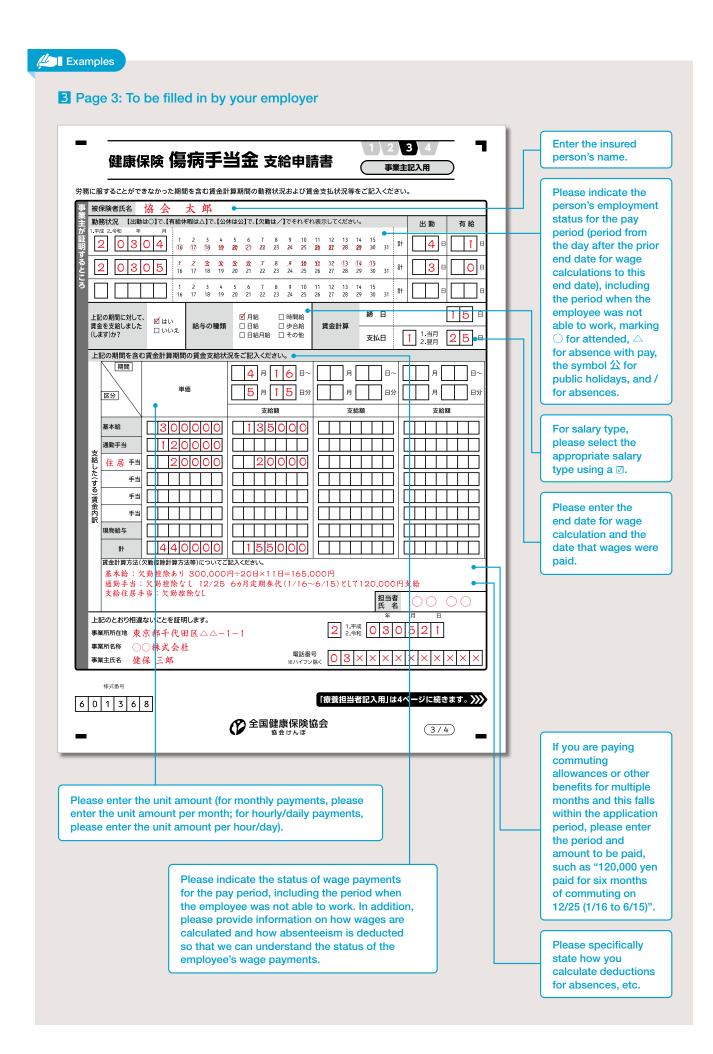
Please submit pages 1 through 4 of the application form together. However, if your coverage has been disqualified due to

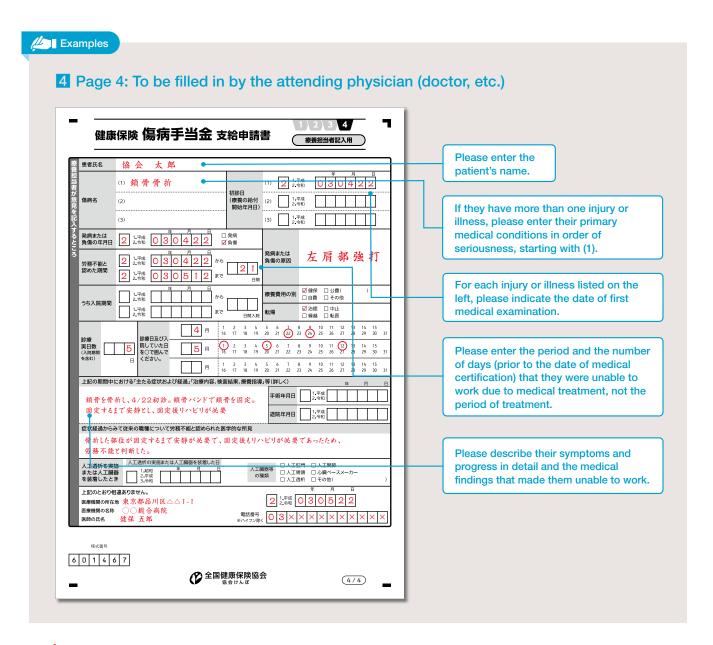


when you were employed.

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(2/4)





# Checklist

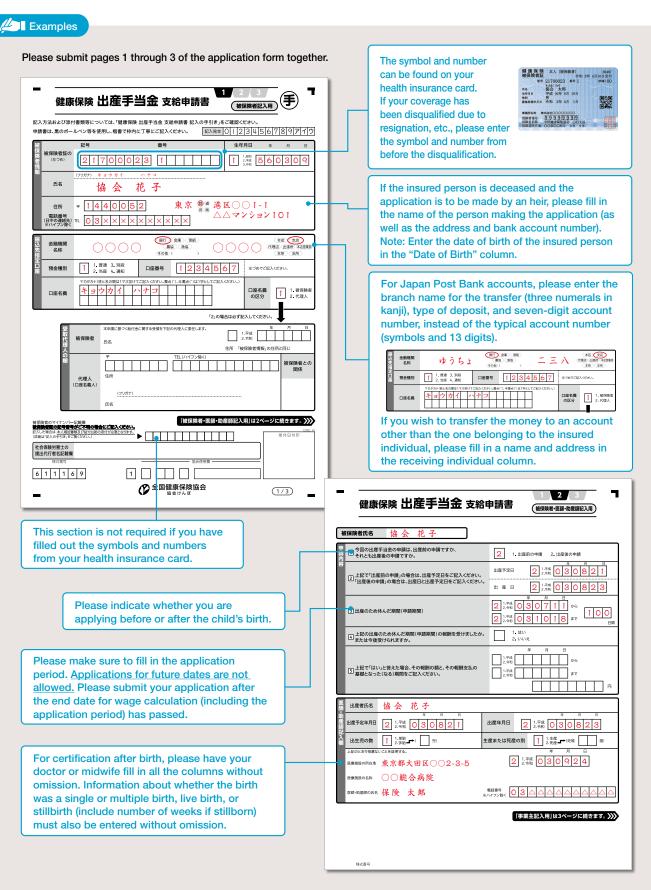
<ul><li>Application Timing</li></ul>	Within two years from the day after each day of being unable to work				
Attached Documents Checklist	Required Documents	Notes			
When there is a change in workplace within 12 months before the date of commencement of payment	Documents showing the name and location of each previous workplace and the period each workplace was used	Can be found on Kyoukai Kenpo website			
Persons receiving disability pension	Disability pension benefit certificate and notice of pension revision (copies of both are acceptable)	If the pension amount changes, a notice of			
If you are receiving an old-age retirement pension after losing insurance	Old-age retirement pension benefit certificate and notice of pension revision (copies of both are acceptable)	pension revision is required to be submitted each time			
Those who receive temporary absence from work compensation from industrial accident compensation insurance	Copy of notice of temporary absence from work compensation				
☐ In the case of injuries	Notice of cause of injury (see page 8)	Can be found on Kyoukai Kenpo website			
☐ In the case of injury or illness caused by a third party act	Notice of injury or illness (accident) caused by a third party, act. (see page 7)	Can be found on Kyoukai Kenpo website			
If the certificate, etc. is written in a foreign language	Translation (include translator's signature, address, and contact information)				
When the insured person is deceased, and their legal heir is applying	Original copy of the family register (document to confirm the relationship between the insured person and the applicant)				

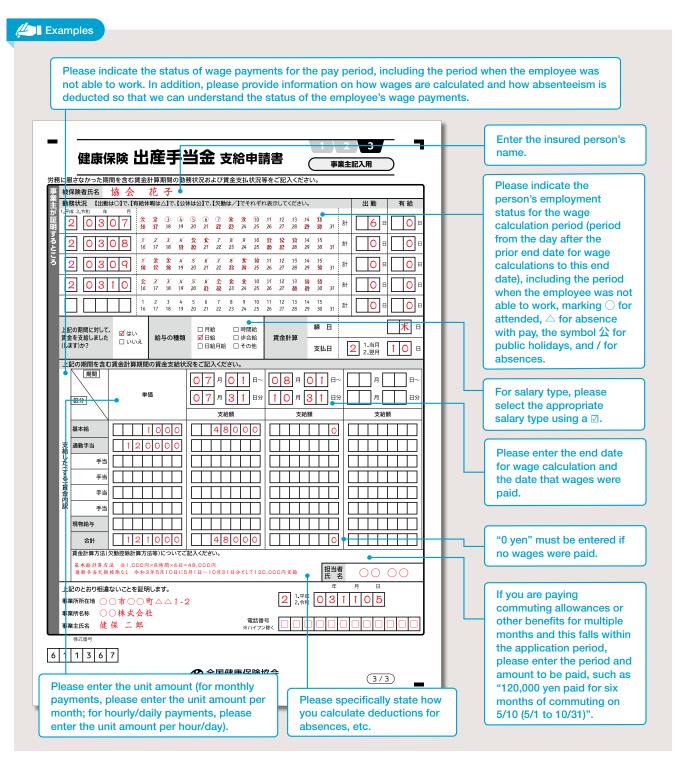


# Application Form for Payment of the Childbirth Allowance

See page 51 of A Guidebook for Kyoukai Kenpo

Paid when the insured person takes time off work for childbirth and cannot receive a salary during that period.







#### Application Timing

Within two years from the day after each day of absence from work due to childbirth

#### Attached Documents Checklist

- ☐ When there is a change in workplace within 12 months before the date of commencement of payment
  - → Documents showing the name and location of each previous workplace and the period each workplace was used.

    Note: Can be found on Kyoukai Kenpo's website
- $\hfill \square$  If the certificate, etc. is written in a foreign language
  - → Translation (include translator's signature, address, and contact information)
- ☐ When the insured person is deceased, and their legal heir is applying.
  - Original copy of the family register (to confirm the relationship between the insured and the applicant)

## **Chart of Periods Before and After Childbirth**

Example: If the child is born on January 1, the start date before birth is 11/21, and the end date after birth is 2/26.

	42 days before birth (98 days in the case of multiple births), 56 days after birth; parenthesis () indicates a leap year											
Day	Janua	ry delivery	Febru	ary delivery	March del	ivery	April deli	very	May d	elivery	June d	elivery
of Birth	Start Date Before Birth	End Date After Birth	Start Date Before Birth	End Date After Birth	Start Date Before Birth	End Date After Birth	Start Date Before Birth	End Date After Birth	Start Date Before Birth	End Date After Birth	Start Date Before Birth	End Date After Birth
1	11/21	2/26	12/22	3/29 (3/28)	1/19(1/20)	4/26	2/19 (2/20)	5/27	3/21	6/26	4/21	7/27
2	11/22	2/27	12/23	3/30 (3/29)	1/20(1/21)	4/27	2/20 (2/21)	5/28	3/22	6/27	4/22	7/28
3	11/23	2/28	12/24	3/31 (3/30)	1/21 (1/22)	4/28	2/21 (2/22)	5/29	3/23	6/28	4/23	7/29
4	11/24	3/1 (2/29)	12/25	4/1 (3/31)	1/22(1/23)	4/29	2/22 (2/23)	5/30	3/24	6/29	4/24	7/30
5	11/25	3/2(3/1)	12/26	4/2(4/1)	1/23(1/24)	4/30	2/23 (2/24)	5/31	3/25	6/30	4/25	7/31
6	11/26	3/3 (3/2)	12/27	4/3 (4/2)	1/24 (1/25)	5/1	2/24 (2/25)	6/1	3/26	7/1	4/26	8/1
7	11/27	3/4 (3/3)	12/28	4/4 (4/3)	1/25 (1/26)	5/2	2/25 (2/26)	6/2	3/27	7/2	4/27	8/2
8	11/28	3/5 (3/4)	12/29	4/5 (4/4)	1/26(1/27)	5/3	2/26 (2/27)	6/3	3/28	7/3	4/28	8/3
9	11/29	3/6 (3/5)	12/30	4/6 (4/5)	1/27 (1/28)	5/4	2/27 (2/28)	6/4	3/29	7/4	4/29	8/4
10	11/30	3/7 (3/6)	12/31	4/7 (4/6)	1/28 (1/29)	5/5	2/28 (2/29)	6/5	3/30	7/5	4/30	8/5
11	12/1	3/8 (3/7)	1/1	4/8 (4/7)	1/29 (1/30)	5/6	3/1	6/6	3/31	7/6	5/1	8/6
12	12/2	3/9 (3/8)	1/2	4/9 (4/8)	1/30(1/31)	5/7	3/2	6/7	4/1	7/7	5/2	8/7
13	12/3	3/10 (3/9)	1/3	4/10 (4/9)	1/31 (2/1)	5/8	3/3	6/8	4/2	7/8	5/3	8/8
14	12/4	3/11 (3/10)	1/4	4/11 (4/10)	2/1 (2/2)	5/9	3/4	6/9	4/3	7/9	5/4	8/9
15	12/5	3/12(3/11)	1/5	4/12(4/11)	2/2 (2/3)	5/10	3/5	6/10	4/4	7/10	5/5	8/10
16	12/6	3/13 (3/12)	1/6	4/13(4/12)	2/3 (2/4)	5/11	3/6	6/11	4/5	7/11	5/6	8/11
17	12/7	3/14(3/13)	1/7	4/14 (4/13)	2/4 (2/5)	5/12	3/7	6/12	4/6	7/12	5/7	8/12
18	12/8	3/15 (3/14)	1/8	4/15(4/14)	2/5 (2/6)	5/13	3/8	6/13	4/7	7/13	5/8	8/13
19	12/9	3/16 (3/15)	1/9	4/16 (4/15)	2/6(2/7)	5/14	3/9	6/14	4/8	7/14	5/9	8/14
20	12/10	3/17 (3/16)	1/10	4/17 (4/16)	2/7 (2/8)	5/15	3/10	6/15	4/9	7/15	5/10	8/15
21	12/11	3/18 (3/17)	1/11	4/18 (4/17)	2/8 (2/9)	5/16	3/11	6/16	4/10	7/16	5/11	8/16
22	12/12	3/19 (3/18)	1/12	4/19 (4/18)	2/9 (2/10)	5/17	3/12	6/17	4/11	7/17	5/12	8/17
23	12/13	3/20 (3/19)	1/13	4/20 (4/19)	2/10(2/11)	5/18	3/13	6/18	4/12	7/18	5/13	8/18
24	12/14	3/21 (3/20)	1/14	4/21 (4/20)	2/11 (2/12)	5/19	3/14	6/19	4/13	7/19	5/14	8/19
25	12/15	3/22 (3/21)	1/15	4/22 (4/21)	2/12(2/13)	5/20	3/15	6/20	4/14	7/20	5/15	8/20
26	12/16	3/23 (3/22)	1/16	4/23 (4/22)	2/13 (2/14)	5/21	3/16	6/21	4/15	7/21	5/16	8/21
27	12/17	3/24 (3/23)	1/17	4/24 (4/23)	2/14 (2/15)	5/22	3/17	6/22	4/16	7/22	5/17	8/22
28	12/18	3/25 (3/24)	1/18	4/25 (4/24)	2/15 (2/16)	5/23	3/18	6/23	4/17	7/23	5/18	8/23
29	12/19	3/26 (3/25)	1/19	4/25	2/16 (2/17)	5/24	3/19	6/24	4/18	7/24	5/19	8/24
30	12/20	3/27 (3/26)	_	_	2/17 (2/18)	5/25	3/20	6/25	4/19	7/25	5/20	8/25
31	12/21	3/28 (3/27)	_	_	2/18(2/19)	5/26	-	-	4/20	7/26	-	-

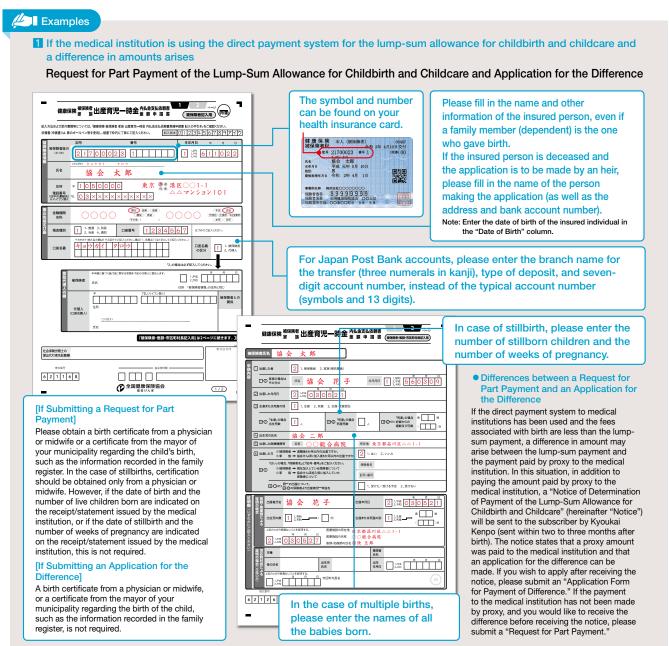
Day	July de	July delivery		August delivery		September delivery		October delivery		November delivery		December delivery	
of Birth	Start Date Before Birth	End Date After Birth	Start Date Before Birth	End Date After Birth	Start Date Before Birth	End Date After Birth	Start Date Before Birth	End Date After Birth	Start Date Before Birth	End Date After Birth	Start Date Before Birth	End Date After Birth	
1	5/21	8/26	6/21	9/26	7/22	10/27	8/21	11/26	9/21	12/27	10/21	1/26	
2	5/22	8/27	6/22	9/27	7/23	10/28	8/22	11/27	9/22	12/28	10/22	1/27	
3	5/23	8/28	6/23	9/28	7/24	10/29	8/23	11/28	9/23	12/29	10/23	1/28	
4	5/24	8/29	6/24	9/29	7/25 7/26 7/27 7/28 7/29 7/30	10/30 10/31 11/1 11/2 11/3 11/4	8/24 8/25 8/26 8/27 8/28 8/29	11/29 11/30 12/1 12/2 12/3 12/4	9/24 9/25 9/26 9/27 9/28 9/29	12/30 12/31 1/1 1/2 1/3 1/4	10/24 10/25 10/26 10/27 10/28 10/29	1/29 1/30 1/31 2/1 2/2 2/3	
5	5/25	8/30 8/31 9/1 9/2 9/3	6/25 6/26 6/27 6/28 6/29	9/30 10/1 10/2 10/3 10/4									
6	5/26												
7	5/27												
8	5/28												
9	5/29												
10	5/30 9/4 5/31 9/5	6/30	10/5	7/31	11/5	8/30	12/5	9/30	1/5	10/30	2/4		
11		9/5	7/1	10/6	8/1	11/6	8/31	12/6	10/1	1/6	10/31	2/5	
12	6/1	9/6	7/2	10/7	8/2	11/7	9/1	12/7	10/2	1/7	11/1	2/6	
13	6/2	9/7	7/3	10/8	8/3	11/8	9/2	12/8	10/3	1/8	11/2	2/7	
14	6/3	9/8	7/4	10/9	8/4	11/9	9/3	12/9	10/4	1/9	11/3	2/8	
15	6/4	9/9	7/5	10/10	8/5	11/10	9/4	12/10	10/5	1/10	11/4	2/9	
16	6/5	9/10	7/6	10/11	8/6	11/11	9/5	12/11	10/6	1/11	11/5	2/10	
17	6/6	9/11	7/7	10/12	8/7	11/12	9/6	12/12	10/7	1/12	11/6	2/11	
18	6/7	9/12	7/8	10/13	8/8	11/13	9/7	12/13	10/8	1/13	11/7	2/12	
19	6/8	9/13	7/9	10/14	8/9	11/14	9/8	12/14	10/9	1/14	11/8	2/13	
20	6/9	9/14	7/10	10/15	8/10	11/15	9/9	12/15	10/10	1/15	11/9	2/14	
21	6/10	9/15	7/11	10/16	8/11	11/16	9/10	12/16	10/11	1/16	11/10	2/15	
22	6/11	9/16	7/12	10/17	8/12	11/17	9/11	12/17	10/12	1/17	11/11	2/16	
23	6/12	9/17	7/13	10/18	8/13	11/18	9/12	12/18	10/13	1/18	11/12	2/17	
24	6/13	9/18	7/14	10/19	8/14	11/19	9/13	12/19	10/14	1/19	11/13	2/18	
25	6/14	9/19	7/15	10/20	8/15	11/20	9/14	12/20	10/15	1/20	11/14	2/19	
26	6/15	9/20	7/16	10/21	8/16	11/21	9/15	12/21	10/16	1/21	11/15	2/20	
27	6/16	9/21	7/17	10/22	8/17	11/22	9/16	12/22	10/17	1/22	11/16	2/21	
28	6/17	9/22	7/18	10/23	8/18	11/23	9/17	12/23	10/18	1/23	11/17	2/22	
29	6/18	9/23	7/19	10/24	8/19	11/24	9/18	12/24	10/19	1/24	11/18	2/23	
30	6/19	9/24	7/20	10/25	8/20	11/25	9/19	12/25	10/20	1/25	11/19	2/24	
31	6/20	9/25	7/21	10/26	_	_	9/20	12/26	_	-	11/20	2/25	



## Application Form for Payment of Lump-Sum Allowance for Childbirth and Childcare

See page 52 of A Guidebook for Kyoukai Kenpo

The Lump-Sum Allowance for Childbirth and Childcare is paid when an insured person gives birth. The Lump-Sum Allowance for Dependent's Childbirth and Childcare is paid when a dependent gives birth.



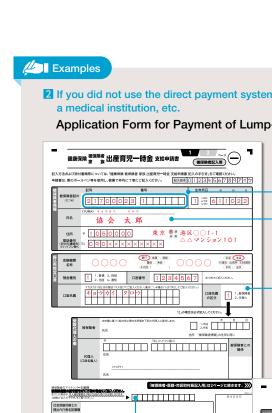


#### Application Timing

If the direct payment system to medical institutions is being used, and you want a payment for the difference between the lump-sum allowance for childbirth and childcare and the proxy amount transferred to the medical institution

#### Attached Documents Checklist

		Request	Certification by a physician/midwife or certification by the mayor of the municipality on the request form for part payment of the lump-sum allowance for childbirth and childcare Note: If the dates of birth and the number of children born are indicated on the itemized receipt, this can be omitted.		
	Using the direct	for Part Payment	Copies of receipts/statements (Specifically stating "No discrepancy with the contents of the special invoice")		
	payment system		Copy of the document regarding the proxy contract for the direct payment system		
		Application for the Difference	Application for the difference of the lump-sum allowance for childbirth and childcare  Note: When there is no invoice with the request for part payment, and Kyoukai Kenpo suggests an application be made, this is referred to as an application for payment of difference, and no documents need to be attached.		
☐ When the insured person is deceased, and their legal heir is applying					
		y of the family register (to confirm the relationship between the insured and the applicant)			



This section is not required if

you have filled out the symbols

and numbers from your health

In case of stillbirth, please enter the number of stillborn

children and the number of

In the case of multiple births,

please enter the names of all

weeks of pregnancy.

the babies born.

insurance card.

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2 If you did not use the direct payment system for the Lump-Sum Allowance for Childbirth and Childcare at

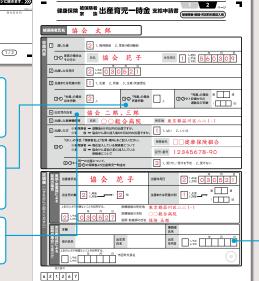
Application Form for Payment of Lump-Sum Allowance for Childbirth and Childcare

Please fill in the name and other information of the insured person, even if a family member (dependent) is the one who gave birth. The symbol and number can be found on your health insurance card.



If the insured person is deceased and the application is to be made by an heir, please fill in the name of the person making the application (as well as the address and bank account number). Note: Enter the date of birth of the insured individual in the "Date of Birth" column.

For Japan Post Bank accounts, please enter the branch name for the transfer (three numerals in kanji), type of deposit, and sevendigit account number, instead of the typical account number (symbols and 13 digits). If you wish to transfer the money to an account other than the one belonging to the insured person, please fill in a name and address in the receiving individual column.



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Please obtain a birth certificate from a physician or midwife or a certificate from the mayor of your municipality regarding the child's birth, such as the information recorded in the family register. If you cannot obtain a certificate, please attach documentation that confirms the birth (or stillbirth).

#### [For live births]

Original copy or extract of the family register, certification of items registered on the family register, certification of registered matters on the registration ledger, certificate of acceptance of notice of birth maternal and child health handbook, residence certificate, etc.

#### [For stillbirths]

A copy of the stillbirth certificate, etc. (stillbirth autopsy)



6 2 1 1 6 8

Application Timing Within two years from the day after birth

#### Attached Documents Checklist

	Certification by a physician/midwife or certification by the mayor of the municipality on the application for payment of the lump-sum allowance for childbirth and childcare (for stillbirths, certification by a physician/midwife)
Not using the direct	☐ If the certificate is written in a foreign language, provide a translation (include the translator's signature, address, and contact information)
payment system	☐ Copy of receipts (not required if the child was born overseas)
	Copy of a document that shows that you are not using the direct payment system (not required if the receipts/statements indicate this or if the birth took place overseas)
_	births where the child is not a dependent of the insured person but resides in Japan, documents that can confirm the birth (such as an or an excerpt of the family register or a residence certificate)

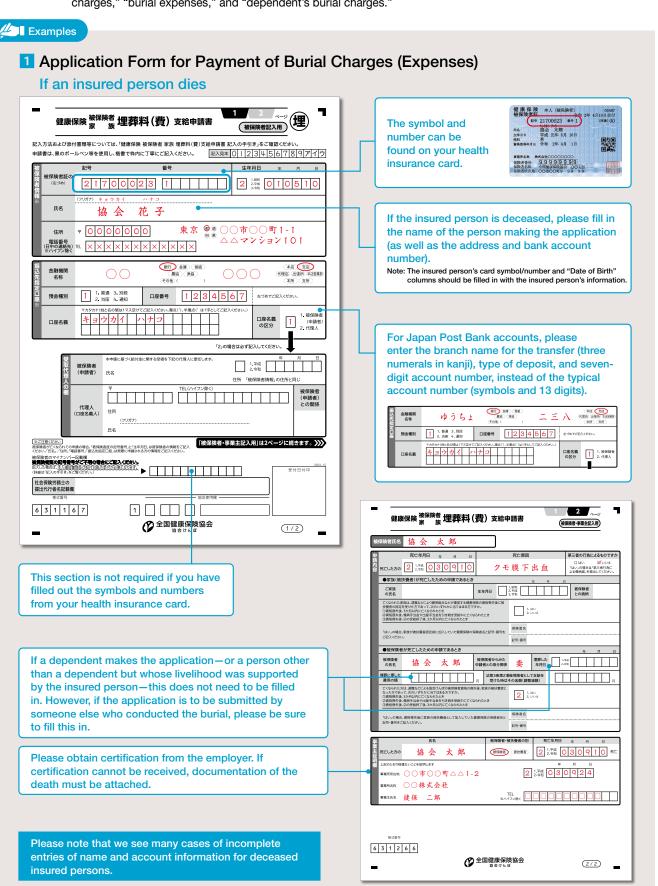
- ☐ For children born overseas where the child is not a dependent of the insured person and resides outside Japan, or in the case of a stillbirth, documents issued by a local public institution that can confirm the birth, such as a family register or a residence certificate Note: If these documents cannot be attached, please attach a consent form stating that Kyoukai Kenpo can inquire with the overseas medical institution in charge of the birth
- When the insured person is deceased, and their legal heir is applying.
  - Original copy of the family register (to confirm the relationship between the insured and the applicant)

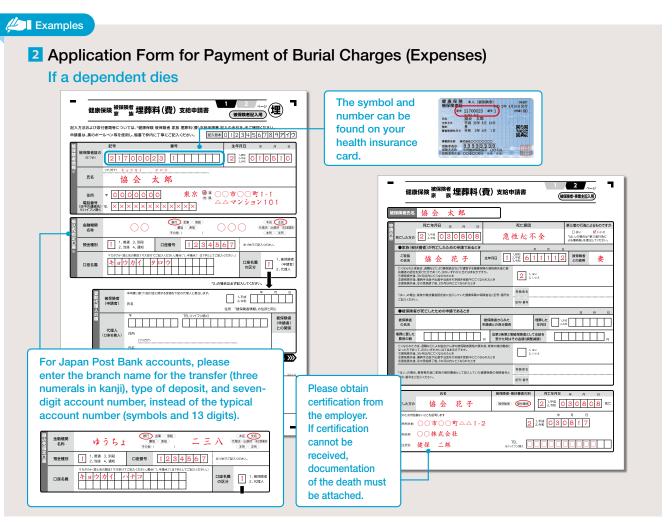


# Application Form for Payment of Burial Charges (Expenses)

See page 54 of A Guidebook for Kyoukai Kenpo

When an insured person or dependent dies due to reasons other than work, burial charges (expenses) will be paid. Depending on the "deceased person" and the "person who makes the application," payment is divided into "burial charges," "burial expenses," and "dependent's burial charges."







Application Timing Within two years from the day after the date of death or the day after the date of burial

• Attached Docum	ents	Che	CKIIST					
	☐ The insured person has been supporting the applicant's livelihood							
		Burial charges	☐ Applicant is a dependent → No attachment required to verify support of livelihood					
			☐ Applicant is not a dependent → Attachment required to verify support of livelihood (one of the following)					
			☐ If living in the same residence → Original copy of insured person's record of deletion of residence and original copy of applicant's residence certificate					
Insured person			☐ If living in a separate residence → Copy of bank book showing allowance sent or applicant's utility bill receipts, etc., showing that the deceased paid for them					
passes away			Proof of death from employer or copy of death certificate, etc.					
	☐ The insured person has not been supporting the applicant's livelihood							
		Burial	Original receipt for burial expenses (addressed to the applicant in their full name)					
			Copy of documents showing breakdown of receipts (statements, etc.)					
			Proof of death from employer or copy of death certificate, etc.					
Death of dependent	eath of dependent Proof of death from employer owner or copy of death certificate							
Others	If proof from employer cannot be obtained in any of the above cases, or if an insured person with optional and continued coverage (dependent) has died, please submit a copy of the burial permit or cremation permit, a copy of the death certificate, a copy of the postmortem certificate or post-mortem inspection record, or an original copy or extract of the deceased person's family register (showing removal) or residence certificate is attached.							
Other	☐ If the cause of death is due to injury → Submit notice of cause of injury (see page 8)							
	☐ If the injury resulting in death is caused by an act of a third party → Submit notice of injury or illness (accident) caused by a third party act. (see page 7)							



# How to fill out the application forms for the health insurance system







# Application for Reissuance of Health Insurance Card



The insurance card has been lost, and I don't know the symbol or number needed for the application form. What should I do?



Enter the person's My Number in the My Number column.

Please also attach documents allowing for the person's identity to be confirmed.



# Health Insurance for Optional and Continued Coverage





The insurance card has been returned to the company, and I don't know the symbol or number. What should I do?



Enter the person's My Number in the My Number column.

Please also attach documents allowing for the person's identity to be confirmed.



To which branch should I submit the application form to apply for health insurance for optional and continued coverage?



Please submit the application to a branch in your prefecture.



How much will the health insurance premiums be?



For information on health insurance premiums for optional and continued coverage, please contact your prefectural branch or check the Kyoukai Kenpo website.

 $Q_{4}$ 

I want to switch to National Health Insurance. What procedures are required?



If you wish to discontinue your health insurance for optional and continued coverage, you can have your coverage disqualified by submitting an Application Form for Disqualification of Optional and Continued Coverage.

After completing this step, please follow the procedure for enrolling in the National Health Insurance using the notice of disqualification sent by Kyoukai Kenpo.



I'm about to be disqualified because it's been two years since I joined the health insurance for optional and continued coverage. When will the notice of disqualification arrive?



A notice of disqualification will be sent three business days before the date of disqualification.



How much will the National Health Insurance premiums be?



Please contact your local municipal office for information on National Health Insurance premiums.



# Notice of Injury or Illness (Accident) Caused by a Third party act.



 $Q_1$ 

I was in a car accident. Can I use my insurance card?



Even if you are injured due to a third party act., you can still receive medical treatment under your health insurance, as long as it was not an accident at work or while commuting. However, you will need to submit a notice of injury or illness (accident) caused by a third party act.



The insurance company told me to use my insurance card. Is it ok to use it?



Even if you are injured due to an act of a third party act., you can still receive medical treatment under your health insurance, as long as it was not an accident at work or while commuting. However, you will need to submit a notice of injury or illness (accident) caused by a third party act.



The individual at fault will not sign a letter of commitment and memorandum for payment of compensation for damages. What should I do?



If the individual at fault will not (or cannot) sign a letter of commitment and memorandum for payment of compensation for damages, please explain the reason in the "Comments on this Incident" section and submit it.



I am at fault for a car accident. Should I write the name of the victim or my name?



Regardless of the percentage of fault, please fill in the victim column with the name of the individual insured through Kyoukai Kenpo.



Can I ask my insurance company to help me fill out the form?



In principle, the insured person fills in the form, but a general insurance company may be able to do this for you in some situations. Please inquire with them.



# Eligibility Certificate for Ceiling-Amount Application





I'm 70 years old or older (premiums of 20%), and the hospital told me to apply for an eligibility certificate for ceiling-amount application. What procedures do I need to perform?



If you are 70 years old or older and are not highly compensated (paying 20% premiums), you do not need to perform any procedures unless you are exempt from municipal inhabitant tax.



My certificate is about to expire, and I want to renew it. What should I do?



You will need to submit a new application form for an eligibility certificate for ceiling-amount application.



I would like an eligibility certificate for ceiling-amount application to be issued that is valid from the previous month (or further back). How can this be done?



Eligibility certificate for ceiling-amount applications are issued from the first day of the month in which the application is made. If you paid for medical expenses in excess of your self-payment amount before the previous month, you can apply for high-cost medical treatment expenses at a later date and receive the difference.



How should I fill out the planned period of medical treatment?



Please enter the period you plan to use the eligibility certificate for ceiling-amount application due to hospitalization or hospital visits, etc. (maximum of one year).



How long will it take to receive my application?



It will take approximately one week to issue the certificate (unless the application form is incomplete).



## **High-Cost Medical Expenses**



It has been two months since I applied, but I have not received any payment yet. When will I be paid?



It takes at least three months after the month of medical treatment to determine the payment because the statement of medical expenses submitted by the medical institution needs to be confirmed.



How do I fill out the application form if I am hospitalized across several months?



High-cost medical treatment expenses are calculated based on the medical expenses incurred in a single month, so you will need to submit one application form for each month.



Do I need to attach receipts?



Receipts do not need to be attached (unless you receive subsidies for medical expenses from other public systems).



# Burial charges (expenses) and dependent's burial charges





How do I enter the insured person's information when applying after their death?



Please enter the deceased insured person's health insurance card symbol/number, date of birth, and the name, address, and telephone number of the person applying.

# All applications must be submitted by mail!



#### Depending on the documents, there are two places to submit them

Depending on the type of health insurance application, there are two different places to submit the documents. Necessary application forms can be downloaded and printed from the website. We ask for your cooperation in submitting them by mail.

Application forms to be submitted to the Kyoukai Kenpo

Application forms to be submitted to the Japan Pension Service (Pension Office) (Electronic application is recommended)

The format of each application form is subject to change.

Please download the latest form from the website of the Kyoukai Kenpo or the Japan Pension Service.

