

Example

H-001 ( )  
日立健康保険組合 御中

【従業員：一般被保険者用】  
Employee:For general insured person

XXXX年度 健診(検診)費用補助金請求書(従業員個人立替用)  
Request for Subsidy for Health Checkups (Examinations) (for employee individual reimbursements)

個人情報の取扱いに同意し、以下のとおり補助金を請求します。 ※毎月15日締切(到着分)、翌々月末払

1	提出日 Submission date	〇〇〇〇年〇〇月〇〇日	※太枠線内をご記入ください。	
2	被保険者証 Health insurance card code and number	記号 1 0 0 0 番号 1 0 0 0 0 0 0		
3	被保険者氏名 Name of insured person	(7桁) ケンボ マサミ	生年月日(西暦) Date of birth	〇〇〇年〇〇月〇〇日
3	事業所 (会社)名称 Office (company) name	株式会社〇〇〇〇	所属・電話 Affiliation and telephone number	〇〇課
4	メールアドレス Email address	aaaaaaaaaaaaaaaa @ hitachi.com		
5	住所 Address	〒 000-000 内容確認のため書類を送付する場合があります。受取可能な住所をご記入ください。		
5	連絡先 Contact information	電話 000 - 000 - 0000	Enter a telephone number where you can reached during the daytime on weekdays.	
6	受診機関名 Examining institution name	〇〇病院健診センター	受診日 checkup date	〇〇〇年〇〇月〇〇日
7	検査項目 Examination item	対象者(年度末年齢) Ages eligible for subsidy	健診費用(税込) Cost of examination (tax included)	健保補助額上限 Maximum subsidy provided by health insurance
7	人間ドック Complete medical checkup	胃バリウム造影検査 stomach X-ray using barium 35歳以上 35 years or older	39,960円	28,520円
7	胃カメラ gastric camera	35歳以上 35 years or older	円	28,520円
7	定期健診35 Periodic Health Checkup 35	35歳以上 35 years or older	円	*受診者負担なし *full cost paid by employer
7	定期健診B Periodic Health Checkup B	34歳以下 34 or younger	円	*受診者負担なし *full cost paid by employer
7	子宮頸がん検査 Cervical cancer screening *	25歳以上女性 25 years or older (women only)	円	2,850円
7	乳房X線 mammography	30歳以上女性 30 years or older (women only)	6,000円	3,570円
7	乳房超音波 mammary ultrasound		円	3,570円
7	乳房X線+超音波 mammary ultrasound		円	6,620円
7	腹部検査(腹部超音波) Abdominal examination (abdominal ultrasound)	30歳以上 30 years or older	円	3,570円
7	甲状腺機能検査(TSH, FT3, FT4など) Thyroid function test (TSH, FT3, FT4, etc.)		円	3,570円
7	頸動脈超音波 carotid ultrasound		円	2,550円
7	動脈硬化度検査 Arteriosclerosis examination	血圧脈波 blood pressure pulse wave	円	2,550円
7		頸動脈超音波+血圧脈波 carotid ultrasound + blood pressure pulse wave	円	2,550円
7	肝炎ウイルス検査(HBs抗原+HCV抗体) Hepatitis virus examination (HBs antigen + HCV antibody)		円	2,040円
7	肺がん検査(胸部CT) Lung cancer screening (chest CT)		円	7,130円
7	ABC検診(胃がんリスク検査) ABC examination (test for stomach cancer risk)		円	3,570円
7	脳MRI検査(頭部MRA+頭部MRI) Brain MRI examination (cranial MRA + cranial MRI)	35, 40, 43, 46, 49, 52, 55, 58, 61, 64, 67, 70, 73歳の方 Milestone ages: 35, 40, 43, 46, 49, 52, 55, 58, 61, 64, 67, 70, or 73	円	20,370円
7	前立腺がん検査(PSA) Prostate cancer screening (PSA)	50歳以上男性 50 years or older (men only)	円	1,530円
7	歯科検診(歯周病検診) periodontal disease examination	16歳以上 16 years or older	円	3,060円
8	振込先口座 (本人口座)	コード 〇 〇 〇 〇 Bank code	〇〇 Bank name	銀行 預金 種類 〇 1.総合・普通 〇 2.当座
8		コード 〇 〇 〇 〇 Branch code	〇〇 Branch name	支店 口座 番号 〇 〇 〇 〇 〇 〇 〇 〇

※内診(または経膈超音波) + 医師採取頸部細胞診  
\* Internal examination [or transvaginal ultrasound exam] + cervical cytology for which sample is taken by physician  
Please remit subsidies paid to me by the Health Insurance Society to the above account.  
Additionally, subsidies will be regarded as received at the same time as funds transfer.

Deposit type  
1. General/ordinary (Japan Post Bank ordinary/savings)  
2. Current account

H-001

Use this application form in the following circumstances:

When you have paid the entire cost of the health checkup (examination) yourself up front.  
( This application form cannot be used request a subsidy for a dependent , Voluntarily and Continuously Insured Person, or Special-Case Retired Person.)

◆Cautionary notes

Please review and consent to the " Handling of personal information in subsidizing health checkups (examinations) of general insured persons" terms before requesting the subsidy.  
Note that you cannot use the Society subsidy program for health checkups (examinations) if you do not consent to the handling of personal information.

◆How to fill in the form (match the number to the example entry)

- Enter the submission date.
- Enter the information of the insured person.
- Enter the work office information of the insured person.
- Enter a Email address where you can be reached.  
You may be contacted during the review process at your registered email address.  
Set your email client to accept messages from the domain "@roudouhokenkyokai.or.jp."
- Enter the contact infomation(address and telephone number of the insured person.  
The entire set of documents submitted may be returned if the documents submitted contain discrepancies.
- Enter the name of the examining institution and checkup date.  
The examining institution may be contacted during the review process to verify the details of the checkup.  
We ask for your understanding.
- Enter the for each examination item of the cost (tax included).
- Enter the Transfer account of the insured person.

◆Required Attachments

- Original receipt (cash register receipt not acceptable; must bear a "Received" stamp).  
\* The receipt must include the following six items of information:  
① Date of checkup, ② Name of examining institution, ③ Name of examinee, ④ Amount (broken down by examination details), ⑤ Notes: Showing the name of examination (or test) received, such as "Cost of complete medical checkup," ⑥ "Received" stamp
- Copy of health checkup results  
\* You must attach a copy of results showing all examination items for which the subsidy is being requested and numerical test results (including the checkup date, examinee name, and the name of the examining institution).
- H-002 Specific Health Checkup Questionnaire

◆Address for Submission

Submit to the Rodohokenkyokai Administrative Center.  
To minimize the chance of documents being lost, we recommend that you use registered mail or similar means.  
[External mail] REID-C Higashikanda Building, 2-10-15 Higashikanda, Chiyoda-ku, Tokyo 100-0031  
Rodohokenkyokai Administrative Center (attn.: Hitachi Health Insurance Society employee reimbursements)  
[Inter-office mail](HQ) Health Insurance (Iwamotocho) Administrative Center  
(attn.: Hitachi Health Insurance Society employee reimbursements)

◆Submission Deadline

You must request the subsidy within two years from the day after the checkup date (i.e., the request must be received by the Administrative Center during this period).

◆Payment

Subsidies for requests received by the 15th of each month will be paid at the end of the second month after that month (or on the preceding business day if the end of the month falls on a weekend or holiday).