

Example pertaining to death of a dependent

K-037 ()

日立健康保険組合 御 健康保険 埋葬料・埋葬費請求書 Health Insurance Claim for Funeral Expenses/Funeral Costs

2	提出日 Submission date	令和 〇〇年 〇〇月 〇〇日	備考	
	被保険者証 記号・番号 Health insurance card number	1 0 0 0 1 0 0 0 0 0 0 0	被保険者氏名 (請求者) Name of insured person ケンボ マサミ 健保 正美	
3	事業所 (会社)名称 Office (company) name	株式会社〇〇〇〇〇	所属・電話 Affiliation and telephone number (TEL : 000-000-0000)	
	死亡年月日 date of death	令和 〇〇年 2月 1日	死亡原因 cause of death 腎不全	
4	被保険者が亡くなったとき 埋葬に要した費用 円	被保険者 氏名 健保 薫	埋葬年月日 令和 年 月 日	
	被扶養者が亡くなったとき Name of dependent	健保 薫	被保険者との続柄 Relationship 配偶者	
4	第三者の行為によって亡くなったものであるかないかの別 Was it due to the actions of a third party (e.g. traffic accident, act of violence)? Yes No		有 無	
	亡くなった方が日立健保の資格を喪失している場合、 直近の健康保険の保険者名			
5	About benefit remittance ■When a dependent has died [Employees] For those who belong to a company that chooses to receive via the company: Benefits will be remitted to the company based on the power of attorney → Sign the power of attorney field For those who belong to a company that chooses individual remittance: Benefits will be remitted to the account notified to Hitachi Health Insurance Society [Voluntarily and continuously insured persons and special-case retired insured persons] Benefits will be remitted to the account notified to Hitachi Health Insurance Society. ■When the insured person has died The benefits will be remitted to the account of the claimant → Enter the account of the claimant in the bank account column.			
	委任状 Power of attorney	本請求に基づく給付金に関する受領を事業所に委任します I hereby authorize the above company to receive the benefit based on this application. 令和 〇〇年 〇〇月 〇〇日 被保険者氏名: _____		
6	振込先	銀行	支店	
	口座番号	口座名義人		

上記のとおり相違ないことを証明します

令和 〇〇年 3月 20日

所在地 〇〇〇〇〇〇〇〇

事業主の名称 株式会社〇〇〇〇〇 TEL 000-000-0000

氏名 総務課長 〇〇 〇〇

Use this application form in the following circumstances:
When a dependent dies

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

- Tick (✓) [被扶養者]Dependent.
- Enter the submission date.
- Enter the name of the insured person.
- Circle [有]Yes if the injury is due to the act of a third party, such as a traffic accident. In this case, let the health insurance association know as soon as possible.
- If your office (company) passes on benefits when paying salary, enter your information here. Check with the health insurance representative at your office (company) in regard to whether a letter of power of attorney is needed.
- If the employer can certify the death, have them fill in this section.

Note: When correcting the information you entered, draw a double line through the information to be corrected and enter the correct information and the name of the insured person.

◆ Required Attachments

Death certificate (Copy) or Burial/cremation permit (Copy)
Note: This document can be omitted if the employer can certify the death.

◆ Address for Submission

To minimize the chance of documents being lost, we recommend that you use registered mail or similar means.

- For the general insured (employee): Submit to the person in charge of health insurance in your office (company).
- For voluntarily and continuously insured persons and special-case retired insured persons: Submit to the health insurance association. (The address for submission is listed under "Address of Insurer" on the insurance card.)

◆ Submission Deadline

Submit (and received by the health insurance association) this form within two years of the day following the date of death.

Notes

- Payment date and payment method
 - If the form is received by the health insurance association by the 20th of the month, payment will be made on the 15th of the following month. (The payment date is moved forward if the 15th falls on a weekend or holiday.) However, depending on the contents of the application, the health insurance association might need more time to review it, delaying payment by one or more months. (Some offices might set their own deadlines.)
 - The available payment options are (1) Direct payment from the health insurance association and (2) Payment via office with salary payment. You can find out more by contacting the person in charge of health insurance in your office (company).
- Notice of final amount
 - You can verify the payment amount in the Notice of Medical Costs/Notice of Cash Benefit Decision. This notice is available from MY HEALTH WEB on the Hitachi Health website.