

Example

T-211

日立健康保険組合 御中

健康保険 任意継続被保険者資格取得申請書

Health Insurance Application for Eligibility for Voluntarily and Continuously Insured Persons

(CAUTION) Submit the completed forms to the health insurance association within 20 days of retirement or resignation

*大枠線内を記入してください (注) 退職後20日以内に健保組合へ提出してください。

1	申請日 Date of application	令和 〇〇年 〇〇月 〇〇日 Year Month Date	備考
2	被保険者番号 Health insurance card code and number	記号 1 0 0 0 1 0 0 0 0 0 0 0 Code Number	被氏名 Name of insured person ケンボ マサミ 健保 正美
3	性別 Gender	男	
4	生年月日 Date of birth	昭和 〇〇年 〇〇月 〇〇日 Year Month Date	退職時勤務していた事業所(会社)名称 Company name of establishment where employed at time of leaving employment 株式会社〇〇〇〇〇
5	郵便番号 Postal code	〇〇〇〇-〇〇〇〇	現住所 Current Address 〇〇市〇〇町1-1-1
6	電話番号 Telephone number	〇〇〇-〇〇〇-〇〇〇〇	
7	納付方法 Payment method	1. 自動引落 Automatic direct debit	2. 銀行振込 Bank transfer
8	保険料 Insurance premium	1. 月払い Monthly payment	2. 半年前納 Semi-annual payment in advance
9	給付金振込先 Account for remittance of benefits (and debiting premiums)	〇〇 〇〇 〇〇 〇〇 〇〇 〇〇 〇〇 〇〇 Bank name Branch code	〇〇 〇〇 〇〇 〇〇 〇〇 〇〇 〇〇 〇〇 Bank code Branch code
10	ゆうちょ銀行 Japan Post Bank	9 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 Branch number Deposit type	〇〇 〇〇 〇〇 〇〇 〇〇 〇〇 〇〇 〇〇 Branch code Branch code
11	被扶養者氏名 Name of dependent	健康 薫	性別 男 Relationship 配偶者 Date of birth 昭和 〇〇年 〇〇月 〇〇日

Use this application form in the following circumstances:

When enrolling in the Voluntarily and Continuously Insured Persons Medical Care System

Cautionary notes

Fill in the area outlined in bold accurately. People who were insured for at least two full continuous months prior to their retirement or resignation date are eligible to enroll in the Voluntarily and Continuously Insured Persons Medical Care System.

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

- ① You must enter the application date (the submission date of the documents).
- ② Refer to the current insurance card and enter the information correctly (enter the code number of the insurance card the applicant used prior to their retirement or resignation date).
- ③ **[Name of Insured Person]** Enter the name and furigana reading of the name.
- ④ **[Date of Birth]** Enter the date of birth.
[Age] Enter the age of the applicant on their retirement or resignation date.
[Retirement Date] Enter the retirement or resignation date, taking care to specify the correct date.
Note: This field is for the retirement or resignation date of record, not the last day of work.
- [Office where Applicant Worked at Time of Retirement]** Enter the name of the office where the applicant was employed on the retirement or resignation date.
- ⑤ **[Current Address]** Enter the current address of the applicant.
Note: If the applicant intends to relocate around their retirement or resignation date, then attach the form Notification of (Change of) Current Address of Insured Person (Health Insurance Form T-003) to this application. The insurance card will be sent to this address at the conclusion of the enrolment process. Take care to enter it correctly.
- [Telephone Number]** Enter a telephone number where you can be reached during the day. (This will be registered as the means of contact of the applicant after retirement or resignation.)
- ⑥ Circle the desired payment method.
 - 1. Direct Debit: The insurance premium is deducted from the named account of the insured person.
[CAUTION] You must also submit the "Request Form for Automatic Health Insurance Premium Transfer Service".
 - 2. Bank Transfer: The insured person manually transfers the insurance premium into the account specified by Hitachi Health.
- ⑦ Circle the desired payment frequency.
 - 1. Monthly: Premiums are paid monthly
 - 2. 6 months in advance: (First period: April to September, Second period: October to March)
 - 3. 1 year in advance: (April to March)
- Note: Premiums are discounted for people who choose to pay 6 months or 1 year in advance.**
(The discounted rates can be viewed on the Hitachi Health website under the link "What to do when you retire or resign")
This information will be used to debit your health insurance premiums and to transfer additional insurance benefits to your bank account. Take care to fill in the financial institution and other information accurately.
[CAUTION] - The account must be in the name of the insured person.
 - If Direct Debit is selected in ⑥, then enter the same account as you specified in the "Request Form for Automatic Health Insurance Premium Transfer Service".
 - Note: Some financial institutions cannot be used. Select a financial institution other than the following: JA Group, credit unions (except the Ibaraki-ken Credit Cooperative), Federation of Fishermen's Unions, trust banks, internet-only banks**
 - If you select JP Bank, enter the code and number of the passbook of the insured person.
 - Note: You can omit the Branch Number, Deposit Type, and Account Number for transfers if unknown.**
- ⑧ Fill in information about family members who were dependent during the insured person's term of employment and remain dependent.

Required Attachments

- Approval notice (Health Insurance Form T-212)
- "Request Form for Automatic Health Insurance Premium Transfer Service" (when Direct Debit is selected as the payment method)
- When using the Application Support System, the system will automatically output two copies.
- When not using the Application Support System, you can obtain these forms from the person in charge of health insurance at your office or from the health insurance association. [Quadruplicate]

Address for Submission

Submit the forms to the health insurance association.

Submission Deadline

Submit the completed forms to the health insurance association within 20 days of retirement or resignation. [Submissions more than 20 days after the retirement or resignation date will not be accepted (cannot be processed).]

T-211

Example

日立健康保険組合 御中

When applying for eligibility for
voluntarily and continuously insured**承 諾 書**

Approval notice

I understand and accept the following terms before I apply for enrollment in the Voluntarily and Continuously Insured Persons Medical Care System.

Items	Description
Enrollment period	Up to 2 consecutive years from the day after retirement
Payment of insurance premiums	If you chose direct debit as your insurance premium payment method, you will need to make payment by bank transfer until processing is completed (processing takes 2 to 3 months). (Note: Transfer fees are to be borne by the individual.) If the insurance premiums for the month you obtain the eligibility are not paid by the payment deadline, your enrollment will be cancelled.
Change in payment method	The premium payment method (transfer or debit) or the premium payment unit (monthly, half-yearly, or annually) cannot be changed in the middle of the fiscal year. (Note: Changes to the payment method and unit are accepted once a year, and will be announced in publications issued by the Health Insurance Society)
How health insurance premium and long-term care insurance premium are determined	The insurance premium rate is reviewed every year. (the income of the insured person is not reflected in the calculation) Standard monthly remuneration Standard monthly remuneration at retirement insurance premium The amount obtained by multiplying the standard monthly remuneration by the insurance premium rate
Change in contact information	If the address, contact information, or bank account (including consolidation) of the insured person changes, report the details of changes to the Health Insurance Society and perform the necessary procedures.
Conditions when you lose your eligibility	①When two years have passed after obtaining eligibility ②When you become an insured person of another health insurance society (when you are hired by another company) ③When you die ④When you fail to pay insurance premiums by the payment deadline (generally the 10th of each month) ⑤ When you become eligible for the Medical Care System for the Advanced Elderly (Persons who are 75 years old or older, or persons who are 65 years old or older and have been certified) ⑥When there is a request from the insured person
Health insurance card after losing the eligibility	Your health insurance card must be returned within 5 days after loss of eligibility. Note: If you use your health insurance card after losing your eligibility, you will be required to pay the amount incurred by the Health Insurance Society at a later date.

Write the date of submission and sign your name on the line for the name of the insured person, and submit this document together with the "Application for Eligibility for Special-Case Retired Insured Persons" and other relevant forms.

To: Hitachi Health Insurance Society

① ○○○○ 年 ○○ 月 ○○ 日
Year Month Date② 被保険者氏名 健保 正美 (自署)
Name of insured person

T-212

Use this application form in the following circumstances:

When enrolling in the Voluntarily and Continuously Insured Persons Medical Care System

◆ **Cautionary notes**

Make sure that you understand and accept the terms of the Approval notice before signing it. Submit the copy for the health insurance provider together with the Application for Eligibility for Voluntarily and Continuously Insured Person and other relevant forms. The insured person must keep their own copy in a safe place for the duration of their enrollment.

◆ **How to fill in the form (match the number to the example entry)**① **[Date]**

Enter the date on which the form is submitted to the office.

② **[Name of insured person]**

The insured person must sign this form themselves.