

Example

T-221

日立健康保険組合 御中

健康保険 特例退職被保険者資格取得申請書
Health Insurance Application for Eligibility for Special-Case Retired Insured Persons

*太枠線内を記入してください

① Date of application
令和 〇〇年 〇〇月 〇〇日

② 被保険者番号
1 0 0 0 1 0 0 0 0 0 0

③ 被保険者名
ケンボ マサミ
健康 正美

④ 生年月日
昭和 28年 04月 01日

⑤ 現住所
〇〇市〇〇町1-1-1

⑥ 老齢年金受給状況
1. 受給中

⑦ 保険料納付単位
1. 月払い

⑧ 金融機関
ゆうちょ銀行 〇〇支店

⑨ 被扶養者氏名
ケンボ マサミ (配偶者)

T-221

Use this application form in the following circumstances:

When enrolling in the Special-Case Retired Persons Medical Care System

◆ Cautionary notes

accurately complete the section of the form enclosed by the bold border. To be eligible for enrollment, the insured person must have a certificate of residence in Japan, must be eligible to receive the old-age pension, and must have been insured under Hitachi Health Insurance for at least 20 years (or at least 10 years after the insured person turned 40).

◆ 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. In this case, please submit a Certificate of Residence for the new address (omitting your permanent address and personal number) at a later date. 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 applicable status concerning the old-age pension.
Note: If you circle 3. To be Applied, you must apply within three months.
[CAUTION] Circle 3. To be Applied if you are going to receive unemployment and other benefits.
- 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)
⑧ 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.
Note that the registered account **must be the same as the account from which insurance premiums are debited.**

[CAUTION] • The account must be in the name of the insured person.
• You must also submit 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

⑨ 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-222)
- Copy of "National Pension and Welfare Annuity Insurance Pension Certificate"
(If the applicant already receives the national pension, copies of the "Notification of Pension Determination/Notification of Change in Payment Amount", "Notification of Pension Transfer", and "Notification of Revision of Pension Amount" will suffice.)
Note: If you are in the process of applying for the pension or intend to do so soon, submit a copy of your pension certificate as soon as you have it.
- Certificate of Residence (for the insured person seeking enrollment and their dependents)
Note: Submit the form that omits your permanent address and personal number
- "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 form to the health insurance association.

◆ Submission Deadline

Submit this form as soon as possible after retirement (in principle, within three months of retirement).7

Example

日立健康保険組合 御中

When applying for eligibility for special-case retired insured persons

承 諾 書

Approval notice

I understand and accept the following terms before I apply for enrollment in the Special-Case Retired Persons Medical Care System.

Items	Description
Eligibility to join	① Persons who are eligible to receive old-age pension (those who have completed procedures to receive payment, including cases where pension payments have been suspended.) ② Persons who have enrolled in Hitachi Health Insurance Society for 20 years or more and have enrolled for 10 years or more after age 40 ③ Persons who are not covered by the Medical Care System for the Advanced Elderly ④ Persons who have a resident certificate in Japan
Payment of insurance premiums	Insurance premiums will be debited from your bank account. Payment by bank transfer will be required 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 unit	The premium payment unit (monthly, half-yearly, or annually) cannot be changed in the middle of the fiscal year. (Note: Changes to the payment 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. Calculation method of standard monthly remuneration (the income of the insured person is not reflected in the calculation): The amount will be specified in the contract within the amount of average standard monthly remuneration of all insured persons that exclude special-case retired insured persons on September 30 of the previous year. Hitachi Health Insurance Society sets 280,000 yen as the standard monthly remuneration.
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	① When you become eligible for the Medical Care System for the Advanced Elderly ② When you become an insured person of another health insurance society (when you are hired by another company) ③ When you die ④ When you become a dependent of an insured person ⑤ When you live abroad (when you no longer have a resident registration in Japan) ⑥ When you receive public assistance ⑦ When you fail to pay insurance premiums by the payment deadline (generally the 10th of each month) ⑧ When 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

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Use this application form in the following circumstances:

When enrolling in the Special-Case Retired 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 Application for Eligibility for Special-Case Retired Insured Persons 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.