

# Application Form for Issue Eligibility Confirmation Document

常務理事	事務長		担当

\*The Eligibility Confirmation Document will arrive in about 2-3 weeks after this application is sent.

申請日 ○○ 年 ○○ 月 ○○ 日

Insured	Insurance No. *If you don't know Insurance No., just write down GUI.	Code Number ○ - ○○○○	GUI (Required) ○○○○○	Date of birth 5 昭和 7 平成 9 令和 ○○ 年 ○○ 月 ○○ 日
		Furigana ケンポ タロウ Insured's Name 健保 太郎		
	Postal Code 000 - 0000	Tel 012 - 345 - 6789		
	Address ○○ 都道 府 県 ○○市1-2-3 ○○マンション101号室			

Reissue Target	Furigana ケンポ タロウ Name 健保 太郎	Date of birth 5 昭和 7 平成 9 令和 ○○ 年 ○○ 月 ○○ 日	Reason for Application 3 Please be sure to select from the Reason column below.
	Furigana Name	Date of birth 5 昭和 7 平成 9 令和 ○○ 年 ○○ 月 ○○ 日	Reason for Application
	Furigana Name	Date of birth 5 昭和 7 平成 9 令和 ○○ 年 ○○ 月 ○○ 日	Reason for Application

Reason	*To cancel your Myna Health Insurance Card registration, submit the "Application for Cancellation of My Number Card Health Insurance Registration" instead of this form.			
	1 : Damaged Eligibility Confirmation Document - <u>Return required</u>			
	2 : Lost due to disaster - <u>Submit Disaster Certificate. If submitting later, state reason → ( )</u>			
	3 : Lost for reasons other than disaster - <u>Reissue fee applies</u>			
	4 : My Number Card ( not created / not registered as a health insurance card )			
	5 : My Number Card cannot be used ( lost / renewal in progress / expired digital certificate / returned )			
6 : Requires third-party support (e.g., caregiver) when using Myna Health Insurance Card for medical visits				

About Fees	If the reason is '3: Lost for reasons other than disaster,' please make the reissue fee payment <u>before sending the application form</u> .			
	Transfer Date ○○年 ○○月 ○○日	Account: Mitsubishi UFJ Bank (0005), Shimbashi Branch (433), Ordinary Account No. 3041500 Account Name: イーウェイジヤパンケンコウホケンクミアイ Amount: 1,000 yen <u>per person</u> (please bear the transfer fee)		
	Payer's name ケンポ タロウ	Bank Transfer Details		
Note 1: Reissue will be processed upon confirmation of payment. Note 2: Receipts will not be issued. If needed, please contact EY Health Insurance Society. Note 3: If the lost Eligibility Confirmation Document is found later, please return the <u>old</u> document promptly. The reissue fee will not be refunded.				

Employer	上記のとおり被保険者から交付の申請がありましたので届出します。		
	※Employer's Certification Section		
	事業所名 Leave it blank to the social labor corporation of the business site Submit it. 事業主氏名 (After stamping at the contractor, it will be forwarded to the Health Insurance Society.) 電話番号		
		受付日付印	

社会保険労務士の 提出代行者名記入欄	
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EY Japan 健康保険組合

2025.12.11