

Managing Director	Secretary-General		manager

Health Insurance Limit Amount Approval Request Form

Insured Card	(symbol) 99	(number) 99999	Business name Bellsystem24, Inc.		
Name of the insured	Ichiro Kenpo		Date of birth of the insured Showa Heisei Reiwa 35 year 5 month 3 date	Relationship with the insured	
Applicable person's name	Ryoichiro Kenpo		Applicable person Date of birth Showa Heisei Reiwa 10 year 5 month 3 date	Eldest son	
Insured place of residence	Zip 111 1111 1-11-1111 Ikebukuro, Toshima-ku, Tokyo <div style="text-align: right;">TEL 03 (1212) 1111</div>				
Destination address (if you wish to send to an address other than the above)	Zip 480 0008 2-3-4 Sakae, Nagoya City, Aichi Prefecture Bell Hanako <div style="text-align: right;">TEL 052 (1212) 1111</div>				
Cause of injury or illness	<input checked="" type="checkbox"/> Trauma (fracture, sprain, bruise, other injuries) • Medical illness • Childbirth • Other ()				
If the cause of the injury or illness is a trauma, the situation.	When injured	* 1 Third-party acts and traffic accidents • <input checked="" type="checkbox"/> Other injuries			Disease Name
		For business • Commuting accident • During holidays • <input checked="" type="checkbox"/> During private use			
Cause of injury	(Please describe in detail when, where, what you were doing, and how you were injured.) • Month • Day, •• When you jumped during a soccer match at a soccer field, you lost your balance and fell fracturing the right femur.				
Medical treatment schedule period	Reiwa Year Month - Reiwa Year Month			As a general rule, the certificate will be valid from the 1st of the month of reception, so we may not be able to meet your request.	

* 1 In case of a third party act or a traffic accident, please contact us immediately. TEL.03-3534-6751

Has the insured paid the resident tax (prefectural tax / city tax) this year, or has the invoice been received?	* 2 <input checked="" type="radio"/> Yes / <input type="radio"/> No
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* 2 If you are "No", please attach the "Tax Exemption Certificate" to the "Health Insurance Limit Application / Standard Burden Reduction Application" instead of this application.

Request as the above ..

Reiwa •• year • month • day

Insured

Residence **1-11-1111 Ikebukuro, Toshima-ku, Tokyo**

Name **Ken Hoichiro**

Health insurance

To : the PresidentBellsystem24 Health Insurance Association

If you are self-signed, you can omit it.

Date of receipt