

Use this application form in the following circumstances:

When the insured person takes time off work (such as maternity leave) due to childbirth and is unpaid for that period (Or if paid, the payment is less than the maternity allowance)

#### Application Procedure

- ① In the attached form K-036 (Space for doctor's opinion/space for employer certification (for Claim for Maternity Allowance)), fill in the name and date of birth of the insured person and obtain the certification of a doctor or midwife.
- ② Fill in the Information About Insured Person fields of the K-032 Claim for Maternity Allowance form (see "How to fill in this form")
- ③ Submit K-032 and K-036 to the person responsible for health insurance at your office (company).

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

- ① Enter the submission date.
- 2 Enter the contact information of the insured person (the notice of payment decision will be sent to this address).
- ③ Enter the period in which the insured person took leave (such as maternity leave).
- ④ Indicate whether you have been paid during the period to which this application applies.
- ⑤ If you circled [受けた]Yes in ④, enter the period and amount.
- 6 Select the preferred method of payment.
- ⑦ If [1. 事業所経由で受け取る]1. Payment via office is preferred, please sign the power of attorney section. Note: Check with the person responsible for health insurance at your office (company) regarding whether the allowance will be paid with salary.
- ⑧ If [2. 個人の口座へ振り込み]2. Payment to personal account is preferred, then fill in the bank account details. (Note that the account must belong to the claimant. You can also specify accounts that are with JP Bank, credit unions, and agricultural cooperatives).
- 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

K-036 (Space for doctor's opinion/space for employer certification (for Claim for Maternity Allowance)) (Original)

# Address for Submission

To minimize the chance of documents being lost, we recommend that you use registered mail or similar means. Submit to the person in charge of health insurance in your office (company).

## Submission Deadline

Please file the claim within two years of the day following the date of each claim (based on the date on which the form is received by the health insurance association).