

Example

T-102

日立健康保険組合 御中

決		裁	
常務理事	事務長	主任	担当

健康保険 (Notification of non-return of insured person's card for those who lost their eligibility)
 Health Insurance 資格喪失者用 被保険者証返却不能届

《 Cautionary Notes 》
 1. Submit this notification if you cannot return your insurance card when the insured person or dependent loses eligibility.
 2. If you lose your insurance card, report to the police just in case.
 3. If you find the health insurance card for which you submitted the notification, return it to the Health Insurance Society as soon as possible.

*大枠線内を記入してください

1	提出日 令和〇〇年〇〇月〇〇日 Submission date Year Month Date	備考
2	被保険者番号 Code Number 1 0 0 0 1 0 0 0 0 0 0 0	被氏名 (フリガナ) (Katakana) ケンボ マサミ 健
3	従業員番号 Employee no. 0 0 0 0 0 0 0 0	事業所(会社)名称 Office (company) name 株式会社〇〇〇〇〇 所属・電話 Affiliation and telephone number 〇〇 〇〇 (TEL : 000-000-0000)
4	退職年月日 Date of leaving employment Year Month Date 〇 〇 〇 〇 〇 〇	退職者の場合 (If the person has retired or resigned) 郵便番号 Postal code 〇〇 〇〇 〇〇 〇〇 現住所 Current Address 〇〇 都道 〇〇 府県 〇〇市〇〇町1-1-1 電話番号(Telephone number) Home 〇〇〇 - 〇〇〇 - 〇〇〇〇 Mobile 〇〇〇 - 〇〇〇 - 〇〇〇〇

健康保険被保険者証を返却できませんので下記の通りお届け致します。

5	返却できない被保険者証の対象者 (対象者分に○をしてください) Circle the owner of the lost insurance card (the insured person or the dependent).	1 被保険者(本人)分 Insured person (employee)			
	返却できない理由の詳細 Describe in detail the reason for and circumstances of the loss	2 被扶養者(家族)分 Dependent (family member) ※該当者を下欄に記入してください	氏名 Name	続柄 Relationship	氏名 Name
		健保 薫	配偶者		
		健保 真	子		
		健保 光	子		
	(状況を詳しく記入してください) 《 例 》 ・引越しの際、誤ってゴミに紛れて廃棄してしまった。 ・誤って自己破棄してしまった。 等				

T-102

Use this application form in the following circumstances:

When the insured person or a dependent has lost their eligibility but you cannot return their insurance card

◆ **Cautionary notes**

Read the Cautionary Notes section of the application form, and accurately complete the section of the form enclosed by the bold border.
 Note: If you lose an insurance card, contact the police as a precaution.
 Be aware that submitting this form will not result in the insurance card being reissued.

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

① [Submission Date]

For a general insured person (employee): Enter the date on which the form is submitted to the office.
 For voluntarily and continuously insured persons and special-case retired insured persons: Enter the date on which the form is submitted to the health insurance association.

② [Name of Insured Person]

Enter the name and furigana reading of the name.

③ [Employee No. Office (Company) Name Affiliation/Phone]

• For a general insured person (employee): Enter the employee number (the number assigned to the employee by the company), office (company) name, affiliation, and telephone number.
 • For voluntarily and continuously insured persons and special-case retired insured persons: Leave the employee number, office (company) name, and affiliation blank, and enter a telephone number where you can be reached during the day.

④ [If the person has retired or resigned]

Enter the date of retirement or resignation, current address, and telephone number.
 Note: Leave the retirement date blank if the person is a voluntarily and continuously insured person or special-case retired insured person.

⑤ [Fields for explanation of circumstances of the loss and other information]

• Circle the owner of the lost insurance card (the insured person or the dependent).
 If the lost card is that of a dependent, enter their name and relationship to the insured.
 • Describe in detail the reason for and circumstances of the loss.

◆ **Address for Submission**

● For the general insured (employees)
 Submit the form to the person in charge of health insurance in your office (company).
 For users of Humanimate21/ESS or SHAREXEXself
 Submit the form to the health insurance association.
 (The address for submission is listed under "Address of Insurer" on the insurance card. To submit by internal mail, use the (HQ) Health Insurance (OC2) Operations (Application).)

● For voluntarily and continuously insured persons and special-case retired insured persons
 Submit the form to the health insurance association.
 (The address for submission is listed under "Address of Insurer" on the insurance card.)

◆ **Submission Deadline**

Submit this form as soon as possible after eligibility is lost.