

日立健康保険組合 御中

健康保険 被保険者 被扶養者 移送費請求書

※太枠線内をご記入ください。(記入要領等は、別紙「記入例」をご参照ください)

Main application form with multiple rows for dates, names, and insurance details. Includes a section for '被保険者記入欄' (Insured Person Entry) and a '委任状' (Power of Attorney) section at the bottom.

事業所コード (Business Code) and 事業所担当者 (Business Representative) information fields.

【注意事項】 (Notes) section containing instructions on payment calculation and required documents like 移送承認申請書 (Transfer Approval Application).

受付日付印 (Receipt Date Stamp) area.

インプット (Input) box for additional information.

支給決定伺 (Payment Decision Request)

Table for payment decision details including columns for 支給決定額 (Payment Amount), 常務理事 (Executive Director), 事務長 (Manager), 主任 (Chief), 担当 (Responsible), and various dates like 同年月日 (Same Date) and 資格取得日 (Qualification Date).