常務理事	事務長	担当

任意継続被保険者資格取得申請書

楽天健康保険組合理事長　　殿

下記のとおり申請します

Health Insurance Code/Number (before retirement)	記号　○○○○　　番号　○○○○
Qualification date	平成・令和　○　年　○　月　○　日
Disqualification date (The date after retirement)	令和　○　年　○　月　○　日
Employer before retirement	○○○○, Inc.
Address of Employer	1-14-1 Tamagawa Setagaya-ku Tokyo
Specified bank account for benefit, etc	○○○○銀行　○○○○支店　普・当　No. ○○○○○○○
How to pay insurance premiums	1. 毎月ごと　2. 半年分前納　3. 1年分前納

1.Monthly payment / 2.Half year prepayment / 3.One year prepayment
*One year is from April to March
Half year prepayment : from April to September / October to March
One year prepayment : from April to March

保険料誓約書

私は、任意継続被保険者資格
遅延なく納めることを、ここ
万一、保険料の納付が遅延し
きは、納付期限の翌日から任
に被保険者証を返却します。

I hereby pledge to pay the premiums for Voluntarily and Continuously Insured Person without delay by the specified payment deadline. If the payment of insurance premiums is delayed and cannot be confirmed by Rakuten health insurance association by the specified payment deadline, I agree to lose my qualification of Voluntarily and Continuously Insured Person from the day after the payment deadline and I will return insurance card immediately.

Name of insured person

被保険者氏名　Kenpo Taro

Address of insured person and phone number	〒　○○○ - ○○○○　自宅　○○（○○○○）○○○○ 1-1-1 Tamagawa Setagaya-ku Tokyo　携帯　○○○（○○○○）○○○○
（フリガナ）氏名	ｹﾝﾎﾟ　ﾀﾛｳ Name of insured person　Kenpo Taro
Date of Birth	昭和・平成・令和　○　年　○　月　○　日　Gender 男:Male 女:female　男・女
E-mail address that can be used after retirement	AbcDef-2023@aa.bb.cc

扶養家族がいる場合はその人数を記入し、別途「被扶養者異動届（増加）」と「※添付書類」をご提出ください。
※添付書類に関しては、対象者の続柄により異なりますので楽天健保ＨＰにてご確認ください。

被扶養者氏名（フリガナ）	性別	続柄	生年月日
ｹﾝﾎﾟ　ﾊﾅｺ Kenpo Hanako	1. 男 2. 女	Wife	昭和 平成 令和　○年　○月　○日
			月　日
			月　日

If you have dependent families of health insurance, please fill in their information.
(Name, Gender, Relationship, Date of Birth)

In addition, you need to submit necessary documents to apply them as dependents.
Please confirm the detail from "Family membership" page of our HP.