

常務理事	事務長	担当

健康保険限度額適用認定証滅失届

Insurance Card code/number		〇〇		番号	〇〇	
Name of insured person		John Smith		Date of birth	年 〇〇月 〇〇日	
Address and Phone of insured person		〇-〇-〇, 〇〇, 〇〇-ku, Tokyo				
		電話 〇〇 (〇〇〇〇) 〇〇〇〇				
滅失した限度額適用 認定証の対象者	Name of the target person		Mary Smith			
	Date of birth	〇〇年 〇〇月 〇〇日		Relationship	Wife	
滅失	Reason	1. 滅失 2. 毀損 1. Lost 2. Damage				
限度額適用認定証 紛失時の状況	(出来るだけ具体的に記入してください)					
	Please discribe in detail the situation when lose. When I went to hospital, I left my certificate at the hospital and lost it .					
書 込 部	As stated in the application form above, I lost my Maximum Co-payment Certificate for Health Insurance. When I find the Maximum Co-payment Certificate, I will immediately return it. In addition, I will take full responsibility when an accident occurs in insurance benefits etc. due to the lost Maximum Co-payment Certificate.					
	Date	令和 〇〇年 〇〇月 〇〇日 被保険者氏名 (self-signed) John Smith				