

Application for Lump-Sum Allowance for Childbirth

豊田市国民健康保険出産育児一時金支給申請書

豊田市長 様

※Fill in the blanks below

申請年月日 年 月 日
Date of request year month day

申請者 (世帯主) Householder	住所 Address			
	氏名 Name		電話 Tel.	—
	個人番号 Social Security & Tax Number			
被保険者記号・番号 Insured Person's Number		産婦の氏名 Name of Parturient		
—		世帯主との続柄 Relationship to the householder()		
出生児氏名 Name of the newborn		分娩年月日 Date of Birth (year/month/day)		
		年 月 日		
産科医療補償制度の加入 Obstetric Compensation System for Cerebral Palsy		<input type="checkbox"/> Medical Institution associated with the system (yen) <input type="checkbox"/> Medical Institution not associated with the system (yen)		
直接支払制度 System of Direct Transfer of Maternity Assistance		<input type="checkbox"/> Has used the System → Fill in the fields (1),(2) e (3) <input type="checkbox"/> Not has used the System → Fill in the fields (1) e (3)		
支給額 Amount of Maternity Assistance		(1) Total value of Maternity Aid (yen) (2) Value of the receipt of Medical Institution (yen) (3) Receiving Value (yen)		
振込口座 Bank Details	金融機関名 Bank	<input type="checkbox"/> 銀行 Branch <input type="checkbox"/> 本店 <input type="checkbox"/> 信用金庫 <input type="checkbox"/> 支店 <input type="checkbox"/> 農協 <input type="checkbox"/> 出張所		店番号 Branch Code
	<input type="checkbox"/> 普 Futsu <input type="checkbox"/> 当 Touza	口座番号 Account No.	フリガナ	
			名義人 Name	

Complete the letter of attorney below if the bank account is not the householder's.

受領委任状 AUTHORIZATION I grant to receive my maternity aid to the person below.	
<input type="checkbox"/> 申請者と同じ Same as the applicant	
受任者 Attorney-in-fact	住所 Address.....
	氏名 Name.....
委任者 (世帯主) Principal	氏名 Name..... seal
Seal is unnecessary if this field is written by the own applicant. 自署の場合は押印不要	

処理欄	(窓口に来た人)	(続柄)	滞納	充当
	本人確認 1点 : 免・個・在・身・他 ()		<input type="checkbox"/> あり	<input type="checkbox"/> する
	2点 : 保+診・他 ()		<input type="checkbox"/> なし	<input type="checkbox"/> しない

Required Documentation:

- 1 Receipt of Delivery Expenses.
- 2 If applicable: Receipt of Contract of Maternity Aid Direct Transfer to the Medical Institution.

Other information

- 1 If deliver occurred overseas, please submit Child's Birth Certificate and its respective translation to Japanese.
- 2 In case of stillbirth (more than 12 weeks): Receipt of Delivery Expenses, Direct Transfer Authorization, certificate issued by the physician of the noun or death.
- 3 Parturient who have been enrolled in their company's Social Insurance (Employees Health Insurance) for over 1 year and switched to National Health Insurance within 6 months prior to the deliver should apply the Lump-Sum Allowance for Childbirth to the Social Insurance she was enrolled.

添付書類の確認

受付者