

Application to Request National Health Insurance Tax Payment Reduction During Prenatal and Postpartum Period

To the Mayor of Toyota City

Pursuant to the provisions of Article 27-3 of the Toyota City National Health Insurance Tax Ordinance, I hereby submit notification regarding insured individual expecting or who have given birth, as follows.

- Notes on filling out the form:
- 1 Please fill in only within the bold lines.
 - 2 Tick the appropriate box to indicate your selection.

通知書番号		Submission date 届出年月日	年 月 日
Insured person code / number 被保険者記号・番号		—	
Address 住 所			
Phone number 電話番号		(<input type="checkbox"/> Householder 世帯主 ・ <input type="checkbox"/> Insured who is expecting or who has given birth 対象者)	
Householder 世帯主	Name 氏 名		
	D.O.B. 生年月日	年 月 日	
Insured who is expecting or who has given birth 対象者 (出産する人)	Name 氏 名	<input type="checkbox"/> The householder herself 世帯主に同じ	
	D.O.B. 生年月日	年 月 日	
Expected or actual delivery date 出産予定日又は出産日		年 月 日 (<input type="checkbox"/> Expected delivery date 出産予定日 ・ <input type="checkbox"/> Actual delivery date 出産日)	
Single or multiple pregnancy 単胎妊娠又は多胎妊娠		<input type="checkbox"/> One fetus 単胎 ・ <input type="checkbox"/> Two or more fetuses 多胎	
OFFICIAL USE (職員記入欄) 産前産後期間		年 月 ~ 年 月 ※単胎は出産(予定)月の前月から4か月間、多胎は出産(予定)月の3か月前から6か月間	

Important remarks

- 1 Please attach the following documents to this application when submitting.
 - ① Document where the expected or actual delivery date can be verified (E.g.: Maternal and Child Health Handbook)
 - ② Document confirming whether the pregnancy is single or multiple (E.g.: Maternal and Child Health Handbook)
- 2 This application can be submitted starting 6 months prior to the expected delivery date.
- 3 If you are applying after giving birth, please enter the date of birth.
- 4 If you have applied for National Health Insurance Tax Payment Reduction During Prenatal and Postpartum Period in the municipality of your former residence, please enter the expected or actual delivery date reported at that time.

OFFICIAL USE 以下、職員記入欄 -----

(窓口に来た人)	(続柄)	添付書類確認		受付	
1点確認： 免・個・在・身・他 ()		<input type="checkbox"/> 出産(予定)日を確認できるもの			
2点確認： ()		<input type="checkbox"/> 単胎又は多胎妊娠の別を確認できるもの			
		<input type="checkbox"/> (出産後) オンライン確認・画面出力			
賦課処理欄	出産対象者個人コード	入力期間(年度)	入力期間(年度)	入力	確認
		~	~		

※年度がまたがる場合は、コピーをとってからそれぞれ入力