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| 常務理事 | 事務長 | 担当 |
| | | |

For Dependents (Family)

FY2020 Influenza Vaccination Subsidy Application Form

Application Deadline: February 10th (Wed), 2021

※Please fill in the bold-framed area.

| | | | | | |
|---|--------------------|--------|-------------------------|--------|-----------|
| Application Date | | | | | |
| Company Name | Insurance Card No. | | Employee (insured) Name | E-mail | Seal/Sign |
| | Code | Number | | | |
| | | | | | |
| Home Address (For returning if the document is incomplete) | 〒 | | | | |

※Please apply at once all family members who got a flu shot.

| Name of patient (dependents) | Date of birth | Relationship | Date of Vaccination | | Copayment | Subsidy Total (Official Use) |
|------------------------------|---------------|--------------|---------------------|--|-----------|---------------------------------|
| | | | First | | Yen | |
| | | | Second | | Yen | |
| | | | First | | Yen | |
| | | | Second | | Yen | |
| | | | First | | Yen | |
| | | | Second | | Yen | |
| | | | First | | Yen | Yen |
| | | | Second | | Yen | |

■ Bank details (Bank account must be **insured person's account**.)

| | | | |
|----------------|-----------|---|----------------|
| Bank Code | Bank Name | Branch Code | Branch Name |
| | | | |
| Phonetic | | Account Type | Account Number |
| Account Holder | | <input type="checkbox"/> Saving <input type="checkbox"/> Current | |

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- <Target> This application form is for **dependents only**.
Application form for insured person and continuous coverage is different application form.
- <Period> Vaccinated from October 1 (Thu) 2020 to January 31 (Sun) 2021
- <Subsidy> The subsidy from Rakuten KENPO is 2,000 yen. If the expense is less than 2,000 yen, the subsidy is actual cost.
※Application is limited one time per person. If infants get vaccination twice, total subsidy is up to 2,000 yen.
- <Attached> Please attach the **original receipt** issued by medical institutions in this form.
- <Addressee> Please submit to Rakuten KENPO directly. (Please mail here →)
- <Payment> By bank transfer.

Rakuten Health Insurance Society
1-14-1 Tamagawa, Setagaya-ku,
Tokyo, 158-0094
Rakuten Crimson House Annex 3F

✓ Please make sure following things before you submit the document

- All family members on this application are dependents of Rakuten Kenpo?
- Is the receipt the original? (only "明細書" is not acceptable)
- Is the patient's full name on the receipt?
- The receipt is for influenza vaccination? And does it shows in the receipt? (e.g. インフルエンザ予防接種費用)
- Using the ticket from TOSHIN-KYO can't apply this subsidy. (You've already gotten the subsidy)

●● Please make sure following ①-⑤ are written in the receipt. We can't accept incomplete document ●●

| | | |
|--------------------|-----------|--|
| 領 収 証 | 〇〇〇〇年〇月〇日 | ← ① Date of vaccination |
| 〇〇〇〇 様 | | ← ② Patient's full name |
| ¥3,500-(税込) | | ← ③ Copayment |
| 但 インフルエンザ予防接種代金として | | ← ④ Shows the receipt is for influenza vaccination |
| 〇〇〇〇病院 東京都..... | 印 | ← ⑤ Medical institution's name |

※If there is no "Influenza vaccination" in the receipt, please attach a document that can be confirmed as "flu vaccination" such as 診療明細書