

Rakuten Kenpo

**For Insured Person**

# FY2020 Influenza Vaccination Subsidy Application Form

**Application Deadline: February 10th (Wed), 2021**

常務理事	事務長	担当

※Please fill in the bold-framed area.

Application Date					
Company Name	Insurance Card No.		Employee's (insured) Name	Date of birth	seal/sign
	Code	Number			
Home Address (For returning if the document is incomplete)		〒			
Medical Institution			Date of vaccination	Copayment	Subsidy Total (Official Use)
				Yen	Yen

- <Target> This application form is for Rakuten Kenpo's insured person only.  
Application form for continuous coverage and dependents are 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 will be actual cost.)  
Receiving your company's own subsidy, please contact to your company.
- <Attached> Please attach the **original receipt** issued by medical institutions in this form.
- <Addressee> Please submit to the personnel staff of your company.
- <Payment> It will be paid through your company.

**✓Please make sure following things before you submit the document**

- ☐ Is receipt the original? ( only "明細書" is not acceptable)
- ☐ Is the patient's full name on the receipt?
- ☐ Does the receipt is for influenza vaccination, and shows it 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 様	〇〇〇〇年〇月〇日
¥3,500-(税込)	
但 インフルエンザ予防接種代金として	
〇〇〇〇病院	
東京都.....	印

- ① Date of vaccination
- ② Patient's full name
- ③ Copayment
- ④ Shows the receipt is for influenza vaccination
- ※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
- ⑤ Medical institution's name