

# Laforet Club Subsidy Application Form

(Laforet Club member name: Tokyo Securities Industry Health Insurance Society)

- ◎ Subsidy amount: 3,000 yen per person, per night
- ◎ Items eligible for subsidy: Accommodation fees at the subsidy eligible facilities shown below
- ◎ Maximum number of nights eligible for subsidy application:  
Up to five nights per fiscal year (April 1 – March 31)
- ◎ Persons eligible for subsidy application:  
Tokyo Securities Industry Health Insurance Society insured persons and dependents as of the date of use (excluding children sharing a bed with their parents)
- ◎ How to apply: When checking in at the front desk, submit this **Laforet Club Subsidy Application Form** (“Application Form” hereinafter) with the necessary information filled out (in the section below) and present **any of the following** to verify the health insurance society and the code and number of the insured/dependent (See attachment.)
  - ① **Health insurance card (through December 1, 2025)** \* Copies not accepted
  - ② **Eligibility Verification Certificate** \* Copies not accepted
  - ③ **Eligibility information screen of Mynportal**
    - \* You can download and save the health insurance eligibility information shown on Mynportal and show the data or a printout together with your Individual Number Card at the front desk.
    - The downloaded eligibility information data is valid for one month from the date it was saved.
  - ④ **Individual Number Card and Notice of Eligibility Information**

\* You cannot receive a subsidy if you fail to present any of ① through ④ above or to submit the Application Form.

\* Review the attached “Handling of Personal Information in Use of Health Promotion Facilities (Lodges and Other Facilities)” and the above items, then **check the boxes below before applying.**

- I consent to the Society’s handling of personal information related to Laforet Club subsidy application.
- Each of the applicants for the subsidy is a Tokyo Securities Industry Health Insurance Society insured person or dependent as of the date of use.
- The information entered is correct. (Any changes in the number of users, etc. have been finalized.)
- I have reviewed the above items. I will return the subsidy promptly if found to be ineligible.

Confirmed by facility staff

Name of representative		<b>Check the box for the facility to stay</b>	
Address		(Marriott Hotels) <input type="checkbox"/> Fuji-Yamanakako <input type="checkbox"/> Karuizawa <input type="checkbox"/> Izu-Shuzenji <input type="checkbox"/> Biwako <input type="checkbox"/> Nanki-Shirahama <input type="checkbox"/> Tokyo	
Contact tel. (mobile)		(Courtyard Hotels) <input type="checkbox"/> Hakuba <input type="checkbox"/> Tokyo Station <input type="checkbox"/> Shin-Osaka Station	
Email		(Laforet Hotels) <input type="checkbox"/> Nasu <input type="checkbox"/> Hakone Gaura <input type="checkbox"/> Ito <input type="checkbox"/> Shuzenji	
Dates of stay	(YYYY/MM/DD) / / - / / ( __ nights)	(Mori Trust Group Hotels) <input type="checkbox"/> Westin Sendai <input type="checkbox"/> Gora-Kansuiro <input type="checkbox"/> Ryokan Karaku <input type="checkbox"/> Hotel Indigo Nagasaki Glover Street	
Number of nights to apply for subsidy	(Up to five nights during April 1 – March 31) Number of nights used this fiscal year after this application: ___/5 nights		
Reservation no.			

Names of users applying for subsidy (excluding children sharing a bed with their parents)	Insured/dependent		Category		Age	Subsidy payment confirmed by facility staff
	Code	Number	Insured	Dependent		
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

Subsidy amount 3,000 yen × number of applicants: \_\_\_ persons × \_\_\_ nights  
 ➔ Total subsidy amount: \_\_\_\_\_ yen

## Handling of Personal Information in Use of Health Promotion Facilities (Lodges and Other Facilities)

Tokyo Securities Industry Health Insurance Society

The Tokyo Securities Industry Health Insurance Society (“Society” hereinafter) handles the personal information of applicants and users (“users” hereinafter) as described below.

### 1. Personal information obtained

Code and number of the insured/dependent, name, gender, age, date of birth, relationship, address, telephone number, email address, and name and telephone number of employer establishment

### 2. Purposes of use

- A. To provide appropriate services to users
- B. To communicate necessary information to users
- C. To manage and operate health promotion facilities (lodges and other facilities) and conduct subsidy payment administration properly
- D. To carry out legally and administratively required operations
- E. To carry out billing operations for usage fees

The Society will explain the reasons to users and obtain their consent individually before using their personal information for purposes other than the above.

### 3. Provision of personal information to third parties

No personal information of users will be provided to outside third parties without the prior consent of the users in question.

### 4. Subcontracted operations

In implementing its activities, the Society subcontracts certain operations. The Society concludes contracts with the subcontractors to supervise them regarding the protection of personal information. Main subcontracted operations are as follows:

Management and operation of health promotion facilities (lodges and other facilities), subsidy payment administration, and document retention and disposal

### 5. Rights of users

Users may request the disclosure, correction, or suspension of use, etc. of their personal information managed by the Society. Contact us at the contact point for inquiries, complaints, and consultation.

Tokyo Securities Industry Health Insurance Society  
Health Maintenance Facilities Section, Health Activities Department  
Chief Privacy Officer: Director-General  
Section chief responsible: Manager, Health Maintenance Facilities Section  
Contact point for inquiries, complaints, and consultation:  
General Affairs Section, General Affairs Department

(April 2025)

## Documents to Present at the Front Desk of the Lodging Facility

Present any of the following showing the name of your health insurance society and the code and number of the insured/dependent at the front desk of the facility.

- ① Health insurance card (through December 1, 2025) \* Copies not accepted
- ② Eligibility Verification Certificate \* Copies not accepted
- ③ Eligibility information screen of Mynportal (on a smartphone or other device)

Or download and save the **health insurance eligibility information** data from Mynportal and show the data or a printout together with your Individual Number Card at the front desk. The downloaded eligibility information data is valid for one month from the date it was saved.

- ④ Individual Number Card and Notice of Eligibility Information

- ① Health insurance card (through December 1, 2025)  
\* Copies not accepted

健康保険 被保険者証	本人（被保険者）	令和〇年〇月〇日交付
	記号 0000 番号 0000（枝番）00	
氏名	〇〇 〇〇	性別 〇
生年月日	昭和〇〇年〇〇月〇〇日	
資格取得年月日	平成〇〇年〇〇月〇〇日	
事業所名称	〇〇証券株式会社	
保険者所在地	〒103-0025 東京都中央区日本橋茅場町3丁目1番2号	
保険者番号・名称	06〇〇〇〇〇〇 東京証券業健康保険組合 03(3686)1881~3	

- ② Eligibility Verification Certificate  
\* Copies not accepted

健康保険 資格確認書	本人有効期限	令和〇年〇月〇日
	（被保険者）交付年月日	令和〇年〇月〇日
	記号 0000 番号 0000（枝番）00	
氏名	〇〇 〇〇	性別 〇
生年月日	昭和〇〇年〇〇月〇〇日	
資格取得年月日	平成〇〇年〇〇月〇〇日	
一部負担金の割合・発効年月日	3割	令和〇年〇月〇日
保険者番号・名称	06〇〇〇〇〇〇 東京証券業健康保険組合 03(3686)1881~3	

- ③ Eligibility information screen of Mynportal (on a smartphone or other device)  
or health insurance eligibility information and Individual Number Card

**健康保険証**

マイナンバーカード利用状況 登録済

資格情報 令和〇年〇月〇日現在

この情報は画面下部から保存できます。

区分  
被保険者資格情報

交付年月日  
平成〇年〇月〇日

記号  
0000

番号  
000

(中略)

保険者番号  
06〇〇〇〇〇〇

保険者名  
東京証券業健康保険組合

**医療保険の資格情報**

この画面のみでは受診できません。マイナ保険証とあわせて医療機関等の受付に提示してください。

保存日時：2024年12月2日時点

保険者名	東京証券業健康保険組合
保険者番号	06〇〇〇〇〇〇
記号	0000
番号	0000
枝番	00
氏名	東証 健男

70歳以上の方又は後期高齢者医療の加入者

一部負担金割合	—
有効期限	—

(注) マイナ保険証の読み取りができない例外的な場合には、保存したPDFファイルをマイナ保険証とともに医療機関等の受付に提示することで受診いただけます。なお、70歳以上の方や後期高齢者医療の加入者の方は、表示されている有効期限の到来に伴い、一部負担金割合が変更になる場合がありますので、ご留意ください。

- ④ Individual Number Card and Notice of Eligibility Information

資格情報のお知らせ

令和〇年〇月〇日発行  
東京証券業健康保険組合  
06〇〇〇〇〇〇

記号 0000 番号 000（枝番）00  
氏名 〇〇 〇〇  
負担割合

**受診の際にはマイナ保険証があわせて必要です**

氏名 番号 花子

住所 〇〇県〇〇市△△町◇丁目〇番地▽▽号

性別 女

平成元年3月31日生 2025年3月31日まで有効

〇〇市長 電子証明書の有効期限 年 月 日



0123456789ABCDEF 1234

●連絡提供意思【1脳死後及び心停止した死後/2心停止した死後のみ/3提供せず】  
【1・2で提供したくない(連絡がなければ)】【心臓・肺・肝臓・腎臓・小腸・胆臓】  
署名年月日 年 月 日 署名