

(For application by an establishment) Application for vaccination subsidy
(事業所申請用) 予防接種助成金支給申請書

* You cannot use this application form for vaccinations received using tickets for medical care institutions under contract to the Toshinkyō (Tokyo General Cooperative Health Facilities Promotion Association).

Health insurance card code (establishment no.)		Name of establishment	
Type of vaccination	Influenza		
Name of medical care institution			
Medical care institution address/tel.	Pref.	Tel.	
Total number of individuals receiving vaccinations	Insured: _____ persons	Family: _____ persons	Total: _____ persons
Total amount paid to medical care institution	(Includes consumption tax.) ¥ _____		

Be sure to fill out "Detailed information on those receiving vaccinations" on the reverse side.

Check the following before applying:

No more than one application may be submitted per year per individual. For those receiving two vaccinations, for example, submit a single application for both vaccinations after the second vaccination. If vaccinations were administered at more than one medical care institution, enter "XXX Hospital and other" or similar content under "Name of medical care institution."

Attach (or affix to the "Detailed information on those receiving vaccinations" on the reverse side of this form) on the reverse side of this form, all necessary (original) receipts indicating the following:

- ① Name(s) of those receiving vaccinations (names of all persons if multiple persons received vaccinations)
- ② Date(s) of those receiving vaccinations (vaccination dates for all persons if multiple persons received vaccinations)
- ③ A provision stating the purpose of the expense (e.g., "cost of influenza vaccination")

Please note that receipts that do not indicate the name of the vaccination recipient, the nature of the vaccination, the date, or other specifics indicated above or that are written by the recipient himself or herself will not be accepted.

▼ Be sure to enter the following information accurately. Payment will be made by direct remittance into an account in the name of establishment.

Account for remittance (name of establishment)	Name of Bank	Bank	Bank code	Branch name	Branch	Branch code
	Account type 1. Ordinary 2. Current account 3. Savings	Account no. (Enter flush right.)		Name on account	* Enter the name registered with the bank, whether in katakana or Roman characters.	

I hereby apply as shown above. Tel. _____

Date(Y/M/D): / / Name of establishment _____

Employer/employer's agent or health administrator _____ Seal _____

Tokyo Securities Industry Health Insurance Society Chairman of the board

* Complete the proxy information if you wish to have an agent receive the subsidy on your behalf. Only a responsible staff member of the establishment may be named as an agent.

When entrusting an agent to receive the subsidy on your behalf (proxy space)

I hereby entrust the following agent to receive the subsidy on my behalf. Date(Y/M/D) / /

Applicant Name (address) of establishment	Agent Name (address) of establishment	Sign or Seal
Name _____ Seal _____	Name _____ Seal _____	

When receiving the subsidy directly	<input type="checkbox"/> Direct receipt requested (Check if requesting direct receipt.)
	* Direct receipt is available only to those able to receive the subsidy within two weeks of the payment date at the Accounting Department on the seventh floor of the Health Insurance Society Building. You will be notified later of the payment date. I have received the amount determined for payment. Date(Y/M/D): / / Sign or Seal Recipient Address _____ Name _____

* Remarks (For Society use only. Leave blank.)

Date received

(For application by an establishment) Vaccination recipient details
 (事業所申請用) 予防接種接種者明細書

Health insurance card code (establishment no.)		Name of establishment	
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Health insurance card no.	Name of person receiving vaccination	Relationship	Date of vaccination	
			First	Second
(e. g.) 123	Kenpo Jiro	Second son	〇〇 / 10 / 1 ¥3,000	〇〇 / 11 / 1 ¥3,000
			/ / ¥	/ / ¥
			/ / ¥	/ / ¥
			/ / ¥	/ / ¥
			/ / ¥	/ / ¥
			/ / ¥	/ / ¥
			/ / ¥	/ / ¥
			/ / ¥	/ / ¥
			/ / ¥	/ / ¥

Affix space for large receipts

Affix here.

- Affix all necessary receipts for the above vaccination recipient(s).
- Affix receipts so that their print is visible.
- If affixing multiple receipts on top of each other, do not affix on the printed portion.
- Affix large receipts to the space at right.

Check the following:

Applications with incomplete receipts will not be accepted.

- Are the receipts originals?
- Do the receipts indicate all of the following information: full name of party receiving vaccination, date of vaccination, provision indicating that the fee is for an influenza vaccination, and date of receipt?
- Are the necessary number of receipts attached?
- If the individual received two vaccinations, have you attached both receipts?
 (For those planning to receive two vaccinations, apply after the second vaccination. Note that you may not apply for an additional subsidy after applying once.)