## (For individual applications) Application for vaccination subsidy (個人申請用)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 Toshinkyo (Tokyo General Cooperative Health Facilities Promotion Association).

Health insurance card code/no.				N	c								
code		no			Name of establishr								
Type of vaccinati	on		Influ	lenzs	9								
Name of medical			1111 10	01120	*								
institution													
Medical care inst address/tel.	itutio	on Pret	f.			Te	1.						
Total amount paid			udes consumptio	n tax.	)								
medical care institution ¥ Be sure to fill out "Detailed information on those receiving vaccinations" on the reverse side.													
	11						n those	receiv	ing vacci	ations			
<u>Check the following before applying:</u> 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. Also note that documents such as vaccination certificates and medical cost details are not valid receipts.													
▼Be sure to ente				on acc	curately. P	aymen	t will	be ma	de by di	rect re	mittance int	o an account	
in the name of th	ne insi	ired pe	rson.		Bar	nk cod	е					Branch code	
Account for	Name of Bank				ank			Branch	n name		Branch		
remittance					Accol	unt no				* Enter	r the name reg	istered with	
*Account in the name of the insured person	Account type	2. Curr	Ordinary Current account Savings		(Enter fl				Name on account		nk, whether in characters.	katakana or	
		ļ											
I hereby apply as shown above. Tel Address of insured person Date(Y/M/D): / /													
			Name of	insur	ed person	* The	Notice	e of Pa	yment Deci	sion wil	ll be sent to	this address.	
												Sign or	
Tokyo Securities	s Indu	stry He	alth Insuranc	e Soci	iety Chairm	nan of	f the k	ooard				Seal	
* Complete the prop of the establishmer	-			have	an agent rec	ceive	the sub	sidy or	n your beh	alf. Onl	y a responsib	le staff member	
When entrusting			0	e sub	sidy on ye	our b	ehalf	(proz	ky space	)			
I hereby entrust the following agent to receive the subsidy on my behalf. Date(Y/M/D) / / Insured person Agent													
Address					Sign			addres	s) of es	tablish	ment		
Name					or Seal		Name					Seal	
When receiving		ect recei	rect receipt requested (Check if requesting direct receipt.) receipt is available only to those able to receive the subsidy within two weeks of the payment date at the Accounting										
the subsidy				Wealth Insurance Society Building. You will be noti rmined for payment. Date(Y/M/D):					notified 1 /	ater of the pays	nent date. Sign		
directly		ent A			Name					or Seal			
* Remarks (For Soci	lety us	e only.	Leave blank.)								•• Date	received 🝾	
		,	,										

## (For individual applications) Vaccination recipient details (個人申請用)予防接種接種者明細書

Health insurance code (establishment no		Name of establishm									
Health insurance Name of person receiving vaccin			Dalationalia		Date of vaccination						
card no.	Name of person receiving	Relationship			First			Second			
(e.g.)123	Kenpo Ji	ro	Second sor	00	/	10 / ¥3,000	1	00 /	11 / ¥3,000	1	
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				¥	/	/		Ý ¥	/		
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## 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.

 $\hfill\square$  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?

 $\Box$  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.)