

武田薬品健康保険組合 御中

To: Takeda Health Insurance Society
Mail: Dl.kenpo_qa@takeda.com

常務理事 Managing Director	事務長 Office Manager	課長・L Leader	担当者 In charge

健康保険限度額適用認定証交付申請書

Request for Issuance of Certificate of Application of Maximum Copayment Amount

太枠内をご記入ください。/Complete the sections in bold.

保険者番号 Insurer no.	06270680	事業所 Employer	会社名 Company
被保険者証記号番号 Health insurance card code/no.	—		所属部署 Section
被保険者 Insured person	氏名 Name		
	生年月日 Date of birth (Y/M/D)	年 月 日 / /	昼間連絡可能な電話番号 Daytime tel. no.
適用対象者 Subject person	氏名 Name	被保険者との続柄 Relationship to insured person	
	生年月日 Date of birth (Y/M/D)	年 月 日 / /	
被保険者住所 Address of insured person	〒		
(入院される場合は、ご記入ください。) 入院予定年月日 (Fill out this section if to be hospitalized.) Planned dates of hospitalization (Y/M/D)	年 月 日 ~ 年 月 日 / / - / /		
有効期限/Valid for	6ヶ月/6 months		
限度額認定証送付先 (原則職場受取) 本人入院等で職場で受取できない方のみ 右に送付先住所 (自宅・留守宅等) を記入。 Address to send the limit amount authorization (in principle to be received at your office) Only if unable to receive this at your office (e.g., if the recipient is hospitalized), enter an address (such as your home or family home) at the right to which you want the limit amount authorization sent.	〒		

<注意事項>

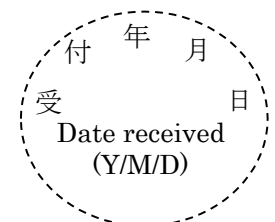
- * 外来利用・入院利用ともこの申請書で申請してください。限度額適用認定証は共通です。
- * 申請書は、ご記入後、社内便もしくは郵送にて健康保険組合に送付してください。
- * 受付日の月の初日から適用となります。原則的に受付日の翌日に証を交付します。
- * 武田薬品および任意継続の方は**宛先を記入した返信用封筒を同封し**、健康保険組合へ提出してください。
- * 武田薬品以外の事業所の方は、会社の健保事務担当者へ提出してください
- * **退院等で不要になった場合は、有効期限にかかわらず、速やかに返却してください。**
- * **医療費について公費受給できる方は、手続きをとり、必ず健康保険組合までご連絡ください。**

Notes:

- * Use this request for both outpatient and inpatient care. The limit amount authorization is the same in both cases.
- * Send this request to the Health Insurance Society by in-house mail or postal mail after filling it out.
- * The limit amount authorization will be valid from the first date of the month in which the request was received. In principle, it will be issued the day after receipt of the request.
- * If you are a Takeda Pharmaceutical Company Limited employee or Voluntarily and Continuously Insured Person, send this form to the Health Insurance Society **with a self-addressed return envelope enclosed.**
- * If you are an employee of an employer other than Takeda Pharmaceutical Company Limited, submit this form to the section of your company in charge of health insurance administration.
- * **Promptly return the limit amount authorization if you no longer need it because you were released from the hospital or for other reasons, regardless of expiration date.**
- * If you are eligible to receive publicly funded medical care costs, complete the necessary procedures and be sure to notify the Health Insurance Society.

健保記入欄/For Society use

有効期間/Period of validity	/ / - / /		
区分/Category	ア (83万円以上)・イ (53万円以上83万円未満)・ウ (28万円以上53万円未満)・エ (28万円未満) A (¥830,000 or more), B (¥530,000-¥829,999), C (¥280,000-¥529,999), D (less than ¥280,000)		
	オ (住民税非課税者) ※「非課税証明書」を提出してもらい事前に登録が必要 F (exempt from resident tax) *Requires prior registration by submitting tax exemption certificate.		
月額/Monthly amount	70歳以上/ Aged 70 and above	28万円以上50万円未満/¥280,000-¥499,999	現役並みⅠ/Same income level as active workers I
		53万円以上79万円未満/¥530,000-¥789,999	現役並みⅡ/Same income level as active workers II
送付年月日/Date (Y/M/D) sent	千円 _____ thousand yen		



マイナ保険証を利用すれば、事前の手続きなく、高額療養費制度における限度額を超える支払いが免除されます。
限度額適用認定証の事前申請は不要となりますので、マイナ保険証をぜひご利用ください。
When you use a Myrna health insurance card, you will be exempt from payment in excess of the maximum copayment amount under the High-Cost Medical Care Benefits system without any prior procedures.
We recommend using a Myrna health insurance card. Using this card will eliminate the need to apply in advance for a Certificate of Application of Maximum Copayment Amount.