資格確認書 紛失届

Notification of Eligibility Verification Certificate Loss

常務理事 Managing Director	事務長 Office Manager	課長・ﾘｰﾀﾞｰ Leader	担当者 In charge

※太線内にご記入ください。/Complete the sections in bold.

被保険者 Insured person	記号/Code	番号/No.	氏名/Name
	会社名/Company		所属/Section (TEL：)

紛失対象者 Holder(s) of lost card(s)	氏名/Name	生年月日/Date of birth(Y/M/D)	続柄 Relationship
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		. .	
		. .	
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下記の事由による資格確認書(有効期限内のもの)の返却に際し、紛失に気づきましたので
紛失届を提出いたします。（該当に○印をつけてください)

I submit this loss notification because I noticed the loss of the (valid) Eligibility Verification-Certificate(s) when attempting to return it (them) for the reason indicated below.
(Circle applicable reason.)

被保険者資格の喪失 Loss of eligibility as insured person	被扶養者の取消 Cancelation of dependent status	その他/Other ( )

なお、紛失した資格確認書による不正受診等が発生した場合には、
貴組合の指示に従い責任をもって対処いたします。

I will assume responsibility as instructed by the Health Insurance Society for any fraudulent use of the lost Eligibility Verification Certificate to obtain examinations or other services.

提出日/Date submitted(Y/M/D)： / /

武田薬品健康保険組合/Takeda Health Insurance Society

注： 1．武田薬品の方は、SATO社会保険労務士法人福岡オフィス(宛先などは武田薬品健保ホームページに掲載)へ、
武田薬品以外の方は各会社の健康保険事務担当者に提出してください。
2．任意継続の方は、健康保険組合へ提出してください。

Notes: 1. If you are a Takeda Pharmaceutical Company Limited employee, send this form to the Fukuoka Office of SATO Social Insurance and Labor Attorney Corporation (refer to the Takeda Health Insurance Society website for the address and other details). 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.
2. 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.

事業所欄

健保処理欄 For Society use	証紛失入力	

社会保険労務士記載欄