

裏面の「記入の方法及び注意事項」を必ずお読みになつてからご記入ください。

見本

健康保険

出産手当金請求書

① (第 回 目)

Form with fields for insured person details (name, address, birth date), employer information (name, address), and pregnancy details (dates, hospital, delivery type).

Form for the agent (代理人欄) including name, address, and relationship to the insured person.

マイナポータル等で事前登録した公金口座を利用します。(利用する場合は☑、利用しない場合は下記口座欄を記入してください)

Form for bank account information (振込先指定口座) including bank name, branch, and account number.

Form for delivery address (この書類の送付先は) and recipient information (受付日付印).

東京薬業健康保険組合

Form for labor status (勤務状況) and payment details (給与形態), including a table for attendance and a breakdown of wages.

Form for medical professional information (医師又は助産師が意見を書くところ) including name, address, and hospital details.

Form for social insurance laborer registration (社会保険労務士の提出代行者名記載欄).

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