

Health Insurance Insured person

Dependents

## Claim for Overseas Medical Care Expenses

Column to be filled out by the insured person (employee)	Insurance Code - Number	99 — 99999	Name of insured person	健保 太郎		
	Global ID	1234567				
	Company	○△◇ 株式会社	Date of birth	〇〇年(Y)	〇〇月(M)	〇〇日(D)
	Name of injury or illness	急性胃腸炎	Date injury or illness first occurred	〇〇年(Y)	〇〇月(M)	〇〇日(D)
	Cause of illness or injury	腹痛と下痢を起こした。	Was it caused by the actions of a third party?	Yes <input checked="" type="radio"/> No <input type="radio"/>		
	Treatment period	From 〇〇年(Y)〇〇月(M)〇〇日(D) To 〇〇年(Y)〇〇月(M)〇〇日(D)	Days	1 日(D)	Inpatient or Outpatient	Inpatient · Outpatient <input checked="" type="radio"/>
	Content of treatment	診察と投薬を受けた。	Cost of medical care	100ドル		
	Period of travel	〇〇年(Y) 〇〇月(M) 〇〇日(D)~ 〇〇年(Y) 〇〇月(M) 〇〇日(D)				
	Country of Travel	アメリカ				
	Name of currency (US\$, etc.)	US ドル				
	Name(when the target person is a dependent.)	健保 花子	Date of birth(when the target person is a dependent.)	〇〇年(Y)	〇〇月(M)	〇〇日(D)
	Relationship with the insured ( 妻 )					
I claim the benefits in this case as described above. Date 〇〇年(Y) 〇〇月(M) 〇〇日(D)						
In the case of an insured person in employment, the recipient of the Benefit shall be entrusted to the employer. (※)						
〒 999-0001 東京都〇〇区〇〇〇町2-2-2						
Address of the insured						
健保 太郎						
Full name of the insured						
To the Chairman of the AIG Health Insurance Association						
(*)Benefit is paid through salary.						
(In the case of voluntary and continuously insured persons, Benefit is paid through the registered account)						

\*Please fill out this claim form and submit it with the following documents.

• For details, please refer to the attached document "About claim for overseas medical care expenses."

Attached documents

## ① Medical details statement (original)

Proof must be provided by the medical institution where the treatment was received.

## ② Itemized receipt(original)

Proof must be provided by the medical institution where the treatment was received.

## ③ Receipt(original)

## ④ Japanese translation of ① and ② above (Translator's name, address, and phone number)

## ⑤ Copies of passports, airline tickets, and other documents from which the fact of travel overseas can be confirmed

## ⑥ Agreement of Authorization

Acceptance stamp

Notice

Please prepare one copy for each patient by month of medical examination, by outpatient and inpatient, and by medical institution and pharmacy.

Submission destination

Please submit to the Human Resource Partners (Labor &amp; Social Security Attorneys Office)

Address: 19th floor, IMP Building, 1-3-7 Shiromi, Chuo-ku, Osaka-shi, 540-6319 Japan

Team for AIG , Human Resource Partners (Labor &amp; Social Security Attorneys Office)

\*If you are a voluntary and continuously insured persons, please send the claim form directly to AIG Health Insurance Association.

2025/7