

Email submissions not accepted.

【 For direct payment system users 】

Health Insurance Insured person  
Dependents

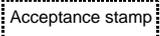
### Claim for Childbirth and Childcare Lump-sum / Additional Sum

Column to be filled out by the insured person (employee)	Insurance Code - Number	—		Name of insured person		
	Global ID					
	Company			Date of birth	年 (Y) 月 (M) 日 (D)	
	Medical institution	Name				
		Address	〒			
	Delivery date	年 (Y)	月 (M)	日 (D)	Live birth or Stillbirth	Live birth · Stillbirth · Mixture of live birth and stillbirth
	Number of babies born	Live birth ( ) · Stillbirth ( )		In the case of stillbirth Weeks of pregnancy	Month Week	
	Name of the family member who gave birth	Relationship with the insured ( )		Date of birth	年 (Y) 月 (M) 日 (D)	
	I claim the benefits in this case as described above.				Date	年 (Y) 月 (M) 日 (D)
	In the case of an insured person in employment, the recipient of the Benefit shall be entrusted to the employer. (※)					
〒 Address of the insured						
Full name of the insured						
Daytime contact ( )						
To the Chairman of the AIG Health Insurance Association						
(*)The deadline for this application is the 15th of every month. It will be paid together with the next month's salary. (In the case of voluntary and continuously insured persons, transfer to the registered account on the 20th of the following month)						

With this claim form, you can claim the difference if the amount claimed by the medical institution, etc. is less than the amount of the lump-sum maternity allowance, as well as the additional sum.

Even if there is no difference, you will be claim only an additional sum. Please submit this claim.

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

Attached documents	<p><b>All three are issued by the medical institution.</b></p> <p><b>(1)Copy of agreement document with the medical institution.</b></p> <p>ⓐAIG health insurance association name ⓑ "Agreement on direct payment system" ⓒName of insured person</p> <p>ⓓName of medical institution and representative</p> <p><b>(2)Copy of delivery expense itemized statement</b></p> <p>ⓐDelivery date ⓑ Number of babies born ⓒ Entry of "No difference from the contents of the exclusive invoice" ⓓ Amount received by proxy, etc.</p> <p><b>(3)A copy of the receipt (stamped by an institution affiliated with the Obstetric Care and Compensation System</b></p> <p><b>or "the delivery is covered by the Obstetric Care Compensation Program." is clearly stated.)</b></p> <p>※ If (2) has a stamp or text, then (3) is not required to be submitted.</p> <p>※ If the birth is not covered by the obstetric care compensation system, there is no stamp or text.</p>	
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Submission destination	<p>Please submit to the Human Resource Partners (Labor &amp; Social Security Attorneys Office)</p> <p>Address: 19th floor, IMP Building, 1-3-7 Shiromi, Chuo-ku, Osaka-shi, 540-6319 Japan</p> <p>Team for AIG , Human Resource Partners (Labor &amp; Social Security Attorneys Office)</p> <p>*If you are a voluntary and continuously insured persons, please send the claim form directly to AIG Health Insurance Association.</p>
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