

Email submissions not accepted.

Example of entry

【 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	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)
	Medical institution	Name	〇〇〇産婦人科医院	
		Address	〒999-0000 東京都〇〇区〇〇〇町 1 - 1 - 1	
	Delivery date	〇〇 年(Y) 〇〇 月(M) 〇〇 日(D)	Live birth or Stillbirth	ive birth · Stillbirth · Mixture of live birth and stillbirth
	Number of babies born	Live birth (1) · Stillbirth ()	In the case of stillbirth Weeks of pregnancy	Month Week
	Name of the family member who gave birth	健保 花子 Relationship with the insured (妻)	Date of birth	〇〇 年(Y) 〇〇 月(M) 〇〇 日(D)
	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. (※)			
Address of the insured 〒999-0000 東京都〇〇区〇〇〇町2-2-2				
Full name of the insured 健保 太郎				
Daytime contact 03 (〇〇〇〇) × × × ×				
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	All three are issued by the medical institution.
	(1)Copy of agreement document with the medical institution.
	①AIG health insurance association name ② "Agreement on direct payment system" ③Name of insured person
	④Name of medical institution and representative
	(2)Copy of delivery expense itemized statement
	①Delivery date ② Number of babies born ③ Entry of "No difference from the contents of the exclusive invoice" ④ Amount received by proxy, etc.
	(3)A copy of the receipt (stamped by an institution affiliated with the Obstetric Care and Compensation System
	or "the delivery is covered by the Obstetric Care Compensation Program." is clearly stated.)
	※ If (2) has a stamp or text, then (3) is not required to be submitted.
	※If the birth is not covered by the obstetric care compensation system, there is no stamp or text.
Acceptance stamp	

Submission destination	Please submit to the Human Resource Partners (Labor & 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 & Social Security Attorneys Office)
	*If you are a voluntary and continuously insured persons, please send the claim form directly to AIG Health Insurance Association.