

Email submissions not accepted.

Health Insurance Insured person
Dependents

Claim for Transportation expenses

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)		
	Name(When the target person is a dependent.)	Relationship with the insured ()		Date of birth(When the target person is a dependent.)	年(Y) 月(M) 日(D)		
	Name of injury or illness			Date injury or illness first occurred	年(Y) 月(M) 日(D)		
	Cause of illness or injury			Was it caused by the actions of a third party?	Yes · No ※If yes, please contact AIG Health Insurance Association in advance.		
	Medical institution	Name of medical institution and doctor	Doctor's Name ()				
		Address and Telephone number	〒 TEL				
	Transfer section, period of transfer, cost	Section	From		To		Transportation
			Period of transfer (Payment period)		Number of times	Distance	Cost
			From	年(Y) 月(M) 日(D)			
			To	年(Y) 月(M) 日(D)			
Transfer destination				Inpatient or Outpatient	Inpatient · Outpatient		
Date 年(Y) 月(M) 日(D)							
I claim the benefits in this case as described above.							
In the case of an insured person in employment, the recipient of the Benefit shall be entrusted to the employer. (※1)							
〒							
Address of the insured							
Full name of the insured							
To the Chairman of the AIG Health Insurance Association							
(*1)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)							

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

Attached documents	① Receipts (original)	
	② AIG Health Insurance Association approval letter (※ 2) (※ 2) If prior approval cannot be obtained due to emergency, etc., two items below shall be attached.	
	③ Application for transfer approval	
	④ Written opinion of the physician or dentist in need of transfer	
		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.		2025/4