

Email submissions not accepted.

Example of
entry

Health Insurance Insured person
Dependents

Claim for Transportation 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	○○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	脳梗塞			Date injury or illness first occurred	○○年(Y) ○○月(M) ○○日(D)
	Cause of illness or injury	不詳			Was it caused by the actions of a third party?	Yes · No
	Medical institution	Name of medical institution and doctor	○○病院			
		Address and Telephone number	〒999-9999 埼玉県○○市○○3-4-5 TEL 03-9999-9999			
	Transfer section, period of transfer, cost	Section	From	埼玉県○○市○○	東京都○○区○○	Transportation
			To	民間輸送車		
		Period of transfer (Payment period)		Number of times	Distance	Cost
		From	○○年(Y) ○○月(M) ○○日(D)	1	30	10,000
	Transfer destination	○×大学付属△△病院			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)						
〒 999-0000						
Address of the insured 東京都○○区○○○町2-2-2						
Full name of the insured 健保 太郎						
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
Submission destination	④ Written opinion of the physician or dentist in need of transfer
	Acceptance stamp

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.