

## Reimbursement Claim Form for Health Examination Fee or Comprehensive Health Screening Examination Fee at a Non-Contract Clinic

I took a health examination or comprehensive health screening examination at a non-contract clinic.  
I hereby claim reimbursement of fees incurred. Attached are the examination results and receipts.

### Applicant (Only subscriber)

Health insurance card Number    Company Name

7    —	
Name	
Address	

### Reimbursement Direct Deposit Bank Account

Account No.

Bank		Branch	
Account Name (report to the bank)			

※ Reimbursement will be deposited to the subscriber's bank (savings) account.  
 ※ Bank/branch names may have been changed. Please check them before you enter the information.

### Name of the person undergoes examination

(including tax)

Subscriber	Date (yyyy/mm/dd)		Amount    ¥
	Name of clinic		
Dependent ①	Date (yyyy/mm/dd)		Amount    ¥
	Name of clinic		
Dependent ②	Date (yyyy/mm/dd)		Amount    ¥
	Name of clinic		

Total

※ Please fill in below if you are a current employee.

Did you charge to HR center the examination fee which should be paid by the company?	
YES    ·    NO	Because the amount of receipt is not divided to the company and Health Insurance Society

※For KENPO use only  
Reimbursement amount    ¥ \_\_\_\_\_

- ※ Please attach the original receipt(s) and the copy of examination results to this form.
- ※ The fees will be reimbursed only when the person who underwent examination was "a member of ABB Health Insurance Society or his/her dependent(s)" at the day of examination.
- ※ For employees, your company will pay the fee of mandated tests by the Industrial Safety and Health Law. ABB Health Insurance Society will pay the other items up to 31,500 yen(including tax). Please ask the clinic to issue obtaion two receipts; one for your company and one for ABB Health Insurance Society.
- ※ Please also submit "Questionnaires about previous disease and lifestyle".

Name		Health insurance card Number	7	—
Date of health examination		Age		gender

<Abdominal circumference> \* Please measure around your belly button with standing and breathing out.

cm ← If this measurement is written on your health examination results, you don't need to fill in.

<Questions>

1. Are you currently taking any medication to lower your blood pressure? Yes / No

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2. Are you currently receiving insulin injections or taking any medication to lower your blood sugar level? Yes / No

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3. Are you currently taking any medication to lower your cholesterol? Yes / No

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4. Have you been diagnosed with or treated for stroke (brain hemorrhage, brain infarction, e.g.)? Yes / No

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5. Have you been diagnosed with or treated for heart disease (angina, myocardial infarct, etc.)? Yes / No

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6. Have you ever been diagnosed with or treated for chronic kidney disease (received dialysis)? Yes / No

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7. Have you ever been told by a doctor that you are anemic? Yes / No

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8. Do you habitually smoke?  
("Habitually smoking" means that you are smoking 100 cigarettes or more every month, or have been smoked more than six months, or have smoked recently for the past 30 days.) Yes / No

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9. Has your weight increased by more than 10 kg(22 lbs) compared to when you were 20 years old? Yes / No

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10. Have you exercised for a minimum of 30 minutes, at least twice a week for the past year or more? Yes / No

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11. Do you walk or do similar activities for one hour or more in a daily life? Yes / No

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12. Do you feel that you walk faster than other people at your age? Yes / No

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13. Do you have any difficulty in chewing your food? (teeth, gum, bite condition)? No / Occasionally / Everyday

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14. Do you seem to eat faster than other people? Fast / Normal / Slow

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15. Do you eat supper within two hours before going to bed for more than three times or more a week? Yes / No

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16. Do you eat snacks or sweets between breakfast and lunch and supper? Everyday / Sometimes / Scarcely (or Not at all)

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17. Do you miss breakfast three times or more a week? Yes / No

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18. How often do you drink alcohol (sake, shochu, beer, or liquor)? Everyday / Sometimes / Scarcely (or Not at all)

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19. When you drink alcohol, how much do you drink per day?  
(1 unit equals 180ml of sake, 500ml of beer, 110ml of shochu(25%), 60ml of whiskey, or 240ml of wine.)  
1. Less than 1 unit (or Not at all) / 2. 1-2 units / 3. 2-3 units / 4. More than 3 units

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20. Do you feel rested enough by sleeping everyday? Yes / No

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21. Do you have intended to improve your lifestyle, such as exercise habit or eating habit?  
1. No 2. intend to (within next 6 months or so) 3. Have started recently (within the past month)  
4. Have already started (less than 6 months) 5. Have already started (more than 6 months)

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22. If there is an opportunity to receive guidance and instructions regarding lifestyle improving, would you participate in? Yes / No

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