

The Application form for subsidy of Influenza vaccination

Issuer

Health insurance card No. Name of company

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Name of the insurant Address

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Bank account

Account No. Name (the same as the insurant)

Bank	branch		
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※ The subsidy fee is transmitted to the insurant's account.

※ Please check the present name of your bank and branch because they might be changed by merger.

Name of inoculated

Name of inoculated		Date (yy / mm / dd)		Amount
		Name of the hospital		
Insurant	age			yen
Family ①	age			yen
Family ②	age			yen
Family ③	age			yen
Family ④	age			yen
Family ⑤	age			yen

※ Max amount
2000 yen/shot

※ Please attach the original receipt.

※ The inoculated person's name, date and "this is for an Influenza vaccine" should be written on your receipt.

If not, attach the receipt and the certificate of inoculation the hospital issued. If you don't have the certificate, bring your receipt to the hospital to ask them to write the inoculated person name, date, "influenza vaccine" and sign on it.

※ Under 18 and over 65 can also apply the second inoculations.

※ If you apply the first and second injections, you need to attach both receipts.

※ Our qualified person and its insurant family at the time of inoculation can apply this subsidy.