

To ABB Kenpo Kumiai

Date of issue : 20XX/11/25

The Application form for subsidy of Influenza vaccination

Issuer

Health insurance card No.

Name of company

700 - 1000	Kenpo Kumiai K.K.
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Name of the insurant

Address

Last Kenpo	First Taro	〒 150 - 8512 5-2-35, Sakuragaoka-cho, Shibuya-ku, Tokyo
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Bank account

Account No.

Name (the same as the insurant)

Kenpo Bank	Shibuya branch	06136725	Taro Kenpo
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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	age	Date (yy / mm / dd)	Amount	※ Max. amount 2000 yen/shot
		Name of the hospital		
Insurant		20XX/10/9	3,000 yen	2,000
	35	Kenpo Clinic		
Family ① Kenpo Hanako		201XX/11/7	3,000 yen	2,000
	32	Kenpo Clinic		
Family ② Kenpo Ichiro		20XX/11/7	3,000 yen	2,000
	11	Kenpo Clinic		
Family ③ Kenpo Ai		20XX/11/7	3,000 yen	2,000
	7	Kenpo Clinic		
Family ④ Kenpo Ichiro		20XX/11/21	3,000 yen	2,000
	11	Kenpo Clinic		
Family ⑤ Kenpo Ai		20XX/11/21	3,000 yen	2,000
	7	Kenpo Clinic		

※ 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.

