

取得

健康保険 被保険者資格取得届

年 月 日提出

Table with columns for decision date (決裁日付) and organizational roles (常務理事, 事務長, etc.).

Main form for applicant information including business registration number, address, name, and phone number.

Form for receiving stamp (受付印) and social insurance laborer registration (社会保険労務士記載欄 | 氏名等).

Form for insured person 1 (被保険者1) including personal details, birth date, and compensation information.

Form for insured person 2 (被保険者2) including personal details, birth date, and compensation information.

Form for insured person 3 (被保険者3) including personal details, birth date, and compensation information.

Form for insured person 4 (被保険者4) including personal details, birth date, and compensation information.

※ この届書は、資格取得の日から5日以内に提出してください。

海空運健康保険組合 令和7年12月