

取得

健康保険 被保険者資格取得届

年 月 日提出

二以上事業所分

Table with columns for decision date (決裁日付) and organizational roles (常務理事, 事務長, グループ 統括, 課長, 係長, 担当).

提出者記入欄 (Applicant Information Section) containing fields for health insurance business registration number, pension business registration number, business location, name, and phone number.

受付印 (Receipt Stamp) and 社会保険労務士記載欄 | 氏名等 (Social Insurance Labor Consultant Information).

被保険者 1 (Insured Person 1) form with fields for ID number, name, birth date, insurance category, personal ID, income, and residence.

被保険者 2 (Insured Person 2) form with fields for ID number, name, birth date, insurance category, personal ID, income, and residence.

被保険者 3 (Insured Person 3) form with fields for ID number, name, birth date, insurance category, personal ID, income, and residence.

被保険者 4 (Insured Person 4) form with fields for ID number, name, birth date, insurance category, personal ID, income, and residence.

※ 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