

記入例

太陽生命健康保険組合理事長 殿

Table with 2 columns: 所属支社名 (大森北支社), 連絡先 (100), 担当者名 (〇〇)

健康保険出産手当金請求書

Main form section (1)-(8) containing insured information, birth details, and request details.

Vertical text on the right side providing instructions for sections (7) and (8).

Form section (9)-(14) containing medical information and doctor's statement.

Form section (15)-(17) containing employer information and proof of non-work during leave.

Vertical text on the right side providing instructions for sections (15)-(17).

Form section (添付書類について) and (記入上の注意事項) providing attachment and entry instructions.

※振込口座を公金受取口座とする場合は本申請書とあわせてホームページ掲載の「保険給付等の公金受取口座利用届」をご提出ください。