

Mutual Aid Association Membership Application Form

Please write your name in full exactly the same way as shown in your passport.

		Branch Director	Executive	Vice Executive	Group Leader	Chief	Group Member
Name in Katakana Name	ヒロシマ イチロウ	Male ①		Shouwa/Heisei		Do you have dependents?	Yes
	Hiroshima Ichiro	Female 2		00 Year 00 Month 00 Day			No
Faculty (Office) Name of Your Group	Graduate school of 00 00研究科	Title	Professor 教授	(Date of Transfer)	()	Date of Participation	Shouwa/Heisei 20. 4. 1
Address in Katakana Address	2-101 Kagara-Shokuin-Syukusya, 2chome Kagamiya 東広島市鏡山2丁目ががら職員宿舎2-101	If you enrolled in the Ministry of Education, Culture, Sports, Science and Technology Mutual Society of Health Insurance at your previous place of employment and joined our university right after that, please write the date of employment at our university in the box of (Date of Transfer) and the date of acquiring membership in the Ministry of Education, Culture, Sports, Science and Technology Mutual Society of Health Insurance in the box of Date of Participation.					
	Information on the organization before your participation or transfer into the Mutual Aid Association	Name of Organization	00 University 00大学		If you participated (yourself) in Health Insurance etc. at most recent employment, you must write that insurance name etc.		
	Address and Telephone Number	0-00-00, 00町, 00市, 00県					
	Name of Health Insurance etc. which you enrolled in previously	Mutual Aid Association Social Insurance/ National Health Insurance	00 university Branch of Ministry of Education, Culture, Sports, Science and Technology Mutual Society of Health Insurance 文部科学省共済組合00大学支部		Yourself/ Family		
I submit this application as mentioned above for a Mutual Aid Association Membership Card.							
To the Director of the Hiroshima University Branch of the Ministry of Education, Culture, Sports, Science and Technology Mutual Society of Health Insurance							
Reiwa 26 Year	4 Month	7 Day	Name		Hiroshima Ichiro		
Employee Number	※	Type of membership	Date of Issue of Membership Card	Date of Inputting Information	These boxes will be filled by a person in charge in each faculty.		
12345678		Long Term Pension Premium/ Short Term Pension Premium/ Mariners Insurance			Reception Date of Faculty, Etc. Year, Month, Day	Seal of Reception	

Members who have dependents should submit this application with the "Eligible Dependent Allowance Application" form and documents which certify dependent status.

- Note 1 For the fields "Name in Katakana" and "Address in Katakana", these should be written in Katakana and voiced sound mark will be counted as a 1 letter when you fill in. Between your family name and first name, you should put a space of 1 letter.
- Note 2 For the field "Address in Katakana", a space of 1 letter should be put in each separation in address like prefecture, city and town, etc. and not be written consecutively.
- Note 3 Please do not fill in the boxes after ※ mark in a direction from left to right.