

[Example]

支出計算書							伝票番号	1	2	3	4	小切手番号
支部長	理事	部長	GL	副GL	主査	グループ員	左記金額領収いたしました。					
※ 決裁年月日		令和 年 月 日	※ 決定金額		法定給付 円	円	5	6	7	8	9	10
データ区分 ※		11	12	13	14	Claim for Payment of Member / Family Burial Benefit / Supplementary Benefit for Burial Cost						
Member Card Number		○○○○○○○○○○○○(10桁)				Name of the Deceased		○○		Member: 1 23 Family: 2 1		
Member's Name		○○ ○○				The Deceased Person's Date of Birth, Sex and Relationship to Member		○○年 ○○月 ○○日		男 続柄		
Affiliation		○○学研究科(部)				Date of Death		24 25 Year 26 27 Month 28 29 Day		女 ○○		
資格取得年月日		昭和 平成 年 月 日				Place of Death		○○県○○市○○町				
資格喪失年月日		令和 年 月 日				Cause of Death		○○○のため				
請求金額		法定給付 円 附加給付 円				養終了年月日		年 月 日				
標準報酬		第 市町村番号				Your signature		e.g.: Husband, wife, father, mother, eldest son, eldest daughter				
老人保健法の医療を受けていたとき		市町村番号				Claimant Name		○○県○○市○○町○○○-○				
I hereby claim payment of benefits as above. 上記のとおり請求します。		Enter the date of submission. 令和 ○○年 ○○月 ○○日				Enter the claimant's (bereaved family's) address, name, and relationship to the member		Relationship to the member (○○) ※Fill in if the claimant is not the member.				

様式第28号

- This form should be submitted along with a copy of the burial or cremation permit issued by the local municipal government. If you cannot submit a copy of either permit due to certain unavoidable reasons, attach instead a document that certifies the death of the deceased.
- If someone other than a dependent claims payment of a burial benefit, the claim form should be attached with a receipt for the payment directly incurred by the burial, in addition to the document specified in 1.
- If you are a voluntarily continuing member, enter in the "Standard Remuneration" field the amount of the standard monthly remuneration used as a basis for the calculation of the premiums at your retirement as well as the amount of the standard monthly remuneration used as a basis for the calculation of the premiums for voluntarily continuing insurance.
- If the deceased person had received medical treatment covered by the Health and Medical Service Act for the Aged, enter the municipality code, membership number, and the name of the issuer--the information provided on the health care handbook's page that certifies the eligibility for the medical treatment.
- Leave the fields marked with "※" blank.