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| 支　給　決　定　伺 | | | | | | | | | | | | | | | | | | | | | | | 支給決定　令和　　　年　　　月　　　日 | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | |
| 支 給 決 定 額 | | | | | | | | | | | | | | | 標 準 報 酬 月 額 | | | | | | | | | | | | | | | 常務理事 | | | 事務長 | | | | 係 | | | | | | | 係 | | |  | | | |  | | | | | |
| 0,000　円 | | | | | | | | | | | | | | | 千円 | | | | | | | | | | | | | | |  | | |  | | | |  | | | | | | |  | | |  | | | |  | | | | | |
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|  | | | | □ | | | | **被保険者** | | | | | | | | **埋葬料（費）請求書** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | |
| □ | | | | **家族** | | | | | | | |  | | | |  | | | | | |
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| 被保険者等 | |  |  | |  | | - | |  | |  | | |  | | |  |  | 事業所の | | | | |  | | | | | | | | | | | | | | | | □任意継続 | | | | | | |  | | | |  | | | | | |
| 記号番号 | | 名称 | | | | | □喪失後請求 | | | | | | |  | | | |  | | | | | |
| 資格取得年月日 | | 昭・平・令　　　　　　年　　　　月　　　　日 | | | | | | | | | | | | | | | | | 資格喪失年月日 | | | | | | | | | 令和 | | | | 年　　　　月　　　　日 | | | | | | | | | | | | | | |  | | | |  | | | | | |
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| 被保険者が死亡さ | | 氏名 | | |  | | | | | | | | | | | | | | 生年月日 | | | | | | | | | 昭・平・令 | | | | 年　　　　月　　　　日 | | | | | | | | | | | | | | |  | | | |  | | | | | |
| （フリガナ） | | |  | | | |  | | | | | |
| れた場合の請求人 | | 被保険者との | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | |
| 続柄 | | | | |  | | | |  | | | | | |
| 死亡された方 | | 氏名 | | |  | | | | | | | | | | | | | | 死亡年月日 | | | | | | | | | 令和 | | | | 年　　　　月　　　　日 | | | | | | | | | | | | | | |  | | | |  | | | | | |
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| 被保険者との | | | | |  | | | | | | | | | | | | 埋葬年月日 | | | | | | | | | 令和 | | | | 年　　　　月　　　　日 | | | | | | | | | | | | | | |  | | | |  | | | | | |
| 続柄 | | | | |  | | | |  | | | | | |
| 死亡原因 | |  | | | | | | | | | | | | | | | | | 埋葬に要した費用 | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | |
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| 死亡原因の第三者  行為「該当」「非該  当」の別/「該当」の  場合 加害者の住  所・氏名 | | 死亡原因は第三者行為に　□該当　　□非該当　　（「該当」の場合には加害者の住所・氏名を記載してください。） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | |
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|  | | 上記の通り請求します。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | |
| 三井物産健康保険組合　理事長　殿 | | | | | | | | | | | | | | | | | | | | | | | | | 令和　　　　年　　　　月　　　　日 | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | |
| 請求人（被扶養者が死亡した  場合には被保険者）の住所 | | | | | | | | | | | 〒　　　　　　　- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | |
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| 被保険者又は | |  | | | |  | | | | | |
| 請求人  （埋葬費の場合  支払を行った者） | | 氏名(フリガナ） | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  |  | | | |  | | | | | |
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| 日中連絡の取れる電話番号 | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | |
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| 委任状（お勤めの事業  所名をご記入ください。被  保険者が死亡されたことに  よる請求や、任意継続され  ている方からの請求のとき  には記入を要しません。） | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | |
| 法定給付の受領を | | | | | | | | | |  | | | | | | | | | | | | | | | | | に委任いたします。 | | | | | | | | | | | | | | | | | |  | | | |  | | | | | |
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| 被保険者 | | | | |  | | | | | | | | | | | | | | | | | | |  |  | | | |  | | | | | |
| ※上段にお勤めの事業所名（会社名）、下段に被保険者名をご記入ください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | |
|  | | 上記のとおり相違ないことを証明します。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | |
| 令和　　　年　　　月　　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | |
| 死亡に関する | |  | | | | | | | | 事業主（又は代理人） | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | |  |  | | | |  | | | | | |
| 事業主の証明 | | 所在地 | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | |  |  | | | |  | | | | | |
|  | | 氏名 | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | |  |  | | | |  | | | | | |
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| 振込先（被保険者が死  亡されたときには必ずご記入ください。） | | 金融機関 | | | |  | | | | | | | | | | | | | | | 銀行 | | | | | 口座番号 | | | | |  |  | |  |  |  | | |  | |  | | | |  | |  | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | 支店 | | | | | 種別 | | | | | 普　通　・　当　座 | | | | | | | | | | | | | | | |  | | | |  | | | | | |
| 名義（漢字） | | | |  | | | | | | | | | | | | | | | | | | | | 名義（ｶﾅ） | | | | |  | | | | | | | | | | | | | | | |  | | | |  | | | | | |
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| \* | 太枠内にご記入ください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | |
| \* | 「事業所の名称」欄には、お勤めの（であった）事業所名をご記入ください。任意継続中の方や、資格喪失後3ヶ月以内に被保  険者が死亡されたことにより請求される場合には該当の□にチェックを入れてください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | |  | | | |  | | | | |
|  |  | | | | | 受付印 | | | | |  | | | | | | |
| \* | 「委任状」欄には、お勤めの事業所名をご記入ください。任意継続中の方や、被保険者が死亡されたことによる請求の場合に  は記入を要しません。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | |
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| \* | 「死亡に関する事業主の証明」欄に事業主の証明を受けてください。任意継続中の方（被保険者・被扶養者いずれの死亡でも）  や、資格喪失後3ヶ月以内に被保険者の方が死亡されたことにより請求される場合には不要です。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | |
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| \* | 被保険者が死亡されたときには「振込先」欄に振込みご希望の金融機関名をご記入ください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | |
| \* | 任意継続中の方（被保険者・被扶養者とも）が死亡された場合には死亡診断書の写等、証明となるものを添付してください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | |
| \* | 被保険者死亡の場合で被扶養者でない方からの請求の場合には、請求者と被保険者との関係の確認のために別途書類をご提出いただくことがあります。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |