

同意書の提出について

Submission of Written Consent

健康保険
金等と言
機関※に
ります。

また、傷
と言いま

さらに、
ております

このため
傷病手当金

傷病手当
併せてご提

When Nomura Securities Health Insurance Association deems it necessary in making a decision on the payment of injury and sickness allowance, injury and sickness allowance additional allowance, and extended injury and sickness allowance additional allowance (Hereinafter, it is called sickness allowance.) based on the Health Insurance Act, it may inquire the relevant organization * about the enrollment record, benefit record, pension record, medical history, opinion of the doctor, etc.

In addition, in the case of receiving the disability employee pension or the old-age employee pension after retirement (Hereinafter referred to as pension, etc.) in parallel with the claim for the injury and sickness allowance, etc., the payment amount of the injury and sickness allowance, etc. will be adjusted.

In addition, if the workers' compensation leave benefit is paid for the same disease, the injury and sickness allowance, etc. is not paid.

Therefore, if you receive a pension or worker's accident leave benefit at a later date (Includes retroactive data.), you will have to return all or part of the injury and sickness allowance that was paid earlier.

When you make your first claim for sick pay, please agree to the following, fill it out, and submit it along with your claim form.

同意書

agreement

野村證券健

私は、以下

① 野村證
師の見

なお、

② 今後、
に報告

③ 年金等
納する

※前加入

Mr. President, Nomura Securities Health Insurance Association

In claiming the injury and sickness allowance, etc. under the following disease name,

① I agree that Nomura Securities Health Insurance Association will inquire about membership records, benefit records, pension records, medical history, views of doctors, etc., to the relevant organizations *, and that the relevant organizations will respond to these inquiries.

In case of multiple references, I agree to provide a copy of this agreement.

② In the future, when the payment of pension, etc., or industrial accident leave benefits is decided, I will immediately report to Nomura Securities Health Insurance Association to that effect and submit a copy of the Notice of Adjudication or the Payment Decision, etc.

③ If I receive a pension, etc. or workers' compensation leave benefit, I agree to return all or part of the injury and sickness allowance, etc. I have already received.

*It refers to the former member insurer, place of business, medical institution, pension office, labor standards supervisory office, etc.

Enter the symbol and number described in the "Notice of Credentials" instead of the My Number.

Date

令和

年

月

日

Health Insurance Symbol/Number

被保険者等 記号・番号	記号					番号							
Signature 氏名(署名)	記名の場合は押印が必要です。												
Disease name 疾病名													