

For Insured Person and Family

Health Insurance Association for Amazon Japan Employees

Vaccination Subsidy for Measles, Rubella and Mumps

Amazon Health Insurance Association (Amazon HIA) started to provide opportunities to take a vaccination for measles, rubella and mumps with subsidy up to twice from FY2019.

Please make sure to consult with your doctor when you take the vaccination. You can see the subsidy and the procedure below.

1 Eligible person

Insured person or family members (18 years of age or older on the day of vaccination) who have insured status on vaccination. This includes insured person and family members who submitted the application for voluntary continuation of insurance coverage.

2 Eligible vaccine

For measles, rubella and mumps including combination vaccine (ex. For measles + rubella)

3 Subsidy amount

Up to 10,000 yen for all insured person or family members per one vaccination.

If you receive the subsidy from city that you live, you can apply the expense excluding that.

Caution: The cost for antibody test is not covered in this subsidy

4 The number of times for receiving subsidy

Twice for a person

5 Payment from Amazon HIA

Amazon HIA will pay all subsidy to your bank account.

6 Application procedures

① Take the vaccination and pay at hospital. Please make sure to receive the receipt from the hospital.

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② Get application form from Amazon HIA home page

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③ Fill the application form and stick the receipt (copy is acceptable) on the form, and send it to Amazon HIA. Please send it one time for all insured person or family if possible

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④ You need to send the application as soon as possible. You can include applications for twice vaccination into one application form.

Caution about Receipt

*The receipt (copy is acceptable) should include information below;

1) Hospital name

2) Expense item name (ex. For measles vaccination)

Note: If expense item name is handwritten, please ask the clinic to write sign or seal

3) First and last name of all insured person including family who took vaccination

Note: Company name is not acceptable. Please make sure to write insured person's name or dependent's name.

4) Total amount of expense

Please send the application to this address

A-Place Yoyogi, 5-23-15 Sendagaya, Shibuya-ku, Tokyo 151-0051

Amazon Health Insurance Association

TEL : 03-5357-7555

FAX : 03-5357-7556