

Application for Subsidies of Influenza Vaccination

Application date year: month: day:

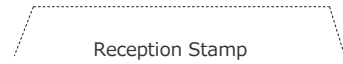
Code and number of the insurance recipient	Code		Number	
Name of applicant				
Address				
〒 -				
tel				

Applicant information (one person in a single statement)

Name of applicant	Relation	Date of vaccination	Expense	(No need to fill)
Insured person	Myself	year month day	yen	yen
Family of insured person				
Family of insured person				
Family of insured person				

Bank account information of insured person for subsidy payment

Bank account information	Bank		Central Branch
	Credit Association		Branch
	Branch number	Normal · Current	Account number
	Name		



Paste the receipt here

※ Please make sure the receipt includes Hospital name, expense item name, all applicant name, total amount of expense

Caution

Eligible person; Insured person or family members who have insured status on influenza vaccination.

Eligible period; Influenza vaccinate from 1 Oct to next 31 Jan.

Subsidy amount;

- 2,000 yen per person from Amazon HIA for all insured person or family members.
- Up to 3,000 yen from company for only insured person in addition to subsidy from Amazon HIA

Application procedures;

1. Take the vaccination and pay at hospital. Please make sure to receive the receipt from the hospital.
2. Fill the application form and stick the receipt(copy is acceptable) on the form, and send it to Amazon HIA in a month.

Address to send the application; PartiSeto, 45 Sakaemachi, Seto-shi, Aichi 489-0044

ValueHR Seto Operation Center
Health Insurance Association for Amazon Japan Employees Contact

Note

- If the receipt does not include necessary information, we can not pay the subsidies and send back this application