

(Guidance)

Please apply for automatic bank withdrawal and payment of National Health Insurance premiums.

~Payments will be automatically withdrawn from your account, so you don't have to worry about forgetting to pay~

Note: Please be sure to read.

- *The insurance premiums for all household members enrolled in National Health Insurance will be withdrawn from the bank (or other financial institution) account designated by you in the application for automatic bank withdrawal.
- *The withdrawal date is the last day of each month. If the withdrawal date falls on a bank holiday, the withdrawal will be processed the following business day.
- *No receipt will be issued. Please check the status of the withdrawal using your bank's passbook or other bank information.
- *Before applying, please be sure to check the agreement on the reverse side of the customer copy (third page).
- *If the withdrawal cannot be processed due to insufficient funds in your account or other reasons, a "Notice of Unsuccessful Withdrawal" will be sent. The unpaid health insurance premium, along with the premium for the following month, will be withdrawn the following month (a one-time process).
Please make sure that the required amount is deposited into your account by the withdrawal date of the following month.
- *All notifications regarding national health insurance premiums will be sent to the head of the household.
If the bank account holder's name is different from the head of the household, please check the details in the notification for the account holder.
- *If you wish to make a lump-sum transfer of the annual health insurance premiums (no discount available), please see the contact information below.
- *In mid-December, a "Notice of Completed Withdrawals" containing information about the health insurance premium amounts withdrawn from January to December of that year will be sent to you.
Please keep the information in a safe location, as it cannot be reissued.

What happens before automatic bank withdrawal starts

- *It takes approximately two months from the time of your application for automatic withdrawals from your account to begin.
Also, please be aware that some banks may directly contact you via email or other means to confirm your application.
- *About one month before the initial withdrawal date (end of each month), a "Notice of the Start of Account Withdrawals" will be sent. Until then, please make payments by the due dates using the separately provided health insurance premium payment slips.

Applying by mail/in-person

- *Detach the green cover.
- *Fill in the required information in the shaded section of the first page of this document, "Toshima City National Health Insurance Premium Account Withdrawal Request Form" (Automatic Withdrawal) for financial institutions.
- *Gently pull off the upper-right cut section of the customer copy (third page) along the perforation, moving slowly along the dotted line. Peel it downward, and keep it for your own records.
- *Once you've checked the adhesive part on the fourth page, fold the application in the middle and firmly seal it, then put it into the mailbox.
- *You can also bring the application directly to the National Health Insurance Section on the 3rd floor of the Toshima City office or to the Toshima City Tobu or Seibu residents offices.

Inquiries: Bank Account Manager
Toshima City National Health Insurance Section
2-45-1 Minami-Ikebukuro, Toshima-ku, Tokyo
171-8422
Tel: 03-3981-1468 (direct line)

Contract (not including Japan Post Bank account holders)

1. When the invoice is sent to the bank, the amount stated on the invoice will be withdrawn from the applicant's bank account within the due date indicated by the city, without notifying the account holder. In this case, the payment shall be processed according to the bank's prescribed method, regardless of account regulations or checking account regulations.
2. If the amount stated on the invoice exceeds the amount that can be refunded from the account (including the amount that can be taken from a checking account via overdraft) on the date of transfer, the invoice may be returned without notifying the applicant.
3. When terminating this contract, the applicant will submit a written notification to the bank. In addition, when there is a substantial reason that an invoice etc. is not sent over a long period of time, without such a notification, the bank may treat this contract as terminated. In such a case, the applicant does not need to be notified.
4. Even if the applicant has any questions regarding this contract, then the applicant hold the bank harmless from and against all claims, except in cases where it is due to reasons attributable to the bank.
5. The applicant does not request a receipt for bank transfers.

*When applying with a Japan Post Bank account, the regulations for automatic transfers will apply.

Toshima City National Health Insurance Premium Account Withdrawal Request Form

(Automatic Withdrawal)

(New) Change/Cancellation

↑ Please circle one.

Example

Date of Application

Year Month Day

(Person responsible for payment) Name of head of household	フリガナ コクホ タロウ 国保 太郎 ※1												
Address	豊島区 南池袋2 丁目 45 番 1 — ※2 コーポ国保 号 101												
Telephone	03-3981-1111 Health Insurance Card Number 16- 0 1 — 2 3 4 5												
Bank account	銀行・信用金庫 支店 信用組合・農協 主張所 金融機関コード 支店コード Account type Account number (do not leave spaces on the right blank)												
	金 融 機 関				記 入 欄			1. 普通 2. 当座		1 2 3 4 5 6 7			
	9 9 0 0				1			0 *					
Japan Post Bank	Bank code Number (If there is a 6th digit, enter it in the * column) Account number (do not leave spaces on the right blank)												
Name of bank account holder	※3 (フリガナ) コクホ タロウ 国保 太郎												
	Financial notification seal or notification signature ※4 国保												

I would like to pay the above-mentioned National Health Insurance premium through the method of automatic account withdrawal (direct debit) from my personal savings (deposit) account. I hereby make this request after confirming the information specified in the agreement and other details.

• Please fill in the colored areas with a ballpoint pen while pressing hard (do not use an erasable ballpoint pen).

*1 Please enter the building name, building number, room number and other necessary details in the address field.

*2 The insurance card number consists of the numbers (記号 and 番号) written in the upper right corner of the insurance card of a National Health Insurance member. The branch number (枝番) is not required.

*3 The bank account holder can be someone other than the head of the household. Please enter the bank account holder's name using katakana in the furigana field.

If the account name is registered using English letters, please enter this name in the furigana field using those letters.

*4 Please clearly stamp the first and third pages of the application with the signature seal used to register your bank account.

If instead you are applying using your personal signature, please sign with the personal signature used to register your bank account.

Please leave blank if you do not have a signature seal or personal signature registered with an online bank etc.

*5 If you wish to correct any entries in the application, please mark the correction with your signature seal (use the signature seal used to register your bank account).