

**To Overseas Atomic Bomb Survivors**  
- Procedures for the Medical Expense Support Program  
for Overseas Atomic Bomb Survivors -

[ \* This notice is for those living in the following countries: U.S.A, Canada, and Mexico. ]

Overseas residents who have Atomic Bomb Survivor's Certificates or Atomic Bomb Survivor Statements of Recognition (Statements of Recognition for Situation with regard to Atomic Bombing) are entitled to receive support for medical expenses paid through insurance policies.

This support program will cover medical expenses paid during the 12 months from January to December 2009. The limit on reimbursements for that year is 153,000 yen (or 165,000 yen in the case where you have been hospitalized for 4 days running or longer).

(1) The following papers should be submitted first in order to obtain the confirmation of eligibility needed for the application for Medical Expense Support:

1. An Application for Confirmation of Eligibility (Form provided on page 3)
2. A governmental certificate verifying identity (This should be received within one month of issue.)  
e.g., one of the following: a family register, an abstract of a family register, an attestation by a notary public, a certificate of residence, or evidence of residency, etc.

3. A copy of the Atomic Bomb Survivor's Certificate (the page with the stamp of the prefectural governor or the mayor), or a copy of the Statements of Recognition for Situation with regard to Atomic Bombing (Atomic Bomb Survivor Statements of Recognition)
  4. List of Medical Institutions to be Visited (Form provided on page 4)
- (2) These papers (1-4 of item (1)) mentioned above should be mailed **so that they arrive** at the following address **no later than November 30 (Monday), 2009**. Notifications of the Confirmation of Eligibility will be sent to all those who qualify for assistance after the confirmation process is completed.
- (3) Before mailing, please make sure that all of the above mentioned papers necessary for application are enclosed by using the checklist provided on page 5.

If you have any questions, please feel free to contact the below.

Shimura / Hosoda  
Japan Public Health Association  
Tel: +81-3-3352-4281  
Fax: +81-3-3352-4605  
E-mail: [zaigai@jpha.or.jp](mailto:zaigai@jpha.or.jp)

[Address]

Medical Expense Support Program for Overseas Atomic Bomb Survivors

Japan Public Health Association

1-29-8, Shinjuku, Shinjuku-ku, Tokyo 160-0022, Japan

## Application Form for Confirmation of Eligibility

Name		Date of birth (M/D/Y)		Sex: Male/Female
Country of residence				
Address				
Telephone number	(Start from country code)			
Type	<input type="checkbox"/> * Atomic Bomb Survivor's Certificate <input type="checkbox"/> * Statements of Recognition for Situation with regard to Atomic Bombing (or Atomic Bomb Survivor Statements of Recognition) *Place a circle in either one.			
Supporting prefecture/city		/		
Atomic Bomb Survivor's Certificate No.				-
Number of the Statements of Recognition for Situation with regard to Atomic Bombing (or the Atomic Bomb Survivor Statements of Recognition)				

Mayor of Hiroshima City

I hereby submit the respective documents for the confirmation of eligibility for Medical Expense Support.

Date:     /     /     (M/D/Y)

Name of applicant:

Seal (Signature)

### List of Medical Institutions to be Visited

Date:     /     /     (M/D/Y)

Mayor of Hiroshima City

Address:

Name:

Telephone Number: (     )     -

Name of medical institutions	Address of medical institutions	Telephone number

## Checklist for Documents to be Submitted

\* Before submitting documents, please make sure that all of necessary documents are enclosed.

Enclosed or not	Documents to be submitted
<input type="checkbox"/>	Application Form for Confirmation of Eligibility (page 3)
<input type="checkbox"/>	Governmental certificate verifying identity: Be sure to prepare the one received within one month of issue (a family register, an abstract of the family register, an attestation by a notary public, a certificate of residence, or evidence of residency, etc.)
<input type="checkbox"/>	Copy of the Atomic Bomb Survivor's Certificate or of the Statements of Recognition for Situation with regard to Atomic Bombing (Atomic Bomb Survivor Statements of Recognition)
<input type="checkbox"/>	List of Medical Institutions to be Visited (page 4)

To the persons who have already been confirmed to be eligible

(1) Those who have already received the Notification of the Confirmation of Eligibility from Hiroshima City and will apply for “Medical Expense Support for 2009” should mail the papers mentioned below **so that they arrive at Japan Public Health Association no later than January 29 (Friday), 2010.**

1) Application Form

Please complete the necessary information in the formats provided on pages 8-10 of this notice.

- 2) A document confirming the bank account into which funds will be transferred, such as a photocopy of a bank book, etc
- 3) A receipt from the medical institution
- 4) A document confirming hospitalization, if you have been in hospital for 4 days running or longer

(Note) The receipt from the medical institution described in 3) above must specify the following four points.

- 1) Amount paid to the medical institution
- 2) Name of the payer (it should be identical to the name of applicant)
- 3) Name, address, and telephone number of the medical institution
- 4) Date of the payment to the medical institution

\* Please make the amount of medical expense clear by suitable means such as by underlining. If submitted receipts include medical expenses for person(s) other than the applicant, please make payment for the applicant clear in a similar way.

\* With regard to a receipt, please make sure to submit original one (copy unacceptable). (A copy may be

accepted if there are special reasons.)

- (2) The “Medical Expense Support for 2009” covers medical expenses paid during the 12 months from January to December 2009. The limit on reimbursements for that year is 153,000 yen (or 165,000 yen in the case where you have been hospitalized for 4 days running or longer).

The transfer procedures for the Medical Expense Supports will have been implemented by March 2010.

- (3) Before mailing, please make sure that all of the above mentioned papers necessary for application are enclosed by using the checklist provided on page 11.

If you have any questions, please feel free to contact the below.

Shimura / Hosoda  
Japan Public Health Association  
Tel: +81-3-3352-4281  
Fax: +81-3-3352-4605  
E-mail: [zaigai@jpha.or.jp](mailto:zaigai@jpha.or.jp)

[Address]

Medical Expense Support Program for Overseas Atomic Bomb Survivors

Japan Public Health Association

1-29-8, Shinjuku, Shinjuku-ku, Tokyo 160-0022, Japan

## Application Form for Medical Expense Support

Notification number of the confirmation of eligibility for Medical Expense Support						-					
Name		Date of birth (M/D/Y)		Sex:							
				Male/Female							
Country of residence											
Address											
Telephone number	(Start from country code)										
Bank account for transfer	Name of financial institution										
	Branch name (* 1)										
	Branch address (* 2)										
	Account No. (* 3)										
	Name of account holder (* 4)										
Hospitalization for 4 days running or longer (*5)			Included / Not included								
Hospitalization period (*6)			From (M)/ (D)/ to (M)/ (D)/								
Receipt or non-receipt of any allowance at the application (*7)			Receipt / Non-receipt								
Amount of grants applied for	In local currency:		(unit) (* For official use only)								
	In Japanese yen:		Yen value (* For official use only)								

- \* 1 Please make sure that the name of the branch is filled in.
- \* 2 Please be sure to fill in the address of branch
- \* 3 Attach papers which confirm the bank account for transfer, such as a copy of a bankbook, etc.
- \* 4 Bank accounts must be in the name of the person possessing eligibility.
- \* 5 If this is the case including hospitalization for 4 days running or longer, please check “Included” and the appropriate document confirming that event should be attached.
- \* 6 If this is the case including hospitalization for 4 days running or longer, please enter the period.
- \* 7 If you are a recipient of Health Management Allowance, Health Allowance, Special Medical Care Allowance, Special Allowance, or Atomic Bomb Microcephaly Allowance at this application, please check “Receipt”.

Mayor of Hiroshima City

I hereby apply for the Medical Expense Support for 2009 with the related documents attached.

Date:        /        /        (M/D/Y)

Name of applicant:

Seal (Signature)

### Details of Grants Applied for

	Amount	Remarks (Name of hospital in case of hospitalization)
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		
Total		

Note 1: Paste receipts of expenses to Page 10 (categorize receipts by month).

Note 2: Write amounts in the monetary unit of the country of residence.

**Attached Receipts for the Month of (                    )**



Note 1: Receipts must have the following:

- (1) Amount paid to the medical institution
- (2) Name of the payer (it should be identical to the name of applicant)
- (3) Name, address, and telephone number of the medical institution
- (4) Date of the payment to the company

Note 2: Any receipts submitted will not be returned.

Note 3: Please photocopy this form and prepare one for each month, as necessary. Submission in other formats is acceptable as long as the months are clearly stated.

## Checklist for Documents to be Submitted

\* Before submitting documents, please make sure that all of necessary documents are enclosed by using this checklist.

Enclosed or not	Documents to be submitted
<input type="checkbox"/>	Application Form (page 8)
<input type="checkbox"/>	Details of Grants Applied for (page 9)
<input type="checkbox"/>	Document confirming the bank account into which funds will be transferred, such as a photocopy of a bank book, etc.
<input type="checkbox"/>	Receipts from the medical institution (attached to the form “Attached Receipts for the Month of” of page 10) *1: Please make the amount of medical expense clear by suitable means such as by underlining. *2: If submitted receipts include medical expenses for person(s) other than the applicant, please make payment for the applicant clear.
<input type="checkbox"/>	Document confirming hospitalization for 4 days running or longer (only when you have been in hospital for 4 days running or longer)