

## To Overseas Atomic Bomb Survivors

### – Procedures for lodging an application for an allowance or funeral assistance from outside of Japan –

Since November 30, 2005, an atomic bomb survivor (one who has been issued an Atomic Bomb Survivor's Certificate) living overseas has become able to lodge an application for an allowance without having to visit Japan.

The same applies to an application of financial assistance for the funeral of an atomic bomb survivor who has passed away.

#### 1. Applicable allowances

The allowances and assistance for which one may now lodge application from overseas are, the health management allowance, the health allowance, the special medical care allowance, the special allowance, the atomic bomb microcephaly allowance, and the funeral assistance.

An application for funeral assistance may be made for those who passed away within the last five years while outside of Japan.

#### 2. Lodging an application

One may lodge an application at Japanese Consulate in the area of your residence, or at Japanese Embassy if there is no consulate accessible. In Taiwan, the application should be lodged at the Interchange Association Japan. These bodies will be hereafter referred collectively as "Japanese Consulate, etc.".

Lodging of an application, in principle, should be made in person at a Japanese Consulate, etc, for verifying identification. If this is not possible, a proxy may lodge an application. (No application sent in by mail will be processed.)

#### 3. Required documents

Details of the documents required for application, for each of the allowances and funeral assistance, are found in following pages. Please refer the relevant pages.

#### 4. Assessment of entitlement and notification of the results

The Japanese Consulate, etc. verifies the identity of the applicant and ensures the documents are complete. The received documents are then sent to the head of local government, either the Mayor of Hiroshima city or Nagasaki city, or a Governor of the prefectural authority, as specified in the Atomic Bomb Survivor's Certificate. Upon receiving the documents, Hiroshima or Nagasaki city, or the prefectural authority, will carry out an assessment of entitlement to ascertain whether all the conditions of entitlement for the allowance are met. The result will be notified to the applicant by the Mayor or Governor.

#### 5. Payment of allowance or funeral assistance

If all the conditions are satisfied, the applicant will receive the allowance or funeral assistance applied for, from the Mayor or a Governor of the prefectural authority.

An allowance will become payable one month after the date in which the application was lodged, until the month in which a condition is no longer met.

#### 6. Inquiry

For clarification or further information, please inquire at the Japanese Consulate, etc., or Hiroshima or Nagasaki city, or the prefectural authority.

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Appendix 1 List of Medical Institutions by Country or Region

Appendix 2 Forms of Application and Questionnaire for Medical Institution

## 1. Types of and conditions for allowances, etc.

Type of allowance	Conditions for entitlement of allowance	
Health Management Allowance 33,900 yen (per month)	For those who suffer from a disease or condition that involves cardiovascular dysfunctions, motor dysfunctions, cerebrovascular disorders, hematopoietic dysfunctions, liver dysfunctions, or others, altogether eleven types of dysfunctions.	
Health Allowance (1) 17,000 yen (per month) (2) 33,900 yen (per month)	For those who experienced a direct, or as an embryo or fetus, exposure within two kilometers from the center of explosion.	(1) For those whom the conditions below do not apply.  (2) For those who suffer a physical disability as result of damages from the atomic bomb, or those who are over 70 years of age, without a spouse, child or grandchild, and live alone.
Special Medial Care Allowance 137,840 yen (per month)	For those who have been certified by the Minister of Health, Labour and Welfare as sufferers of a disease or injury that was caused by the radiation of the atomic bomb, and who are still requiring treatments for the disease or injury.	
Special Allowance 50,900 yen (per month)	For those who were certified by the Minister of Health, Labour and Welfare as sufferers of a disease or injury that was caused by the radiation of the atomic bomb, and who are deemed to have recovered from the disease or injury.	
Atomic Bomb Microcephaly Allowance 47,440 yen (per month)	For those who suffer microcephaly caused by the radiation from the atomic bomb.	
Funeral Assistance 193,000 yen	For those who conduct (have conducted) a funeral for a deceased atomic bomb survivor.	

\* The amounts of allowances, etc. are as of April 2005. They may be subjects of future changes.

## **2. Health Management Allowance**

### **(1) Who are entitled for the allowance**

Health Management Allowance is payable to an atomic bomb survivor who suffers a disease that accompanies any of the dysfunctions or disorders listed below (excluding the ones that are obviously not from the radiation from the atomic bomb).

\* Cannot be entitled concurrently with the health allowance, the special medical care allowance, the special allowance or the atomic bomb microcephaly allowance.

Types of diseases that accompany the dysfunctions	Potential diseases to be covered
(1) Diseases that accompany hematopoietic dysfunctions	Aplastic anemia, Iron deficiency anemia
(2) Diseases that accompany liver dysfunctions	Liver cirrhosis
(3) Diseases that accompany dysfunctions of cellular proliferation	Malignant neoplasms
(4) Diseases that accompany endocrine dysfunctions	Diabetes Mellitus, Hypothyroidism, Hyperthyroidism
(5) Diseases that accompany cerebrovascular disorders	Subarachnoid Hemorrhage, Intracerebral Hemorrhage, Cerebral Infarction
(6) Diseases that accompany cardiovascular dysfunctions	Hypertensive heart diseases, Chronic ischemic heart diseases
(7) Diseases that accompany renal dysfunctions	Nephrotic syndrome, Chronic Nephritis, Chronic renal failure, Chronic Glomerulonephritis
(8) Diseases that accompany visual dysfunctions due to lens opacity	Cataract
(9) Diseases that accompany respiratory dysfunctions	Pulmonary Emphysema, Chronic Interstitial Pneumonia, Pulmonary Cystic Fibrosis
(10) Diseases that accompany motor dysfunctions	Arthritis deformans, Spondylosis deformans
(11) Diseases that accompany digestive tract dysfunctions due to ulceration	Gastric ulcer, Duodenal ulcer

(2) Amount of the allowance

Monthly amount of 33,900 yen is payable (as of April 2005).

\* Amount of the allowance may change.

(3) Steps and procedures for receiving the allowance

- (a) In order to receive allowance payment, lodge application by visiting the Japanese Consulate, etc. in your area in person and submitting the application form (Appendix 2 (pages 1-2)), a medical certificate that verifies that the applicant has (a) disease(s) with the specified dysfunctions (See (4) for details), and other documents.

\* If you have been already receiving Health Management Allowance, you may not lodge another application.

- (b) The medical certificate must be written less than a month before lodging of application. You must submit the certificate filled out in accordance with the “Notes” accompanied by the medical certificate form (Appendix 2 (pages 7-8)).

- (c) Appendix 1 shows the list of medical institutions that provide laboratory testing that is necessary for the application. We recommend you use one of the institutions on the list.

If you are using a medical institution that is not on the list, you should take the Questionnaire for Medical Institution (Appendix 2 (pages 19-20)) there and have the required field filled, and should submit the filled form when lodging application.

- (d) The application you lodge at Japanese Consulate, etc. in your area will be, after verifying your identity and checking that the documents are complete, sent to Hiroshima or Nagasaki city, or the prefectural authority, by the Consulate, etc. for assessment of your entitlement. During the course of the assessment, it may be necessary to contact you, the applicant, for questions or confirmation.

You must provide appropriate responses as these questions or confirmation are very important.

- (e) When, as result of the assessment, applicant's entitlement for the allowance is certified, a Health Management Allowance certificate will be sent to the applicant.

If, as result of assessment, the application is deemed not to satisfy all the conditions of entitlement, the applicant will be notified of the decision.

Please note that it will take a few months from lodging of application till arrival of notification of assessment result.

**<In cases where a change of name or residence has not been notified>**

- (f) If your name of residence has been changed but a notification of change of name in the Atomic Bomb Survivor's Certificate, or a notification of change of residence to an overseas location has not been submitted, please submit the notification form for change (Appendix 2 (pages 16-17)) at the same time as you lodge the allowance application.

**<Duration of Health Management Allowance entitlement>**

- (g) Once entitlement for the allowance is certified, it becomes payable from the month after the month in which the application is lodged. Monthly payment will be arranged and shall continue until the end of the duration of entitlement specified by the Mayor of Hiroshima or Nagasaki, or the Governor of the prefectural authority. The duration of entitlement should be on the Health Management Allowance certificate sent to you, so please check.

If the disease is cured or the recipient dies, the payment ceases after the month in which such incidence has occurred, regardless of the duration of entitlement written on the Health Management Allowance certificate.

- (h) If the disease still persists at the end of the duration of entitlement for the allowance, another application should be lodged at the Japanese Consulate, etc. in your area, in the month when the final payment is due, with another set of required application documents. You will be able to receive the allowance continuously if you are again assessed to be entitled for the allowance.

If your Health Management Allowance certificate states the duration of entitlement to be "Lifetime from Xth month of Heisei year Y", you will not be required to lodge further application.

**<Notification when a condition of entitlement for the Health Management Allowance is no longer met (Important)>**

- (i) If the disease is cured or the recipient dies while receiving the allowance, please contact the city or the prefectural authority, where the application was sent to for assessment, to submit the necessary notification.

The payments received after the month when the disease was cured or the recipient died, will have to be returned. Therefore the notification must be submitted.

\* Please note if applying for funeral assistance for the applicant who died during the duration of payment, you will need to notify of his or her death (See page 25 (4) (e)).

**<Notification of current state of the recipient of the Health Management Allowance (important)>**

- (j) Every year between May 1 and May 31, an official notification form filled out with the name and residence of the recipient, and the code and number on the allowance

certificate, as well as a certificate verifying the identity of the recipient issued by a governmental body (must be issued within a month) must be submitted to the city or the prefectural authority, where the application was sent to for assessment.

If, between May 1 and May 31, the notification of current state were not received without appropriate reasons, the payment of allowance would be stopped. Therefore please make sure to submit the notification.

Please contact the city or the prefectural authority, where the application was sent to for assessment, for the details of submitting this notification.

- \* If any of the following application or notifications was submitted after May 31 of a particular year, it is not necessary to submit the notification (between May 1 and May 31 of) the following calendar year.
  - Application for the Health Management Allowance
  - Notification of change of name
  - Notification of change of residence
  - Notification of change of residence to a location inside Japan
  - Notification of change of residence to an overseas location

(4) Necessary documents for application of Health Management Allowance

**[Documents for application]**

- (a) Application Form for Health Management Allowance (filled out, one copy) and its duplicate (one copy)
- (b) Medical Certificate (for Health Management Allowance) (one copy) and its duplicate (one copy)
- (c) Atomic Bomb Survivor's Certificate (original), as well as the duplicates of the pages on which the name, residence, etc. are stated (two copies).
- (d) Application Form for Direct Bank Transfer (a direct deposit authorization form for the applicant's account) (one copy) and its duplicate (one copy)  
\* To be filled out in block letters (in English)
- (e) Bank book for the recipient's own bank account (original) and its duplicates (two copies), or a certificate of bank account (one copy) and its duplicate (one copy)

**[How to obtain the forms for application]**

Please use the forms in the Appendix 2 or obtain one from a Japanese Consulate, etc. in your area, the website of the consulate, or the website of the Ministry of Health, Labour and Welfare (<http://www.mhlw.go.jp/bunya/kenkou/genbaku.html>).

**[Documents for verifying identity]**

- (f) A valid photographed personal identification document issued by the central or local government of the country of residence of the applicant, or other document with which personal identify can be verified (original) and duplicates (two copies)
  - Example) Passport, driver's license, certificate of alien registration, work permit, permanent resident visa, etc.
  - Or other document that can verify applicant's identity, such as an certificate issued by a governmental body within a month of lodging application (one copy) and its duplicate (one copy)
  - Example) A copy of family register, an extract of family register, certificate by a notary public, resident permit, residence certificate, etc.
- (g) In the case where the personal identification document cannot prove applicant's current address, a document that proves applicant's current address (one copy) and its duplicate (one copy)
  - Example) Invoice (or receipt) for a public service, an item of mail addressed to the applicant, residence certificate, etc.

**[In the case where a proxy lodges the application]**

In addition to the documents specified in (a)-(e) and (g) above, the following will be required.

- a) Explanation by the applicant himself or herself stating the reason why he or she cannot lodge the application in person (one copy) and its duplicate (one copy)
- b) A letter of Power of Attorney (one copy) and its duplicate (one copy)
- c) A document that verifies identity of the proxy as described in (f) above
- d) For the applicant, documentation that can verify his or her identity, such as an certificate issued by a governmental body within a month of lodging application (one copy) and its duplicate (one copy)  
\* a) and b) can be written either in Japanese or English.

### **3. Health Allowance**

#### **(1) Who are entitled for the allowance and its amount**

There are two types of Health Allowance

- (a) Those atomic bomb survivors who experienced a direct, or as an embryo or fetus, exposure within two kilometers from the center of explosion are entitled.

Monthly amount of 17,000 yen (as of April 2005) is payable.

- (b) For those who are either of following:

- a) Those who suffer a physical disability as result of damages from the atomic bomb (Appendix 2 (page 10). Excluding the disabilities that are obviously not from the damages by the atomic bomb).
- b) Those who are over 70 years of age, without a spouse (Including a *de facto* partner without legal marital status. Hereafter “spouse, etc.”), child or grandchild, and live alone.

Monthly amount of 33,900 yen (as of April 2005) is payable.

\* Cannot be entitled concurrently, regardless of type (a) or (b), with the health management allowance, the special medical care allowance, the special allowance or the atomic bomb microcephaly allowance. The amounts of allowance may change.

#### **(2) Steps and procedures for receiving the allowance**

- (a) In order to receive a monthly amount of 17,000 yen ((a) of (1) above) of this allowance, lodge the application by visiting the Japanese Consulate, etc. in your area in person and submitting the application form (Appendix 2 (pages 1-2)), the documents to prove that the applicant indeed experienced a direct exposure within two kilometers from the center of explosion (See (3) for details), and other documents.

\* If you have been already receiving this allowance, you may not lodge another application.

- (b) In order to receive a monthly amount of 33,900 yen ((b) of (1) above) of this allowance, lodge application by visiting the Japanese Consulate, etc. in your area in person and submitting the application form (Appendix 2 (pages 1-2)), and the following documents (See (3) for details).

\* If you have been already receiving this allowance, you may not lodge another application.

- A document to prove that the applicant indeed experienced a direct exposure within two kilometers from the center of explosion
- A medical certificate for those who suffer physical disabilities (a) of (b) of (1) above)
- For those who are over 70 years of age (b) of (b) of (1) above), without a spouse, etc., child or grandchild, and live alone, a document issued by a

governmental body, such as a copy of family register, that proves his or her situation.

- (c) The medical certificate must be written less than a month before lodging of application. You must submit the certificate filled out in accordance with the "Notes" accompanied by the medical certificate form (Appendix 2 (pages 9-10)).
- (d) In the case where a recipient of a monthly amount of 17,000 yen ((a) of (1) above) is found entitled for a monthly amount of 33,900 yen ((b) of (1) above) of this allowance, please also lodge an application by visiting the Japanese Consulate, etc. in your area in person and submitting the Application Form of Health Allowance (for Revision of the amount)(Appendix 2 (pages 1-2)), the Health Allowance Certificate, and other necessary documents (See (3) for details).
- (e) The application you lodge at Japanese Consulate, etc. in your area will be, after verifying your identity and checking the documents are complete, sent to Hiroshima or Nagasaki city, or the prefectural authority, by the Consulate, etc. for assessment of your entitlement. During the course of the assessment, it may be necessary to contact you, the applicant, for questions or confirmation.

You must provide appropriate responses as these questions or confirmation are very important.

- (f) When, as result of the assessment, applicant's entitlement for the allowance is certified, a Health Allowance certificate will be sent to the applicant.

If, as result of assessment, the application is deemed not to satisfy all the conditions of entitlement, the applicant will be notified of the decision.

Please note that it will take a few months from lodging of application till arrival of notification of assessment result.

#### **<In cases where a change of name or residence has not been notified>**

- (g) If your name of residence has been changed but a notification for change of name in the Atomic Bomb Survivor's Certificate, or a notification of change of residence to an overseas location has not been submitted, please submit the notification form for change (Appendix 2 (pages 16-17)) at the same time as you lodge the allowance application.

#### **<Duration of Health Allowance entitlement>**

- (h) Once entitlement for the allowance is certified, it becomes payable from the month after the month in which the application is lodged. Monthly payment will be arranged and shall continue until a condition of entitlement is no longer met or the recipient dies. The payment ceases after the month in which such incidence has occurred.

**<Notification when a condition of entitlement for the Health Allowance is no longer met (Important)>**

- (i) If the recipient dies or a condition of entitlement to a monthly amount of 33,900 yen ((b) of (1) above) is no longer met, please contact the city or the prefectural authority, where the application was sent to for assessment, to submit the necessary notification.

The payments received after the month when the recipient died or a condition of entitlement is no longer met, will have to be returned. Therefore the notification must be submitted.

- \* Please note if applying for funeral assistance for the applicant who died during the duration of payment, you will need to notify of his or her death (See page 25 (4) (e)).

**<Notification of current state of the recipient of the Health Allowance (important)>**

- (j) Every year between May 1 and May 31, an official notification form filled out with the name and residence of the recipient, and the code and number on the allowance certificate, as well as a certificate verifying the identity of recipient issued by a governmental body (must be issued within a month) must be submitted to the city or the prefectural authority, where the application was sent to for assessment.

Please contact the city or the prefectural authority, where the application was sent to for assessment, for the details of submitting this notification.

- \* If any of the following application or notifications was submitted after May 31 of a particular year, it is not necessary to submit the notification (between May 1 and May 31 of) the following calendar year.

- Application for the Health Allowance
- Notification of current state of the recipient of the Allowance of 33,900 yen per month
- Notification of the reason why the recipient has not become entitled to the Allowance of 33,900 yen per month
- Notification of change of name
- Notification of change of residence
- Notification of change of residence to a location inside Japan
- Notification of change of residence to an overseas location

- (k) Those receiving a monthly amount of 33,900 yen ((b) of (1) above) will need to submit a notification form filled out with the sections completed for name, date of birth, gender, residence, the code and number of the allowance certificate and which of a) or b) of (b) of (1) above applies to the recipient, and the following documents, to the city or the prefectural authority, where the original application was lodged to.

Please note if Health Allowance Certificate states “Physical disabilities are stable”, then submission of this notification is not necessary.

- A medical certificate for those who suffer physical disabilities (a) of (b) of (1) above)(See (3) above)
- For those who are over 70 years of age (b) of (b) of (1) above), without a spouse, etc., child or grandchild, and live alone, a document issued by a governmental body, such as a copy of family register, that proves his or her situation.

Please contact the city or the prefectoral authority, where the application was sent to for assessment, for the details of submitting this notification.

If the notification of current state specified in (j) and (k) were not received without appropriate reasons, the payment of allowance would be stopped. Therefore please make sure to submit the notification.

### (3) Necessary documents for application of Health Allowance

#### [Documents for application]

<Applying for a monthly amount of 17,000 yen of this allowance>

- (a) Application Form for Health Allowance (filled out, one copy) and its duplicate (one copy)
- (b) A document to prove that the applicant indeed experienced a direct exposure within two kilometers from the center of the explosion (one copy) and its duplicate (one copy)
  - \* If your Atomic Bomb Survivor's Certificate states the "location of exposure" was within two kilometers from the center of explosion, submit the duplicates (two copies) of that part.
- (c) Atomic Bomb Survivor's Certificate (original), as well as the duplicates of the pages on which the name, residence, etc. are stated (two copies).
- (d) Application Form for Direct Bank Transfer (a direct deposit authorization form for the applicant's account) (one copy) and its duplicate (one copy)
  - \* To be filled out in block letters (in English)
- (e) Bank book for the recipient's own bank account (original) and its duplicates (two copies), or a certificate of bank account (one copy) and its duplicate (one copy)

<Applying for a monthly amount of 33,900 yen of this allowance>

In addition to (a) – (e) above,

(Those who suffer disabilities from damages caused by the atomic bomb)

- (f) Medical Certificate (for Health Allowance) (one copy) and its duplicate (one copy)
    - \* It is recommended you use one of the institutions on the list in Appendix 1 for the application.
- If you are using a medical institution that is not on the list, you should take the Questionnaire for Medical Institution (Appendix 2 (pages 19-20)) there and have the required field filled, and should submit the filled form when lodging application

(Those over 70 years of age and live alone without spouses etc., a child or grandchild)

- (g) A document issued by a governmental body that proves there is no spouse, child or grandchild, e.g. a copy of family register (one copy) and its duplicate (one copy)
- (h) A document issued by a governmental body that proves the applicant lives alone, e.g. a copy of resident certificate (one copy) and its duplicate (one copy)

<In the case where those who already receive a monthly amount of 17,000 yen is applying for a monthly amount of 33,900 yen of this allowance>

- (i) Application Form of Health Allowance (for Revision of the amount)(filled out, one copy) and its duplicate (one copy)
  - (j) Health Allowance Certificate (original)
- In addition to (i) and (j) above,
- Those with physical disabilities should prepare the document described in (f) above
  - Those live alone and without a spouse etc., child or grandchild should prepare the document described in (g) and (h) above

#### [How to obtain the application forms]

Please use the forms in the Appendix 2 or obtain one from a Japanese Consulate, etc. in your area, the website of the consulate, or the website of the Ministry of Health, Labour and Welfare (<http://www.mhlw.go.jp/bunya/kenkou/genbaku.html>)

**[Documents for verifying identity]**

- (k) A valid photographed personal identification document issued by the central or local government of the country of residence of the applicant, or other document with which personal identify can be verified (original) and duplicates (two copies)
- Example) Passport, driver's license, certificate of alien registration, work permit, permanent resident visa, etc.
- Or other document that can verify applicant's identity, such as an certificate issued by a governmental body within a month of lodging application (one copy) and its duplicate (one copy)
- Example) A copy of family register, an extract of family register, certificate by a notary public, resident permit, residence certificate, etc.
- (l) In the case where the personal identification document cannot prove applicant's current address, a document that proves applicant's current address (one copy) and its duplicate (one copy)
- Example) Invoice (or receipt) for public services, an item of mail addressed to the applicant, residence certificate, etc.

**[In the case where a proxy lodges the application]**

- In addition to the documents specified in (a)-(j) and (l) above, the following will be required.
- a) Explanation by the applicant himself or herself stating the reason why he or she cannot lodge the application in person (one copy) and its duplicate (one copy)
  - b) A letter of Power of Attorney (one copy) and its duplicate (one copy)
  - c) A document that verifies identity of the proxy as described in (k) above
  - d) For the applicant, documentation that can verify identity, such as an certificate issued by a governmental body within a month of lodging application (one copy) and its duplicate (one copy)
- \* a) and b) can be written either in Japanese or English.

## **4. Special Medical Care Allowance**

### **(1) Who are entitled for the allowance**

Special Medical Care Allowance is payable to an atomic bomb survivor who has been certified by the Minister of Health, Labour and Welfare to have suffered (an) injury(-ies) and/or (a) disease(s) from the damage caused by the atomic bomb and, who is currently requiring ongoing treatment for the certified injury(-ies) and/or disease(s).

\* Cannot be entitled concurrently with the health management allowance, health allowance or the special allowance.

### **(2) Amount of the allowance**

Monthly amount of 137,840 yen is payable (as of April 2005).

\* Amount of the allowance may change.

### **(3) Steps and procedures for receiving the allowance**

(a) In order to receive allowance payment, lodge the application by visiting the Japanese Consulate, etc. in your area in person and submitting the application form (Appendix 2 (pages 1-2)), a medical certificate regarding the injuries and/or diseases certified by the Minister of Health, Labour and Welfare (See (4) for details), and other documents.

\* If you have been already receiving Special Medical Care Allowance, you may not lodge another application.

(b) The medical certificate must be written less than a month before lodging of application. You must submit the certificate filled out in accordance with the "Notes" accompanied by the medical certificate form (Appendix 2 (page 11)).

(c) Appendix 1 shows the list of medical institutions that provide laboratory testing that is necessary for the application. We recommend you use one of the institutions on the list.

If you are using a medical institution that is not on the list, you should take the Questionnaire for Medical Institution (Appendix 2 (pages 19-20)) there and have the required field filled, and should submit the filled form when lodging an application.

(d) The application you lodge at Japanese Consulate, etc. in your area will be, after verifying your identity and checking that the documents are complete, sent to Hiroshima or Nagasaki city, or the prefectural authority, by the Consulate, etc. for assessment of your entitlement. During the course of the assessment, it may be necessary to contact you, the applicant, for questions or confirmation.

You must provide appropriate responses as these questions or confirmation are very important.

- (e) When, as result of the assessment, applicant's entitlement for the allowance is certified, a Special Medical Care Allowance certificate will be sent to the applicant.

If, as result of assessment, the application is deemed not to satisfy all the conditions of entitlement, the applicant will be notified of the decision.

Please note that it will take a few months from lodging of application till arrival of notification of assessment result.

**<In cases where a change of name or residence has not been notified>**

- (f) If your name of residence has been changed but a notification for change of name in the Atomic Bomb Survivor's Certificate, or a notification of change of residence to an overseas location has not been submitted, please submit the notification form for change (Appendix 2 (pages 16-17)) at the same time as you lodge the allowance application.

**<Duration of Special Medical Care Allowance entitlement>**

- (g) Once entitlement for the allowance is certified, it becomes payable for from the month after the month in which the application is lodged. Monthly payment will be arranged and shall continue until the injuries and/or diseases are cured or the recipient dies. The payment ceases after the month in which such incidence has occurred.

**<Notification when a condition of entitlement for the Special Medical Care Allowance no longer met (Important)>**

- (h) If the injuries and/or diseases certified by the Minister of Health, Labour and Welfare are cured or the recipient dies while receiving this allowance, please contact the city or the prefectural authority, where the application was sent to for assessment, to submit the necessary notification.

The payments received after the month when the disease was cured or the recipient died, will have to be returned. Therefore the notification must be submitted.

\* Please note if applying for funeral assistance for the applicant who died while receiving this allowance, you will need to notify of his or her death (See page 25 (4) (e)).

- (i) When the injuries and/or diseases certified by the Minister of Health, Labour and Welfare are cured, you will be eligible for a Special Allowance (See pages 17-19 for details).

**<Notifications of current state of and state of health of the recipient of the Special Medical Care Allowance (important)>**

(j) Notification of current state of the recipient

Every year between May 1 and May 31, an official notification form filled out with the name and residence of the recipient, and the code and number on the allowance certificate, as well as a certificate verifying the identity of recipient issued by a governmental body (must be issued within a month) must be submitted to the city or the prefectural authority, where the application was sent to for assessment.

Please contact the city or the prefectural authority, where the application was sent to for assessment, for the details of submitting this notification.

\* If any of the following application or notifications was submitted after May 31 of a particular year, it is not necessary to submit the notification (between May 1 and May 31 of) the following calendar year.

- Application for the Special Medical Care Allowance and/or Atomic Bomb Microcephaly Allowance
- Notification of state of health of the recipient of the Special Medical Care Allowance
- Notification of change of name
- Notification of change of residence
- Notification of change of residence to a location inside Japan
- Notification of change of residence to an overseas location

(k) Notification of state of health of the recipient

Every third year, between May 1 and May 31, a recipient must submit a notification form filled out with the sections completed for name, date of birth, gender, residence, the code and number of the allowance certificate and the medical certificate (described in (b) above), to the city or the prefectural authority, where the original application was lodged to.

Please contact the city or the prefectural authority, where the application was sent to for assessment, for the details of submitting this notification.

If the notification of current state specified in (j) and the notification of state of health specified in (k) were not received without appropriate reasons, the payments of allowance would be stopped. Therefore please make sure to submit the notifications.

(4) Necessary documents for application of Special Medical Care Allowance

**[Documents for application]**

- (a) Application Form for Special Medical Care Allowance (filled out, one copy) and its duplicate (one copy)
- (b) Medical Certificate (for Special Medical Care Allowance) (one copy) and its duplicate (one copy)
- (c) Atomic Bomb Survivor's Certificate (original), as well as the duplicates of the pages on which the name, residence, etc. are stated (two copies).
- (d) Certificate by the Minister of Health, Labour and Welfare (original) and its duplicates (two copies)
- (e) Application Form for Direct Bank Transfer (a direct deposit authorization form for the applicant's account)(one copy) and its duplicate (one copy)  
\* To be filled out in block letters (in English)
- (f) Bank book for the recipient's own bank account (original) and its duplicates (two copies), or a certificate of bank account (one copy) and its duplicate (one copy)

**[How to obtain the forms for application]**

Please use the forms in the Appendix 2 or obtain one from a Japanese Consulate, etc. in your area, the website of the consulate, or the website of the Ministry of Health, Labour and Welfare (<http://www.mhlw.go.jp/bunya/kenkou/genbaku.html>).

**[Documents for verifying identity]**

- (g) A valid photographed personal identification document issued by the central or local government of the country of residence of the applicant, or other document with which personal identify can be verified (original) and duplicates (two copies)
  - Example) Passport, driver's license, certificate of alien registration, work permit, permanent resident visa, etc.
  - Or other document that can verify applicant's identity, such as an certificate issued by a governmental body within a month of lodging application (one copy) and its duplicate (one copy)
    - Example) A copy of family register, an extract of family register, certificate by a notary public, resident permit, residence certificate, etc.
- (h) In the case where the personal identification document cannot prove applicant's current address, a document that proves applicant's current address (one copy) and its duplicate (one copy)
  - Example) Invoice (or receipt) for public services, an item of mail addressed to the applicant, residence certificate, etc.

**[In the case where a proxy lodges the application]**

In addition to the documents specified (a)-(f) and (h) above, the following will be required.

- a) Explanation by the applicant himself or herself stating the reason why he or she cannot lodge the application in person (one copy) and its duplicate (one copy)
- b) A letter of Power of Attorney (one copy) and its duplicate (one copy)
- c) A document that verifies identity of the proxy as described in (g) above
- d) For the applicant, documentation that can verify identity, such as an certificate issued by a governmental body within a month of lodging application (one copy) and its duplicate (one copy)
  - \* a) and b) can be written either in Japanese or English.

## **5. Special Allowance**

### (1) Who are entitled for the allowance

Special Allowance is payable to an atomic bomb survivor who has been certified to have suffered (an) injury(-ies) and/or a disease(s) from the damage caused by the atomic bomb by the Minister of Health, Labour and Welfare and, who has recovered from the certified injury(-ies) and/or disease(s).

\* Cannot be entitled concurrently with the health management allowance, health allowance or the Special Medical Care Allowance.

### (2) Amount of the allowance

Monthly amount of 50,900 yen is payable (as of April 2005).

\* Amount of the allowance may change.

### (3) Steps and procedures for receiving the allowance

(a) In order to receive allowance payment, lodge application by visiting the Japanese Consulate, etc. in your area in person and submitting the application form (Appendix 2 (pages 1-2)) and other required documents (See (4) for details).

\* If you have been already receiving Special Allowance, you may not lodge another application.

(b) The application you lodge at Japanese Consulate, etc. in your area will be, after verifying your identity and checking the documents are complete, sent to Hiroshima or Nagasaki city, or the prefectural authority, by the Consulate, etc. for assessment of entitlement. During the course of the assessment, it may be necessary to contact you, the applicant, for questions or confirmation.

You must provide appropriate responses as these questions or confirmation are very important.

(c) When, as result of the assessment, applicant's entitlement for the allowance is certified, a Special Allowance certificate will be sent to the applicant.

If, as result of assessment, the application is deemed not to satisfy all the conditions of entitlement, the applicant will be notified of the decision.

Please note that it will take a few months from lodging of application till arrival of notification of assessment result.

#### **<In cases where a change of name or residence has not been notified>**

(d) If your name of residence has been changed but a notification for change of name in the Atomic Bomb Survivor's Certificate, or a notification of change of residence to an overseas location has not been submitted, please submit the notification form

for change (Appendix 2 (pages 16-17)) at the same time as you lodge the allowance application.

**<Duration of Special Allowance entitlement>**

- (e) Once entitlement for the allowance is certified, it becomes payable from the month after the month in which the application is lodged. Monthly payment will be arranged and shall continue until the recipient dies. The payment ceases after the month in which such incidence has occurred.

**<Notification when a condition of entitlement for the Special Allowance no longer met (Important)>**

- (f) If the recipient dies while receiving this allowance, please contact the city or the prefectural authority, where the application was sent to for assessment, to submit the necessary notification.

The payments received after the month when the disease was cured or the recipient died, will have to be returned. Therefore the notification must be submitted.

- \* Please note if applying for funeral assistance for the applicant who died while receiving this allowance, you will need to notify of his or her death (See page 25 (e)).

**<Notification of current state of the recipient of the Special Allowance (important)>**

- (g) Every year between May 1 and May 31, an official notification form filled out with the name and residence of the recipient, and the code and number on the allowance certificate, as well as a certificate verifying the identity of recipient issued by a governmental body (must be issued within a month) must be submitted to the city or the prefectural authority, where the application was sent to for assessment.

If, between May 1 and May 31, the notification of current state were not received without appropriate reasons, the payment of allowance would be stopped. Please make sure to submit the notification.

Please contact the city or the prefectural authority, where the application was sent to for assessment, for the details of submitting this notification.

- \* If any of the following application or notifications was submitted after May 31 of a particular year, it is not necessary to submit the notification (between May 1 and May 31 of) the following calendar year.

- Application for the Special Allowance and/or Atomic Bomb Microcephaly Allowance
- Notification of change of name
- Notification of change of residence
- Notification of change of residence to a location inside Japan
- Notification of change of residence to an overseas location

(4) Necessary documents for application of Special Allowance

**[Documents for application]**

- (a) Application Form for Special Allowance (filled out, one copy) and its duplicate (one copy)
- (b) Atomic Bomb Survivor's Certificate (original), as well as the duplicates of the pages on which the name, residence, etc. are stated (two copies).
- (c) Application Form of Direct Bank Transfer (a direct deposit authorization form for the applicant's account) (one copy) and its duplicate (one copy)  
\* To be filled out in block letters (in English)
- (d) Bank book for the recipient's own bank account (original) and its duplicates (two copies), or a certificate of bank account (one copy) and its duplicate (one copy)

**[How to obtain the forms for application]**

Please use the forms in the Appendix 2 or obtain one from a Japanese Consulate, etc. in your area, the website of the consulate, or the website of the Ministry of Health, Labour and Welfare (<http://www.mhlw.go.jp/bunya/kenkou/genbaku.html>).

**[Documents for verifying identity]**

- (e) A valid photographed personal identification document issued by the central or local government of the country of residence of the applicant, or other document with which personal identify can be verified (original) and its duplicates (two copies)
  - Example) Passport, driver's license, certificate of alien registration, work permit, permanent resident visa, etc.
  - Or other document that can verify applicant's identity, such as an certificate issued by a governmental body within a month of lodging application (one copy) and its duplicate (one copy)
    - Example) A copy of family register, an extract of family register, certificate by a notary public, resident permit, residence certificate, etc.
- (f) In the case where the personal identification document cannot prove applicant's current address, a document that proves applicant's current address (one copy) and its duplicate (one copy)
  - Example) Invoice (or receipt) for public services, an item of mail addressed to the applicant, residence certificate, etc.

**[In the case where a proxy lodges the application]**

In addition to the documents specified (a)-(d) and (f) above, the following will be required.

- a) Explanation by the applicant himself or herself stating the reason why he or she cannot lodge the application in person (one copy) and its duplicate (one copy)
- b) A letter of Power of Attorney (one copy) and its duplicate (one copy)
- c) A document that verifies identity of the proxy as described in (e) above
- d) For the applicant, documentation that can verify identity, such as an certificate issued by a governmental body within a month of lodging application (one copy) and its duplicate (one copy)
  - \* a) and b) can be written either in Japanese or English.

## **6. Atomic Bomb Microcephaly Allowance**

### (1) Who are entitled for the allowance

Atomic Bomb Microcephaly Allowance is payable to an atomic bomb survivor who suffers from microcephaly caused by the radiation of the atomic bomb.

- \* Cannot be entitled concurrently with the health management allowance or health allowance.

### (2) Amount of the allowance

Monthly amount of 47,440 yen is payable (as of April 2005).

- \* Amount of the allowance may change.

### (3) Steps and procedures for receiving the allowance

- (a) In order to receive allowance payment, lodge application by visiting the Japanese Consulate, etc. in your area in person and submitting the application form (Appendix 2 (pages 1-2)), a medical certificate regarding the microcephaly caused by the radiation from the atomic bomb (See (4) for details), and other documents.

- \* If you have been already receiving Atomic Bomb Microcephaly Allowance, you may not lodge another application.

- (b) The medical certificate must be written less than a month before lodging of application. You must submit the certificate filled out in accordance with the "Note" accompanied by the medical certificate form (Appendix 2 (page 12)).

- (c) It is recommended you use one of the institutions on the list provided in Appendix 1.

If you are using a medical institution that is not on the list, you should take the Questionnaire for Medical Institution (Appendix 2 (pages 19-20)) there and have the required field filled, and should submit the filled form when lodging application.

- (d) The application you lodge at Japanese Consulate, etc. in your area will be, after verifying your identity and checking that the documents are complete, sent to Hiroshima or Nagasaki city, or the prefectural authority, by the Consulate, etc. for assessment of entitlement. During the course of the assessment, it may be necessary to contact you, the applicant, for questions or confirmation.

You must provide appropriate responses as these questions or confirmation are very important.

- (e) When, as result of the assessment, applicant's entitlement for the allowance is certified, a Atomic Bomb Microcephaly Allowance certificate will be sent to the applicant.

If, as result of assessment, the application is deemed not to satisfy all the conditions of entitlement, the applicant will be notified of the decision.

Please note that it will take a few months from lodging of application till arrival of notification of assessment result.

**<In cases where a change of name or residence has not been notified>**

- (f) If your name of residence has been changed but a notification for change of name in the Atomic Bomb Survivor's Certificate, or a notification of change of residence to an overseas location has not been submitted, please submit the notification form for change (Appendix 2 (pages 16-17)) at the same time as you lodge the allowance application.

**<Duration of Atomic Bomb Microcephaly Allowance entitlement>**

- (g) Once entitlement for the allowance is certified, it becomes payable for from the month after the month in which the application is lodged and monthly payment will be arranged. The payment ceases after the month in which the recipient passes away.

**<Notification when a condition of entitlement for the Atomic Bomb Microcephaly Allowance is no longer met (Important)>**

- (h) If the recipient dies while receiving this allowance, please contact the city or the prefectural authority, where the application was sent to for assessment, to submit the necessary notification.

The payments received after the month when the disease was cured or the recipient died, will have to be returned. Therefore the notification must be submitted.

\* Please note if applying for funeral assistance for the applicant who died while receiving this allowance, you will need to notify of his or her death (See page 25 (4) (e)).

**<Notification of current state of the recipient of the Atomic Bomb Microcephaly Allowance (important)>**

- (i) Every year between May 1 and May 31, an official notification form filled out with the name and residence of the recipient, and the code and number on the allowance certificate, as well as a certificate verifying the identity of recipient issued by a governmental body (must be issued within a month) must be submitted to the city or the prefectural authority, where the application was sent to for assessment.

If, between May 1 and May 31, the notification of current state were not received without appropriate reasons, the payment of allowance would be stopped. Therefore please make sure to submit the notification.

Please contact the city or the prefectural authority, where the application was sent to for assessment, for the details of submitting this notification.

- \* If any of the following application or notifications was submitted after May 31 of a particular year, it is not necessary to submit the notification (between May 1 and May 31 of) the following calendar year.
  - Application for the Atomic Bomb Microcephaly Allowance, Special Medical Care Allowance or Special Allowance
  - Notification of change of name
  - Notification of change of residence
  - Notification of change of residence to a location inside Japan
  - Notification of change of residence to an overseas location

(4) Necessary documents for application of Atomic Bomb Microcephaly Allowance

**[Documents for application]**

- (a) Application Form for Atomic Bomb Microcephaly Allowance (filled out, one copy) and its duplicate (one copy)
- (b) Medical Certificate (for Atomic Bomb Microcephaly Allowance) (one copy) and its duplicate (one copy)
- (c) Certificate by the Minister of Health, Labour and Welfare (original), if applicable, and its duplicates (two copies)
- (d) Atomic Bomb Survivor's Certificate (original), as well as the duplicates of the pages on which the name, residence, etc. are stated (two copies).
- (e) Application Form for Direct Bank Transfer (a direct deposit authorization form for the applicant's account) (one copy) and its duplicate (one copy)  
\* To be filled out in block letters (in English)
- (f) Bank book for the recipient's own bank account (original) and its duplicates (two copies), or a certificate of bank account (one copy) and its duplicate (one copy)

**[How to obtain the forms for application]**

Please use the forms in the Appendix 2 or obtain one from a Japanese Consulate, etc. in your area, the website of the consulate, or the website of the Ministry of Health, Labour and Welfare (<http://www.mhlw.go.jp/bunya/kenkou/genbaku.html>).

**[Documents for verifying identity]**

- (g) A valid photographed personal identification document issued by the central or local government of the country of residence of the applicant, or other document with which personal identify can be verified (original) and duplicates (two copies)
  - Example) Passport, driver's license, certificate of alien registration, work permit, permanent resident visa, etc.
  - Or other document that can verify applicant's identity, such as an certificate issued by a governmental body within a month of lodging application (one copy) and its duplicate (one copy)
    - Example) A copy of family register, an extract of family register, certificate by a notary public, resident permit, residence certificate, etc.
- (h) In the case where the personal identification document cannot prove applicant's current address, a document that proves applicant's current address (one copy) and its duplicate (one copy)
  - Example) Invoice (or receipt) for a public service, an item of mail addressed to the applicant, residence certificate, etc.

**[In the case where a proxy lodges the application]**

In addition to the documents specified (a)-(f) and (h) above, the following will be required.

- a) Explanation by the applicant himself or herself stating the reason why he or she cannot lodge the application in person (one copy) and its duplicate (one copy)
- b) A letter of Power of Attorney (one copy) and its duplicate (one copy)
- c) A document that verifies identity of the proxy as described in (g) above
- d) For the applicant, documentation that can verify hi or her identity, such as an certificate issued by a governmental body within a month of lodging application (one copy) and its duplicate (one copy)  
\* a) and b) can be written either in Japanese or English.

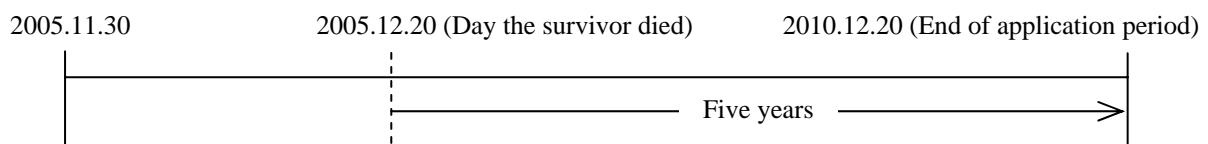
## 7. Funeral Assistance

- (1) Funeral Assistance is payable to the person who conducts (has conducted) a funeral for a deceased Atomic Bomb Survivor.

It is not payable, however, when the cause of death is not apparently related to the damages due to the atomic bombing.

An application must be lodged within five years of the death.

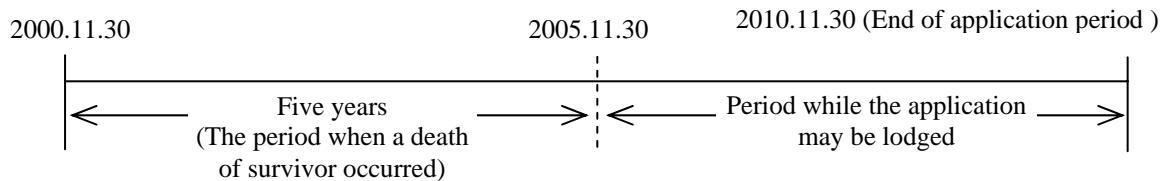
<Example>



- (2) For those passed away before the November 30, 2005

Those who had conducted a funeral for those who died after November 30, 2000, five years prior to November the 30th, 2005, may still be entitled for the funeral assistance.

If this applies to you, you will have to lodge application by November 30, 2010, five years after November the 30th, 2005.



It is not payable when the cause of death is not apparently related to the damages due to the atomic bombing as mentioned in (1) above.

- (3) Amount of Funeral Assistance

193,000 yen (as of April 2005)

- \* The amount of Funeral Assistance may change.
- \* In the cases where the survivor died between November 30, 2000 and March 31, 2005, the amount of funeral assistance which would have been paid during the fiscal year of the survivor's death should become the amount to be paid.

FY2000	FY2001	FY2002	FY2003	FY2004
¥179,000	¥179,000	¥189,000	¥189,000	¥193,000

A fiscal year starts in April and finishes in next March. For example, between April 1, 2001 and March 31, 2002 is called fiscal year 2001.

(4) Steps and procedures for receiving the Funeral Assistance

- (a) In order to receive Funeral Assistance, lodge application by visiting the Japanese Consulate, etc. in your area in person and submitting the application form (Appendix 2 (page 5)) and a document that can verify of the death and its cause (See (5) for details).

\* If you have received Funeral Assistance, you may not lodge another Funeral Assistance application for the same survivor.

If the applicant lives in Japan, he or she may lodge application at Hiroshima or Nagasaki city, or the prefectoral authority, as specified in the Atomic Bomb Survivor's Certificate belonged to the deceased.

- (b) Please also submit the document that can prove who conducted the funeral, such as a burial or incineration permit, letter of gratification to funeral attendants, receipt from the funeral company, etc.
- (c) The application you lodge at Japanese Consulate, etc. in your area will be, after verifying your identity and checking the documents are complete, sent to Hiroshima or Nagasaki city, or the prefectoral authority, by the Consulate, etc. for assessment of your entitlement. During the course of the assessment, it may be necessary to contact you, the applicant, for questions or confirmation.

You must provide appropriate responses as these questions or confirmation are very important.

- (d) When, as result of the assessment, applicant's entitlement for the assistance is certified, a Funeral Assistance will be paid in to the applicant.

If, as result of assessment, the application is deemed not to satisfy all the conditions of entitlement, the applicant will be notified of the decision.

Please note that it will take a few months from lodging of application till arrival of notification of assessment result.

**<Notification of death (important)>**

- (e) When a survivor has passed away and you are going to lodge the application for Funeral Assistance, please submit at the same time the notification of death (Appendix 2 (page 18)) to the Japanese Consulate, etc., in your area.

## (5) Necessary documents for application of Funeral Assistance

### [Documents for application]

- (a) Application Form for Funeral Assistance (filled out, one copy) and its duplicate (one copy)
  - \* If Atomic Bomb Survivor's Certificate is not accessible, its code and number can be omitted, but the name of the local body by which the certificate was issued is mandatory.
- (b) Document that can verify of the death and its cause (one copy) and its duplicate (one copy)
  - Example) Medical certificate of death, coroner's report, death certificate, etc.
  - \* Please submit a Japanese or English document.
- (c) Document proving who conducted the funeral (one copy) and its duplicate (one copy)
  - Example) Burial or incineration permit, letter of gratification to funeral attendants, receipt from the funeral company, etc.
  - \* Please submit a Japanese or English document.  
If not possible to supply a Japanese or English document, supply a Japanese translation as well as the original.
- (d) Atomic Bomb Survivor's Certificate (original)
  - \* If available
- (e) Notification of death (one copy)
- (f) Application Form for Direct Bank Transfer (a direct deposit authorization form for the applicant's account) (one copy) and its duplicate (one copy)
  - \* To be filled out in block letters (in English)
- (g) Bank book for the recipient's own bank account (original) and its duplicates (two copies), or a certificate of bank account (one copy) and its duplicate (one copy)

### [How to obtain the forms for application]

Please use the forms in the Appendix 2 or obtain one from a Japanese Consulate, etc. in your area, the website of the consulate, or the website of the Ministry of Health, Labour and Welfare (<http://www.mhlw.go.jp/bunya/kenkou/genbaku.html>).

### [Documents for verifying identity]

- (h) A valid photographed personal identification document issued by the central or local government of the country of residence of the applicant, or other document with which personal identify can be verified (original) and duplicates (two copies)
  - Example) Passport, driver's license, certificate of alien registration, work permit, permanent resident visa, etc.
  - Or other document that can verify applicant's identity, such as an certificate issued by a governmental body within a month of lodging application (original) and its duplicate (one copy)
  - Example) A copy of family register, an extract of family register, certificate by a notary public, resident permit, residence certificate, etc.
- (i) In the case where the personal identification document cannot prove applicant's current address, a document that proves applicant's current address (one copy) and its duplicate (one copy)
  - Example) Invoice (or receipt) for a public service, an item of mail addressed to the applicant, residence certificate, etc.

**[In the case where a proxy lodges the application]**

In addition to the documents specified (a)-(g) and (i) above, the following will be required.

- a) Explanation by the applicant himself or herself stating the reason why he or she cannot lodge the application in person (one copy) and its duplicate (one copy)
- b) A letter of Power of Attorney (one copy) and its duplicate (one copy)
- c) A document that verifies identity of the proxy as described in (h) above
- d) For the applicant, documentation that can verify identity, such as a certificate issued by a governmental body within a month of lodging application (one copy) and its duplicate (one copy)

\* a) and b) can be written either in Japanese or English.

## **8. Notifications relevant to the recipients of allowances**

### **(1) Notification of current state (important)**

Every year between May 1 and May 31, an official notification form filled out with the name and residence of the recipient, and the code and number on the allowance certificate, as well as a certificate verifying the identity of recipient issued by a governmental body (must be issued within a month) must be submitted to Hiroshima or Nagasaki city, or the prefectural authority, where the application of the allowance was lodged to.

If, between May 1 and May 31, the notification of current state were not received without appropriate reasons, the payment of the allowance would be stopped. Please make sure to submit the notification.

Please contact the city or the prefectural authority, where the application was sent to for assessment, for the details of submitting this notification.

\* If any of the following application or notifications was submitted after May 31 of a particular year, it is not necessary to submit the notification (between May 1 and May 31 of) the following calendar year.

- Application for the respective allowance
- Notification of current state of the recipient of the Health Allowance of 33,900 yen per month
- Notification of the reason why the recipient has not become entitled to the allowances of 33,900 yen per month
- Notification of state of health of the recipient of the Special Medical Care Allowance
- Notification (a)-(c) in (3) below
- Notification of change of residence to an overseas location

### **(2) Notification of death**

When the recipient of an allowance has passed away, please contact the city or the prefectural authority, where the application was sent to for assessment for notification of the death within 14 days.

The payments received after the month when the recipient died, will have to be returned. Therefore the notification must be submitted.

### **(3) Notification of change of name or residence**

#### **(a) Notification of change of name**

When the name stated in the Atomic Bomb Survivor's Certificate has been changed, please contact the city or the prefectural authority, where the application was sent to for assessment, to notify within 14 days.

#### **(b) Notification of change of residence outside of Japan**

When shift the residence outside of Japan, please notify in advance the city or the prefectural authority, where the application was sent to for assessment.

- (c) Notification of change of residence to a location inside Japan  
When shift residence or current address back in Japan, please contact the prefectural authority (Hiroshima or Nagasaki city of applicable) for notification within 14 days.

#### **(4) Reissuing of Atomic Bomb Survivor's Certificate**

If your Atomic Bomb Survivor's Certificate has been damaged, soiled or lost, you may apply for a reissuing of the certificate to the Mayor of Hiroshima or city, or the Governor of the prefectural authority, specified in the certificate

Please contact Hiroshima or Nagasaki city, or the prefectural authority, which issued the certificate, for the details of the procedure.

**(5) List of contacts for inquiry at Hiroshima and Nagasaki cities, and Prefectures  
(Local Governments)**

As of November 1, 2005

Prefectural Authority, etc. 都道府県市	Postal Codes 郵便番号	Location 所在地	Department (Bureau) 部（局）	Division etc. 課	Telephone 電話			
					All Departments & Inquiries 代表	Extension 内線	Direct 直通	FAX
Hiroshima 広島	730-8511	10-52, Motomachi, Naka-ku, Hiroshima-shi 広島市中区基町 10-52	Department of Welfare and Public Health 福祉保健部	A-Bomb Survivor Support Office 原爆被爆者支援室	082-228-2111	3115	082-513-3115	082-228-3277
Nagasaki 長崎	850-8570	2-13, Edomachi, Nagasaki-shi 長崎市江戸町 2-13	Department of Welfare and Public Health 福祉保健部	Measures for A-Bomb Survivors Division 原爆被爆者対策課	095-824-1111	2475	095-895-2475	095-895-2578
Hiroshima City 広島市	730-8586	6-34, 1-chome, Kokutaijimachi, Hiroshima-shi 広島市中区国泰寺一町目 6-34	A-Bomb Damage Control Department 原爆被害対策本部	Support Section 援護係	-	-	082-504-2194	082-504-2257
Nagasaki City 長崎市	850-8685	2-22, Sakuramachi, Nagasaki-shi 長崎市桜町 2-22	A-Bomb Damage Control Department 原爆被害対策本部	Support Division 援護課	095-825-5151	2721	095-829-1149	095-829-1148
Hokkaido 北海道	060-8588	6-chome, Kitasanmjonishi, Chuo-ku, Sapporo-shi, Hokkaido 北海道札幌市中央区北三条 6 町目	Department of Public Health and Welfare 保健福祉部	Health and Disease Prevention Division 疾病対策課	011-231-4111	25-419	011-204-5254	011-232-8216
Aomori 青森	030-8570	1-1-1, Nagashima-shi, Aomori-ken 青森県青森市長島 1-1-1	Department of Health and Welfare 健康福祉部	Public Health and Hygiene Division 保健衛生課	017-722-1111	6267	017-734-9284	017-734-8047
Iwate 岩手	020-8570	10-1, Uchimaru, Morioka-shi, Iwate-ken 岩手県盛岡市内丸 10-1	Department of Public Health and Welfare 保健福祉部	Public Health and Hygiene Division 保健衛生課	019-651-3111	5466	019-629-5466	019-629-5474
Miyagi 宮城	980-8570	8-1, 3-chome, Honcho, Aoba-ku, Sendai-shi 仙台市青葉区本町 3 丁目 8-1	Department of Public Health and Welfare 保健福祉部	Measures for Health Division 健康対策課	022-211-2111	2634	022-211-2634	022-211-2697
Akita 秋田	010-8570	1-1, 4-chome, Sanno, Akita-shi 秋田市山王四丁目 1-1	Department of Health and Welfare 健康福祉部	Measures for Health Division 健康対策課	018-860-1111	1424	018-860-1425	018-860-3821
Yamagata 山形	990-8570	8-1, 2-chome, Matsunami, Yamagata-shi 山形市松波二丁目 8-1	Department of Health and Welfare 健康福祉部	Public Health and Medical Services Division 保健薬務課	023-630-2211	2662	023-630-2662	023-632-8176
Fukushima 福島	960-8670	2-16, Sugitsuma-cho, Fukushima-shi 福島市杉妻町 2-16	Department of Public Health and Welfare 保健福祉部	Health and Hygiene Area, Health Promotion Group 健康衛生領域健康増進グループ	024-521-1111	2759	024-521-7236	024-521-2191
Ibaraki 茨城	310-8555	978-6, Kasahara-cho, Mito-shi 水戸市笠原町 978-6	Department of Public Health and Welfare 保健福祉部	Public Health and Disease Prevention Division 保健予防課	029-301-1111	3220	029-301-3220	029-301-6341
Tochigi 栃木	320-8501	1-20, 1-chome, Hanawada, Utsunomiya-shi 宇都宮市塙田一丁目 1-20	Department of Public Health and Welfare 保健福祉部	Health Promotion Division 健康増進課	028-623-2323	3086	028-623-3086	028-623-3920
Gunma 群馬	371-8570	1-1, 1-chome, Otemachi, Maebashi-shi 前橋市大手町一丁目 1-1	Bureau of Public Health, Welfare and Food 保健福祉食品局	Public Health and Disease Prevention Division 保健予防課	027-223-1111	2609	027-226-2609	027-223-7950
Saitama 埼玉	330-9301	15-1, 3-chome, Takasago, Urawa-ku, Saitama-shi さいたま市浦和区高砂三丁目 15-1	Public Health Services Department 保健医療部	Health Promotion Support Division 健康づくり支援課	048-824-2111	3583	048-830-3583	048-830-4804
Chiba 千葉	260-8667	1-1, Ichiba-cho, Chuo-ku, Chiba-shi 千葉市中央区市場町 1-1	Department of Health and Welfare 健康福祉部	Health and Welfare Guidance Division 健康福祉指導課	None 設定なし	-	043-223-2349	043-222-6294
Tokyo 東京	163-8001	8-1, 2-chome, Nishishinjuku, Shinjuku-ku 新宿区西新宿二丁目 8 番 1 号	Bureau of Social Welfare and Public Health 福祉保健局	Health and Disease Prevention Division 疾病対策課	03-5321-1111	32-931	03-5320-4473	03-5388-1437
Kanagawa 神奈川	231-8588	1, Nihonodori, Naka-ku, Yokohama-shi 横浜市中区日本大通 1	Department of Public Health and Welfare 保健福祉部	Public Assistance and Veterans Affairs Division 生活援護課	045-210-1111	4906	None 設定なし	045-210-8859
Nigata 新潟	950-8570	4-1, Shinko-cho, Niigata-shi 新潟市新光町 4-1	Department of Welfare and Public Health 福祉保健部	Measures for Health Division 健康対策課	025-285-5511	2653	025-280-5378	025-285-8757
Toyama 富山	930-8501	1-7, Shinsogawa, Toyama-shi 富山市新総曲輪 1-7	Health and Welfare Department 厚生部	Health Division 健康課	076-431-4111	3556	076-444-3225	076-444-3496
Ishikawa 石川	920-8580	1, 1-chome, Kuratsuki, Kanazawa-shi 金沢市鞍月一丁目 1	Department of Health and Welfare 健康福祉部	Health Promotion Division 健康推進課	076-225-1111	4137	076-225-1438	076-225-1444
Fukui 福井	910-8580	17-1, 3-chome, Ote, Fukui-shi 福井市大手三丁目 17-1	Department of Health and Welfare 健康福祉部	Regional Welfare Division 地域福祉課	0776-21-1111	2518	0776-20-0328	0776-20-0637

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Yamanashi 山梨	400-8501	6-1, 1-chome, Marunouchi, Kofu-shi 甲府市丸之内一丁目 6-1	Department of Welfare and Public Health 福祉保健部	Health Promotion Division 健康増進課	055-237-1111	3522	055-223-1497	055-223-1499
Nagano 長野	380-8570	692-2, Habashita, Minaminagano, Nagano-shi 長野市大字南長野字幅下 692-2	Hygiene Department 衛生部	Public Health and Disease Prevention Division 保健予防課	026-232-0111	2641	026-235-7148	026-235-7170
Gifu 岐阜	500-8570	2-1-1, Yabutaminami, Gifu-shi 岐阜市薮田南 2-1-1	Department of Health, Welfare & Environment 健康福祉環境部	保健医療課	058-272-1111	2545	設定なし	058-277-0157
Shizuoka 静岡	420-8601	9-6, Outemachi, Shizuoka-shi 静岡市追手町 9-6	Department of Health and Welfare 健康福祉部	Health and Disease Prevention Division 疾病対策課	None 設定なし	-	054-221-3393	054-221-3291
Aichi 愛知	460-8501	1-2, 3-chome, Sannomaru, Naka-ku, Nagoya-shi 名古屋市中区三之丸三丁目 1-2	Department of Health and Welfare 健康福祉部	Measures for Health Division 健康対策課	052-961-2111	3153	052-954-6270	052-954-6917
Mie 三重	514-8570	13, Komei-cho, Tsu-shi 津市広明町 13	Department of Health and Welfare 健康福祉部	Medical Policy Office 医療政策室	059-224-3070	-	059-224-2337	059-224-2340
Shiga 滋賀	520-8577	1-1, 4-chome, Kyomachi, Otsu-shi 大津市京町四丁目 1-1	Department of Health and Welfare 健康福祉部	Health Promotion Division 健康推進課	077-524-1121	3619	077-528-3619	077-528-4857
Kyoto 京都	602-8570	Yabunouchi-cho, Nishiuru, Shinmachi, Shimotachiuri-dori, Kamikyo-ku, Kyoto-shi 京都市上京区下立売通新町西入薮ノ内町	Department of Public Health and Welfare 保健福祉部	Measures for Health Division 健康対策課	075-451-8111	4737	075-414-4736	075-431-3970
Osaka 大阪	540-8570	1-22, 2-chome, Otemae, Chuo-ku, Osaka-shi 大阪市中央区大手前二丁目 1-22	Department of Health and Welfare 健康福祉部	Medical Services Division 医療対策課	06-6941-0351	2534	06-6942-0401	06-6944-6691
Hyogo 兵庫	650-8567	10-1, 5-chome, Shimoyamate-dori, Chuo-ku, Kobe-shi 神戸市中央区下山手通五丁目-10-1	Department of Health and Quality Life 健康生活部	Health and Disease Prevention Division 疾病対策課	078-341-7711	3231	078-362-3245	078-362-9474
Nara 奈良	630-8501	30 Noborioji-cho, Nara-shi, Nara-ken 奈良県奈良市登大路町 30	Welfare Department, Health and Safety Bureau 福祉部健康安全局	Health Promotion Division 健康増進課	0742-22-1101	3139	0742-27-8660	0742-27-8262
Wakayama 和歌山	640-8585	1, 1-chome, Komotsubara-dori, Wakayama-shi 和歌山市小松原通一丁目 1	Department of Welfare and Public Health 福祉保健部	Measures for Health Division 健康対策課	073-432-4111	2653	073-441-2643	073-428-2325
Tottori 鳥取	680-8570	220, 1-chome, Higashi-machi, Tottori-shi, Tottori-ken 鳥取県鳥取市町一丁目 220	Department of Welfare and Public Health 福祉保健部	福祉保健課	0857-26-7111	7146	0857-26-7146	0857-26-8116
Shimane 島根	690-8501	1, Tono-machi, Matsue-shi 松江市殿町 1 番地	Department of Health and Welfare 健康福祉部	健康推進課	0852-22-5111	5329	0852-22-5329	0852-22-6328
Okayama 岡山	700-8570	4-6, 2-chome, Uchisange, Okayama-shi 岡山市内山下二丁目 4-6	Department of Public Health and Welfare 保健福祉部	Medical Safety Division 医療安全課	086-224-2111	2729	086-226-7342	086-224-2133
Yamaguchi 山口	753-8501	1-1, Takimachi, Yamaguchi-shi 山口市滝町 1-1	Department of Health and Welfare 健康福祉部	Medical Services Division 医務課	083-922-3111	2924	083-933-2924	083-933-2939
Tokushima 徳島	770-8570	1-1, Bandai-cho, Tokushima-shi 徳島市万代町 1-1	Department of Public Health and Welfare 保健福祉部	Health Promotion Division 健康増進課	088-621-2500	2224	088-621-2224	088-621-2841
Kagawa 香川	760-8570	1-10, 4-chome, Bancho, Takamatsu-shi 高松市番町四丁目 1-10	Department of Health and Welfare 健康福祉部	Health & Welfare General Affairs Division 健康福祉総務課	087-831-1111	3127	087-832-3272	087-861-2193
Ehime 愛媛	790-8570	4-2, 4-chome, Ichiban-cho, Matsuyama-shi 松山市一番町四丁目 4-2	Department of Public Health and Welfare 保健福祉部	Health Promotion Division 健康増進課	089-941-2111	3649	089-912-2404	089-921-5609
Kochi 高知	780-8570	2-20, 1-chome Marunouchi, Kochi-shi 高知市丸之内一丁目 2-20	Department of Health and Welfare 健康福祉部	Measures for Health Division 健康対策課	088-823-1111	2435	088-823-9678	088-873-9941
Fukuoka 福岡	812-8577	7-7 Higashikoen, Hakata-ku, Fukuoka-shi 福岡市博多区東公園 7-7	Department of Public Health and Welfare 保健福祉部	Measures for Health Division 健康対策課	092-651-1111	3133	092-643-3270	092-643-3271
Saga 佐賀	840-8570	1-59, 1-chome, Jonai, Saga-shi 佐賀市城内一丁目 1-59	Health & Welfare Headquarter 健康福祉本部	Health Promotion Division 健康増進課	0952-24-2111	1838	0952-25-7075	0952-25-7268
Kumamoto 熊本	862-8570	18-1, 6-chome, Suizenji, Kumamoto-shi 熊本市水前寺六丁目 18-1	Department of Health and Welfare 健康福祉部	Health Promotion Division 健康づくり推進課	096-383-1111	7076	096-333-2210	096-383-0498

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Oita 大分	870-8501	1-1, 3-chome, Otemachi, Oita-shi 大分市大手町三丁目 1-1	Department of Welfare and Public Health 福祉保健部	Measures for Health Division 健康対策課	097-536-1111	2671	None 設定なし	097-534-9131
Miyazaki 宮崎	880-8501	10-1, 2-chome, Tachibana-dori Higashi, Miyazaki-shi 宮崎市橘通東二丁目 10-1	Department of Welfare and Public Health 福祉保健部	Health Promotion Division 健康増進課	0985-24-1111	2498	0985-26-7079	0985-26-7336
Kagoshima 鹿児島	890-8577	10-1, Kamoikeshinmachi, Kagoshima-shi 鹿児島市鴨池新町 10-1	Department of Public Health and Welfare 保健福祉部	Health Promotion Division 健康増進課	099-286-2111	2715	099-286-2714	099-286-5556
Okinawa 沖縄	900-8570	2-2, 1-chome, Izumizaki, Naha-shi 那霸市泉崎一丁目 2-2	Department of Welfare and Public Health 福祉保健部	Health Promotion Division 健康増進課	098-866-2333	2209	098-866-2209	098-866-2289