

Information on Applying for Medical Expense Benefits, etc.

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- Application procedure for Medical Expenses Support (medical expenses)
<Blue form> (Application form)
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This information can also be downloaded from the website of the Ministry of Health, Labour and Welfare.

https://www.mhlw.go.jp/stf/seisakunitsuite/bunya/kenkou_iryuu/kenkou/genbaku/genbaku03/index.html



2D barcode

Medical Expense Benefits, etc.

Introduction

August 2023
Ministry of Health, Labour and
Welfare
Hiroshima Prefecture

Japan has the following two systems in place for supporting out-of-pocket medical expenses incurred by atomic bomb survivors residing abroad (in their country of residence). Information on the application methods for each are provided below.

If your annual out-of-pocket expenses

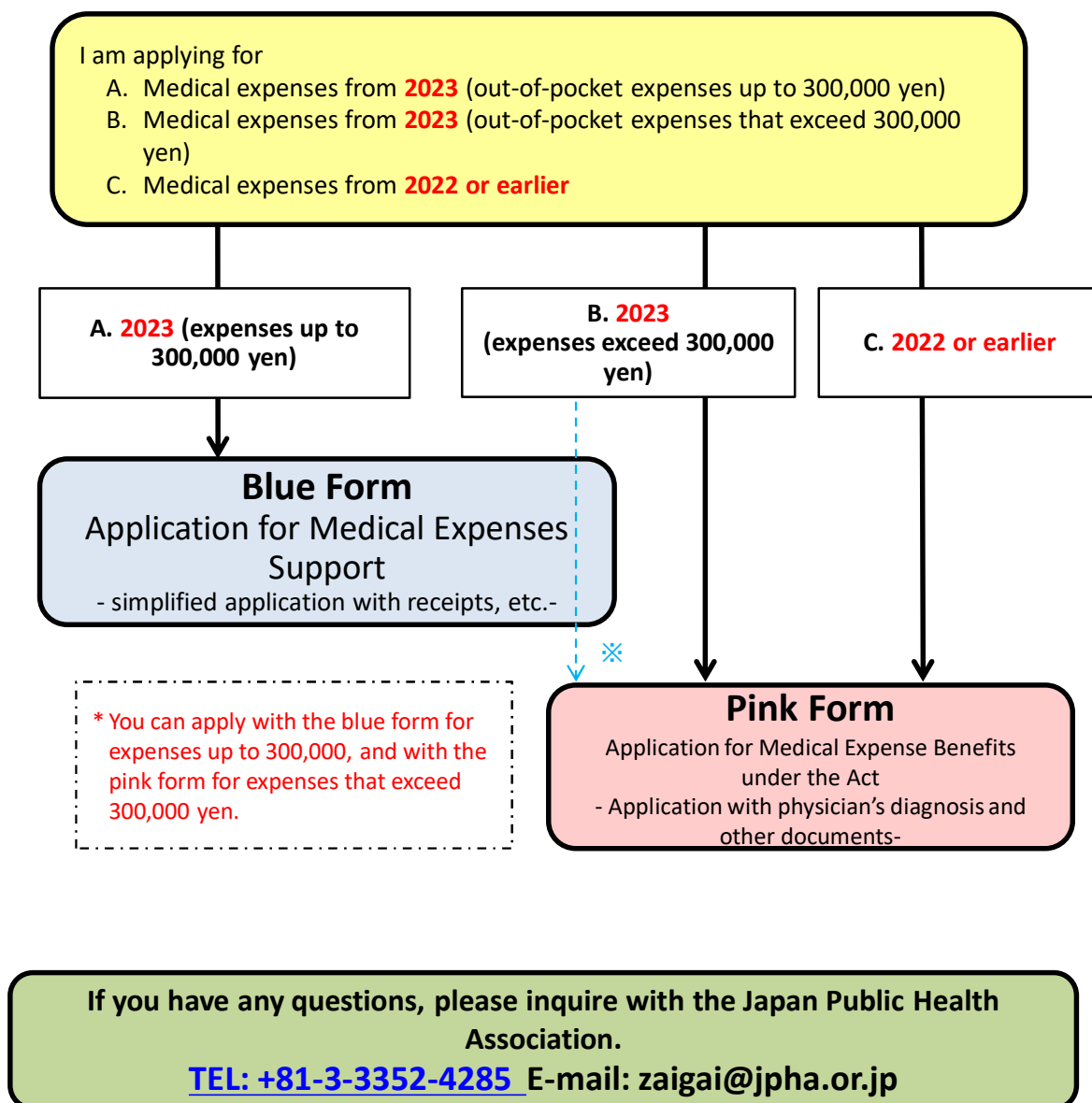
- Are 300,000 yen or less, please use “1. Medical Expenses Support,”
- Exceed 300,000 yen, please apply for “2. Medical Expense Benefits under the Act.”*

* Atomic Bomb Survivors' Assistance Act

Overview

	1. Medical Expenses Support (Out-of-pocket expenses: 300,000 yen or less)	2. Medical Expense Benefits under the Act (Out-of-pocket expenses: exceed 300,000 yen)
Required documents	Simplified application procedure with receipts	Application procedure with physician's diagnosis and other documents
	<ul style="list-style-type: none">○ Application form○ Receipts	<ul style="list-style-type: none">○ Application form○ Receipts○ Written diagnosis, etc. (Submit a written diagnosis and observations or other documents issued by medical institutions and drug stores stating details of the disease and its treatment)
	Refer to the blue forms for details.	Refer to the pink forms for details.
Submit to	Japan Public Health Association	Japan Public Health Association
Deadline	Must reach by January 31, 2024	—
Ceiling amount, etc.	Support is provided up to 300,000 yen/year (for January to December).	The ceiling amount will be calculated based on examples of medical fees in Japan.
Remarks	Applicants can submit applications any number of times within the submission period up to the annual ceiling amount of 300,000 yen.	Screening takes a lot of time because calculation of expenses based on fee for similar treatment in Japan.

Selecting an Application: Check This Flowchart



* The pink form can be used to file an application even if the amount does not exceed the provision ceiling of 300,000 yen, but the procedures will be complex.

1. Application for Medical Expense Support (Simplified Application with Receipts, etc.)

You may use receipts or other such documentation in simplified procedures to receive benefits with a ceiling*¹ of 300,000 yen a year as Medical Expense Support.

*¹ The table on the next page shows the provision ceiling converted into the currencies used in countries of residence. With regard to medical expenses, etc. paid during the one-year period from January to December 2023 an application for Medical Expense Support can be filed within the scope provided under "Medical Expense Support ceiling" in the table.

Support payments are made in the currency of the country of residence. When making the payment, the amount will be affected by the exchange rate depending on the target currency. Please note that there may be some fluctuation to the "300,000 yen" support ceiling stated in this information when receiving the payment into a yen bank account.

**Medical Expense Support Ceilings for
Currencies Used in Countries of Residence
(Medical payments, etc. made in the one-year period
from January to December 2023)**

Country/region	Currency unit	Medical Expense Support ceiling
Republic of Argentina	Argentine peso	441,177 ARS
Commonwealth of Australia	Australian dollar	3,288 AUD
Plurinational State of Bolivia	boliviano	14,606 BOB
Federative Republic of Brazil	real	10,601 BRL
Canada	Canadian dollar	2,994 CAD
People's Republic of China	renminbi	15,268 CNY
EU	euro	2,065 EUR
Republic of Indonesia	rupiah	30,000,000 IDR
United Mexican States	peso	35,757 MXN
Commonwealth of the Philippines	Philippine peso	115,831 PHP
Republic of Singapore	Singapore dollar	2,978 SGD
Kingdom of Sweden	Swedish krona	22,745 SEK
Swiss Confederation	Swiss franc	2,054 CHF
Taiwan	new Taiwan dollar	66,965 TWD
Kingdom of Thailand	baht	75,567 THB
United Kingdom	UK pound	1,788 GBP
United States of America	US dollar	2,237 USD
Oriental Republic of Uruguay	Uruguayan peso	87,720 UYU
Socialist Republic of Vietnam	dong	49,180,328 VND

* Based on currency exchange rates at the beginning of April 2023

* If you have any questions, please inquire with the Japan Public Health Association.

(1) Eligible persons

- Persons who have paid for out-of-pocket medical expenses in their country of residence
- Surviving family members acting as a proxy for an eligible person in the event that said eligible person is deceased

(2) Qualifying medical expenses, etc.

Benefits of up to 300,000 yen per year (see *1 on page 3) are available for the following expenses.

- Payments made in the one-year period from January to December 2023
 - Out-of-pocket medical expenses
 - Expenses for medical examinations

(3) Deadline

Please be aware that the application must reach no later than Wednesday, January 31, 2024.

Until the final deadline, applications may be filed any number of times up to the annual provision ceiling of 300,000 yen (see *1 on page 3).

Please also be aware that applications are reviewed in the order in which they are received, and it takes a while for applicants to receive benefits since the review requires a certain amount of time.

(4) Application procedures

Please refer to the blue form.

(5) Other information (Application for Medical Expense Benefits under the Act)

For out-of-pocket medical expenses exceeding the amount of 300,000 yen (see*1 on page 3), you may apply for Medical Expense Benefits under the Act as described on page 6. In this case, you must submit documentation including a written diagnosis and observations by a physician which has been issued by a medical institution or pharmacy and which provides details concerning the name of the disease and the nature of the treatment.

2. Application for Medical Expense Benefits under the Act (Application If the Amount Exceeds 300,000 yen, etc.)

1. Under the Act, you may file an application for out-of-pocket medical expenses exceeding the annual provision ceiling for Medical Expense Support, which is 300,000 yen (see *1 on page 3) for medical expenses based on Atomic Bomb Survivors' Assistance Act.

For out-of-pocket medical expenses up to 300,000 yen, you may use Medical Expense Support (simplified application with receipts, etc.) as described on page 3.

(1) Eligible persons

- Persons with out-of-pocket expenses exceeding the annual provision ceiling for Medical Expense Support, which is 300,000 yen (see *1 on page 3)
- Surviving family members acting as a proxy for an eligible person in the event that said eligible person is deceased

(2) Qualifying medical expenses

Out-of-pocket medical expenses

* However, the following medical expenses do not qualify for benefits.

- 1) Premium room charges at the time of admission, certification issuance processing fees, and other expenses not recognized as relating to medical treatment under Japan's public health insurance
- 2) Implants, advanced medical care, and other treatment not covered by Japan's public health insurance
- 3) Treatment for which support has already been received under the Medical Expense Support program, etc.

Major Examples Not Covered by Japan's Public Health Insurance

- Expenses not recognized as relating to medical treatment
 - Premium room charges at time of admission
 - Hospital gown fees, diaper fees
 - Document fees, certification issuance processing fees
 - Nursing care facility expenses, nursing care expenses, and deposit on admission expenses for nursing care facility
 - Admission expenses for nursing home
- Medical treatment, assistive equipment and other fees not qualifying for benefits
 - Implant treatment expenses
 - Drug or supplement expenses incurred without a prescription
 - Expenses for medical exams that deviate from the purpose of treatment
 - Vaccinations
 - Advanced medical treatment
 - Assist instruments, such as eyeglasses, hearing aids, walkers and wheelchairs, etc.

(3) Application procedures

Please refer to the pink form.

(4) Other information

- An application for Medical Expense Benefits under the Act can be made even if the amount does not exceed the annual 300,000-yen provision ceiling (see *1 on page 3), but the procedures become complicated by the requirement for such documentation as a written diagnosis and observations by a physician that indicate the name of the disease and the nature of the treatment.

In addition, the review requires considerable time to calculate the cost of similar treatment provided in Japan.

Therefore, please aware that if applying for Medical Expense Benefits under the Act, **it will take longer until benefits are issued than when making Medical Expenses Support application (simplified application with receipts, etc.)**

- If you apply for Medical Expense Benefits under the Act by submitting the required documentation for each of the time periods below, following a review, you may receive benefits (to cover your out-of-pocket expenses).
 - A period from 2004 onward during which Medical Expense Support benefits were not received
 - A period between acquisition of an Atomic Bomb Survivor's Health Handbook and 2003

Calculation Method

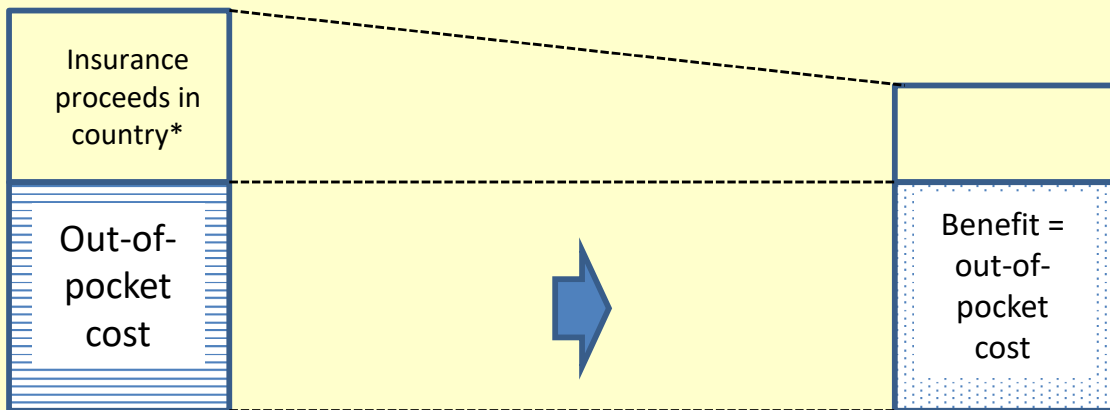
1. If in-country care is similar to care in Japan and calculated cost exceeds out-of-pocket cost

⇒ **Benefit for out-of-pocket cost**

* Because the cost when converted to the Japanese benefit exceeds out-of-pocket cost, the benefit matches the out-of-pocket cost.

(Cost in country of residence)

(Conversion to Japanese benefit)



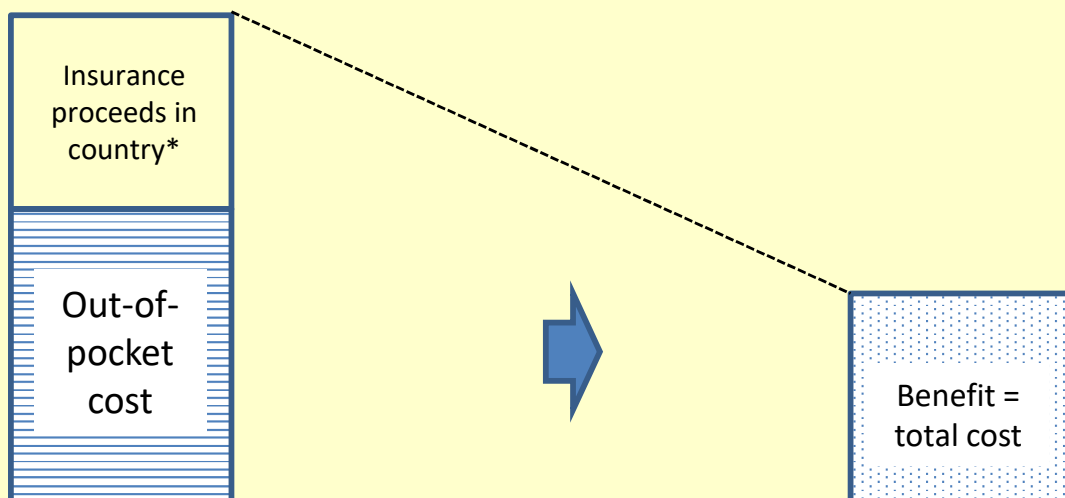
2. If in-country care is much more expensive than care in Japan

⇒ **Full benefit equal to converted Japanese benefit**

* However, out-of-pocket cost exceeds benefit amount.

(Cost in country of residence)

(Conversion to Japanese benefit)



* Includes public insurance proceeds, private insurance proceeds and other proceeds for medical care.

Medical Expense Support (Medical) Application Procedure (For the simplified application procedure with a receipt, etc.)

* Please submit documents 1 to 12 below (as well as documents 7 to 12 if necessary).

Check	No.	Documents to Submit
<input type="checkbox"/>	1	Application Form for Medical Expense Support (Medical) and Application Form for Confirmation of Eligibility (Form number 5)
<input type="checkbox"/>	2	Documents confirming the account to receive transfers (a copy of a passbook, check, etc.)
<input type="checkbox"/>	3	Medical Expense Support Benefit Breakdown (Form number 5-2)
<input type="checkbox"/>	4	Receipts or other documents that make it possible to confirm the following four pieces of information: 1) Amount paid 2) Name of person receiving medical treatment (same name as the applicant's) If the receipt contains medical expenses or the like for a person other than the applicant, only underline the portion that pertains to the applicant. 3) Medical institution's name, address and phone number 4) Date of payment * Please send the following documents as necessary. <ul style="list-style-type: none"> • If drugs were purchased at a pharmacy with a doctor's prescription: the prescription • If proceeds were received from private insurance: certification of insurance proceeds, etc.
<input type="checkbox"/>	5	A copy of one of the following: Notification of the Confirmation of Eligibility; Atomic Bomb Survivor's Health Handbook; Statements of Recognition for situation with regard to Atomic Bombing
<input type="checkbox"/>	6	Notification of Change(s) in Confirmed Information (Change in Medical Institutions to be Visited) (Form number 6)

Please submit the following documents as necessary.

<input type="checkbox"/>	7	Documents verifying identity * Please submit one of the following <u>if you are not receiving allowances (Healthcare Allowance, Health Allowance, Special Medical Care Allowance, or Special Allowance)</u> : <ul style="list-style-type: none"> • A certified copy or extract of the family register, certificate by a notary public • Residence permit, residence certificate, etc. (issued within 1 month prior to application date)
<input type="checkbox"/>	8	Notification of Change(s) in Confirmed Information (Change in Name, Address and/or Telephone Number) (Form number 7) * Please only submit this if there are changes to your home address, etc.
<input type="checkbox"/>	9	Application Form for Medical Expense Support (Medical) (For Application after Death) (Form number 8) * Submit 9 in place of 1.
<input type="checkbox"/>	10	Death Notification Form (Form number 9) * Attach a document that makes it possible to confirm the date of death (a death certificate issued by a public institution or hospital).
<input type="checkbox"/>	11	Documentation proving a family relationship or inheritance rights
<input type="checkbox"/>	12	Documents confirming the account to receive transfers (make sure that the account is in the name of the applicant who reports the death) * Only submit documents 9 through 12 if a surviving family member of a deceased atomic bomb survivor is applying for medical expense benefits.

◆ WHEN TO SUBMIT YOUR APPLICATION FORM

Please be aware that the application must reach no later than **Wednesday, January 31, 2024**.

Until the final deadline, applications may be filed any number of times up to the annual provision ceiling of 300,000 yen.

Please also be aware that applications are reviewed in the order in which they are received, and it takes a while for applicants to receive benefits since the review requires a certain amount of time.

Submit the Medical Expense Support (Medical Expenses) application documents to:

ATTN: Overseas Atomic Bomb Survivor
Medical Expense Support Program Clerk
Japan Public Health Association
1-29-8 Shinjuku, Shinjuku-ku, Tokyo 160-0022 JAPAN

Tel: +81-3-3352-4285
Fax: +81-3-3352-4605
Email: zaigai@jpha.or.jp



ATTN: Overseas Atomic Bomb Survivor
Medical Expense Support Program Clerk
Japan Public Health Association
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Email: zaigai@jpha.or.jp



Cut along the dotted line to use this as a label when you send your documents.

If you expect to file multiple applications, make copies in advance of the forms on pages 3 to 9 (copies on white paper are equally valid) and use these, or contact the Japan Public Health Association (see contact information above) and ask for additional application forms.

Form number 5

Application Form for Medical Expense Support (Medical) and Application Form for Confirmation of Eligibility

Notification number of the confirmation of eligibility for Medical Expense Support						-				
(In the case that you have no notification number of the confirmation of eligibility for Medical Expense Support because you are applying for the first time, please state either of the following number and attach a copy.)										
Atomic Bomb Survivor's Health Handbook No. (the number of the recipient of medical care covered by public expenses)										
Number of the Statements of Recognition for Situation with regard to Atomic Bombing (or the Atomic Bomb Survivor Statements of Recognition)										
Name						Date of birth (M/D/Y)				
Country of residence						Sex		Male/Female		
Address										
Telephone number		(Begin with country code)								
Fax / E-mail		(Fax and/or e-mail address of family members may also be provided)								
Bank account for transfer *1		Name of financial institution								
		Branch name								
		Branch address								
		Account No.								
		Name of account holder								
		IBAN Code*2								
Receipt or non-receipt of any allowance at the application*3				Receipt / Non-receipt						
Amount of grants applied for			In local currency: (unit)							

*1 Regarding the bank account for transfer:

- Attach papers which confirm the bank account, e.g., a photocopy of a bank book.
- Bank accounts must be in the name of the applicant.

*2 The IBAN Code is required only for those residing in South America or Europe.

*3 If you are a recipient of Health Management Allowance, Health Allowance, Special Medical Care Allowance, or Special Allowance at this application, please check "Receipt".

I hereby apply for Medical Expense Support for 2023 with the related documents attached.

Date: / / (M/D/Y)

Name of applicant:

*** The applicant must be the person to sign this form**

(If you apply on behalf of the applicant, please fill in here.)

Name of proxy applicant:

Proxy applicant contact details:

* Please provide the details on which you can be reached during office hours.

Governor of Hiroshima Prefecture

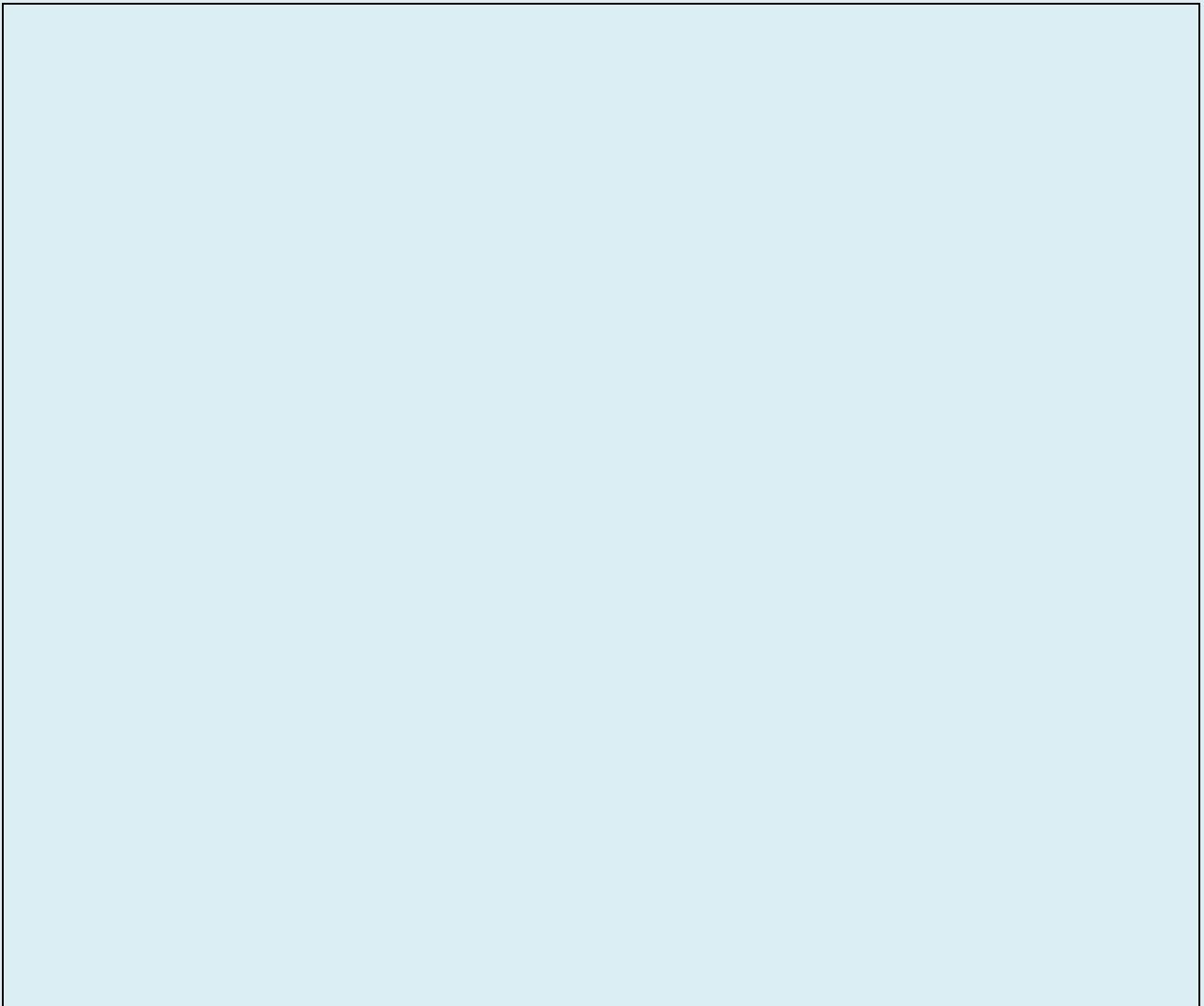
Medical Expense Support Benefit Breakdown

	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 5 (categorize receipts by month) (Form number 5-3).

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 person receiving medical treatment (it should be identical to the name of applicant)
- (3) Name, address, and telephone number of the medical institution
- (4) Date of the payment

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.

Form number 6

Notification of Change(s) in Confirmed Information
(Change in Medical Institutions to be Visited)

Date: / / (M/D/Y)

Governor of Hiroshima Prefecture

Country of residence _____

Address: _____

Name: _____

Telephone Number (Start from country code)

Name of medical institutions	Address of medical institutions	Telephone Number (Start from country code)

Notification of Change(s) in Confirmed Information (Change in Name, Address and/or Telephone Number)

Date: / / (M/D/Y)

Governor of Hiroshima Prefecture

(New) Address: _____

(New) Name: _____

* The applicant must be the person to sign this form

Only fill out the items that have changed.

Notification number of the confirmation of eligibility for Medical Expense Support				-					
Change in name	Former name								
	New name								
Change in address	Former address								
	New address								
Change in telephone number	Former number	(Start from country code)							
	New number	(Start from country code)							
Date of the change(s)		(M/D/Y)							

- * Documents confirming the change(s) specified above and the identity of the individual in question should also be attached.
- * This notification is for filing an application for the Medical Expense Support Program. There are separate procedures for the local administration that issued the Atomic Bomb Survivor's Handbook.

Application Form for Medical Expense Support (For Application after Death)

1. Please enter information for the atomic bomb survivor to whom the application pertains.

Notification number of the confirmation of eligibility for Medical Expense Support				-				
Name		Date of birth (M/D/Y)		Sex:				
				Male/Female				
Address								

2. Please enter information pertaining to the applicant.

Name		Relationship with the atomic bomb survivor	
Country of residence			
Address			
Telephone number	(Start from country code)		
Fax / E-mail	(Fax and/or e-mail address of family members may also be provided)		
Bank account for transfer <small>*1</small>	Name of financial institution		
	Branch name		
	Branch address		
	Account No.		
	Name of account holder		
	IBAN Code*2		
Amount of grants applied for	In local currency		(unit)

The applicant must attach papers certifying that they are the legal heir/heirress of the deceased.

*1 Regarding the bank account for transfer:

- Attach papers which confirm the bank account, e.g., a photocopy of a bank book.
- Bank accounts must be in the name of the applicant.

*2 The IBAN Code is required only for those residing in South America or Europe.

I hereby apply for Medical Expense Support for 2023 for the deceased person _____ with the related documents attached.

Should any dispute arise regarding the medical reimbursement already received, I will not accuse the governor of Hiroshima Prefecture for that and will undertake the full responsibility for that.

Date: / / (M/D/Y)

Name of applicant

* The applicant must be the person to sign this form

Governor of Hiroshima Prefecture

Death Notification Form

Date: / / (M/D/Y)

Governor of Hiroshima Prefecture

I hereby notify the death of the eligible person with related documents attached.

Name		Relationship with the atomic bomb survivor	
Country of residence			
Address			
Telephone Number	(Start from country code)		

Deceased	Notification number of the confirmation of eligibility for Medical Expense Support								
	Name								
	Last address								
	Date of death								

- * Attach papers confirming the date of death of the deceased (a death certificate issued by a public institution or hospital).
- * His/her Notification of the Confirmation of Eligibility should be returned to us.
- * This notification is for filing an application for the Medical Expense Support Program. There are separate procedures for the local administration that issued the Atomic Bomb Survivor's Handbook.

Procedure for Medical Expense Benefits Application Under the Act
(Application procedure if the amount exceeds 300,000 yen, etc.)

* Please submit documents 1 to 12 below (as well as documents 6 to 12 if necessary).

Check	No.	Documents to Submit
<input type="checkbox"/>	1	Application Form for Medical Expense and General Disease Medical Expense Payment and Application Form for Confirmation of Eligibility (Form number 10)
<input type="checkbox"/>	2	Documents confirming the account to receive transfers (a copy of a passbook, check, etc.)
<input type="checkbox"/>	3	Receipts or other documents that make it possible to confirm the following four pieces of information: 1) Amount paid 2) Name of person receiving medical treatment (same name as the applicant's) If the receipt contains medical expenses or the like for a person other than the applicant, only underline the portion that pertains to the applicant. 3) Medical institution's name, address and phone number 4) Date of payment * Please send the following documents as necessary. • If drugs were purchased at a pharmacy with a doctor's prescription: the prescription • If proceeds were received from private insurance: certification of insurance proceeds, etc.
<input type="checkbox"/>	4	Written diagnosis and observations by a physician indicating disease name, nature of treatment, etc.
<input type="checkbox"/>	5	A copy of the Atomic Bomb Survivor's Health Handbook

Please submit the following documents as necessary.

<input type="checkbox"/>	6	Copy of certification of the Authorization of Atomic Bomb Disease * Only submit this if receiving a special medical allowance.
<input type="checkbox"/>	7	Documents verifying identity * Please submit one of the following <u>if you are not receiving allowances (Healthcare Allowance, Health Allowance, Special Medical Care Allowance, or Special Allowance)</u> : • A certified copy or extract of the family register, certificate by a notary public • Residence permit, residence certificate, etc. (issued within 1 month prior to application date)
<input type="checkbox"/>	8	Notification of Change(s) in Confirmed Information (Change in Name, Address and/or Telephone Number) (Form number 11) * Please only submit this if there are changes to your home address, etc.
<input type="checkbox"/>	9	Application Form for Medical Expense and General Disease Medical Expense Payment (For Application after Death) (Form number 12) * Submit 9 in place of 1.
<input type="checkbox"/>	10	Death Notification Form (Form number 13) * Attach a document that makes it possible to confirm the date of death (a death certificate issued by a public institution or hospital).
<input type="checkbox"/>	11	Documentation proving a family relationship or inheritance rights
<input type="checkbox"/>	12	Documents confirming the account to receive transfers (make sure that the account is in the name of the applicant who reports the death) * Only submit documents 9 through 12 if a surviving family member of a deceased atomic bomb survivor is applying for medical expense benefits.

◆ WHEN TO SUBMIT YOUR APPLICATION FORM

Reviews and benefit issuance are conducted in the order applications are received.

However, the review requires considerable time to calculate the cost of similar treatment if provided in Japan. Therefore, please be aware that it takes a while for applicants to receive benefits.

Submit the Medical Expense Benefits under the Act application documents to:

ATTN: Overseas Atomic Bomb Survivor
Medical Expense Support Program Clerk
Japan Public Health Association
1-29-8 Shinjuku, Shinjuku-ku, Tokyo 160-
0022 JAPAN

Tel: +81-3-3352-4285
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Cut along the dotted line to use this as a label when you send your documents.

If you expect to file multiple applications, make copies in advance of the forms on pages 3 to 6 (copies on white paper are equally valid) and use these, or contact the Japan Public Health Association (see contact info above) and ask for additional application forms.

Form number 10

**Application Form for Medical Expense and General Disease Medical Expense
Payment and Application Form for Confirmation of Eligibility**

Notification number of the confirmation of eligibility for Medical Expense Support				-					
(In the case that you have no notification number of the confirmation of eligibility for Medical Expense Support because you are applying for the first time, please state either of the following number and attach a copy.)									
Atomic Bomb Survivor's Health Handbook No. (the number of the recipient of medical care covered by public expenses)									
Number of the Statements of Recognition for Situation with regard to Atomic Bombing (or the Atomic Bomb Survivor Statements of Recognition)									
Name					Date of birth (M/D/Y)				
Country of residence					Sex:				
						Male/Female			
Address									
Telephone number	(Start from country code)								
Fax / E-mail	(Fax and/or e-mail address of family members may also be provided)								
Bank account for transfer <small>*1</small>	Name of financial institution								
	Branch name								
	Branch address								
	Account No.								
	Name of account holder								
	IBAN Code ^{*2}								
Certified or not certified as an atomic bomb disease at the application			Certified / Not certified						
Receipt or non-receipt of any allowance at the application ^{*3}			Receipt / Non-receipt						
Amount of grants applied for			In local currency: (unit)						

- *1 Regarding the bank account for transfer:
 - Attach papers which confirm the bank account, e.g., a photocopy of a bank book.
 - Bank accounts must be in the name of the applicant.
- *2 The IBAN Code is required only for those residing in South America or Europe.
- *3 If you are a recipient of Health Management Allowance, Health Allowance, Special Medical Care Allowance, or Special Allowance at this application, please check "Receipt".

I would like to receive the Medical Expense (General Disease Medical Expense) Support through the provisions of Article 17 (Article 18) of the Atomic Bomb Victims' Relief Act, and I hereby submit my application for such with the related documents attached. Furthermore, I delegate the Japan Public Health Association as my proxy to receive this Medical Expense (General Disease Medical Expense) Support.

Date: / / (M/D/Y)

Name of applicant:

*** The applicant must be the person to sign this form.**

(If you apply on behalf of the applicant, please fill in here.)

Name of proxy applicant:

Proxy applicant contact details:

* Please provide the details on which you can be reached during office hours.

Governor of Hiroshima Prefecture

Notification of Change(s) in Confirmed Information (Change in Name, Address and/or Telephone Number)

Date: / / (M/D/Y)

Governor of Hiroshima Prefecture

(New) Address: _____

(New) Name: _____

* The applicant must be the person to sign this form.

Only fill out the items that have changed.

Notification number of the confirmation of eligibility for Medical Expense Support				-					
Change in name	Former name								
	New name								
Change in address	Former address								
	New address								
Change in telephone number	Former number	(Start from country code)							
	New number	(Start from country code)							
Date of the change(s)		(M/D/Y)							

- * Documents confirming the change(s) specified above and the identity of the individual in question should also be attached.
- * This notification is for filing an application for the Medical Expense (General Disease Medical Expense) Support. There are separate procedures for the local administration that issued the atomic bomb survivor's handbook.

Application Form for Medical Expense and General Disease Medical Expense Payment (For Application after Death)

1. Please enter information for the atomic bomb survivor to whom the application pertains.

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												

2. Please enter information pertaining to the applicant.

Name		Relationship with the atomic bomb survivor	
Address			
Telephone number	(Start from country code)		
Fax / E-mail	(Fax and/or e-mail address of family members may also be provided)		
Bank account for transfer*1	Name of financial institution		
	Branch name		
	Branch address		
	Account No.		
	Name of account holder		
	IBAN Code*2		
Amount of grants applied for	In local currency		(unit)

The applicant must attach papers certifying that they are the legal heir/heirress of the deceased.

*1 Regarding the bank account for transfer:

- Attach papers which confirm the bank account, e.g., a photocopy of a bank book.
- Bank accounts must be in the name of the applicant.

*2 The IBAN Code is required only for those residing in South America or Europe.

I would like to receive medical expense benefits (pertaining to medical expenses for general diseases) for the late _____, and I have attached the relevant documentation to apply for this benefit, pursuant to the provision of Article 17 (Article 18) of the Atomic Bomb Survivors' Assistance Act. In addition, I hereby entrust the Japan Public Health Association to receive medical expense benefits (pertaining to medical expenses for general diseases).

I hereby swear that if by any chance a dispute concerning said healthcare expenses arises after the benefit has been received, I shall bear all responsibility and shall not hold the Governor of Hiroshima Prefecture accountable.

Date: / / (M/D/Y)

Name of applicant

(If you apply on behalf of the applicant, please fill in here.)

Name of proxy applicant:

* Please provide the details on which you can be reached during office hours.

Governor of Hiroshima Prefecture

Death Notification Form

Date: / / (M/D/Y)

Governor of Hiroshima Prefecture

I hereby notify the death of the eligible person with related documents attached.

Name		Relationship with the atomic bomb survivor	
Country of residence			
Address			
Telephone Number	(Start from country code)		

Deceased	Notification number of the confirmation of eligibility for Medical Expense Support			-					
	Name								
	Last address								
	Date of death								

- * Attach papers confirming the date of death of the deceased (a death certificate issued by a public institution or hospital).
- * His/her Notification of the Confirmation of Eligibility should be returned to us.
- * This notification is for filing an application for the Medical Expense (General Disease Medical Expense) Support. There are separate procedures for the local administration that issued the Atomic Bomb Survivor's Handbook.