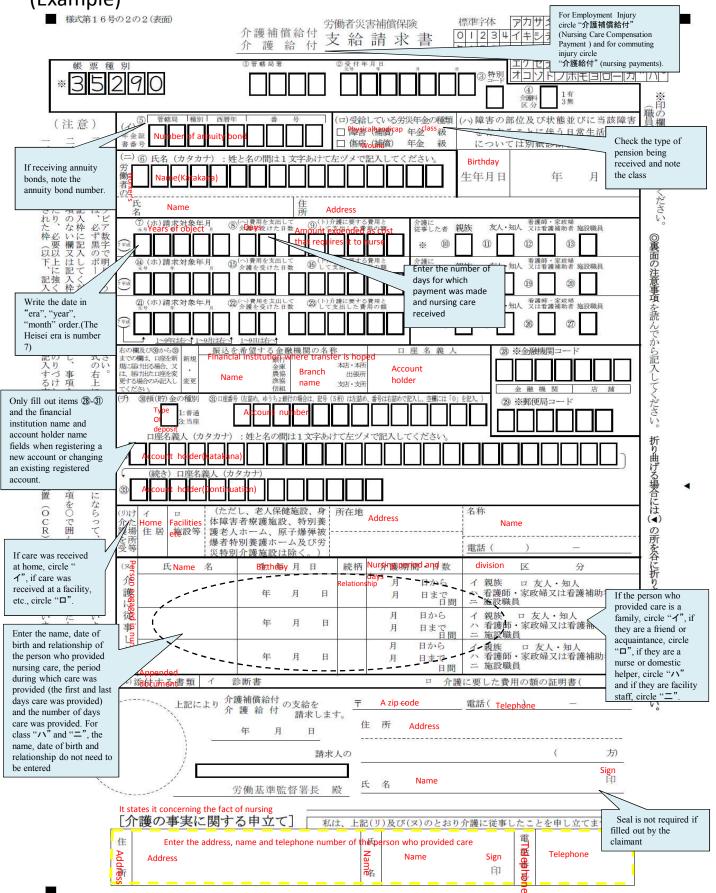
Funeral Expense Claims Form (Form 16) (Example)

様式第16号(表面 業務災害用	労働者	者災害補償保険 料 請 求 書	Circle "男" for male or "女" for female			
	書の番号が発生所	Name(katakana) Address Relation to worker	 	e e e e e e e e e e e e e e e e e e e		
ー・	Name(Katakana)	(男・女) 	⑤ 負傷又は発病年月日 年 月 日 date of injury or attack			
男ない職 働い職 者 の 所属事業も 名称・所在よ	Addross		午前 時 分頃 ⑦ 死 亡 年 月 日			
	date of death 年 月 日					
the agaident aggurred the	he cause of the disast utback situation		® 平均賃企. Average wages 円 銭			
④の者について	は、⑤、⑥及び⑧に記載したとお		局			
———年	事業の名 _月 Employe 事業場の所 Field	r Certification	電話番号 番 ON 郵便番号	,		
	(法人その 類その他の資料名 Name of app	の他の団体であるときはその名称及 ended document	女び代表者の氏名)			
上記により葬祭料の支給を請求します。 <u>郵便番号 A zip code</u> 電話番 <mark>呼lephone</mark> 局番 Date of application 年月日 Claimant's 請求人の住所 Address						
EIA-10/13/ INSVIII	r働基準監督署長 殿	氏 名 Name	Sign			
	おる銀行等の名称(郵便貯金銀行の 銀行・金庫 lame 農協・漁協・信組	本店 普通・当座 Branch 支店	の種類及び口座番号 第Account number Nominee (物品番号 62111)	-		
To be filled out by	To be filled out			required if filled out		

Nursing Care Compensation Payment Claims Form (Form No. 16 - 2-2) (Example)



Claims Forms and Submission Points for Each Type of Insurance benefits

Benefit Type	Employment or Cmmuting	Claims Form	Form No.	Submit to	
Medical (Compensation) Benefits	Employment Injury	Medical Treatment Benefits Claims Form for Medical Compensation Benefits	No.5	The chief of the relevant Labour Standards Inspection Office Via Hospital, Pharmacy, etc.	
	Commuting Injury	Medical Treatment Benefits Claims Form for Medical Treatment Benefits	No.16-3		
	Employment Injury	Treatment Expense Claims Form for Medical Compensation Benefits	No.7		
	Commuting Injury	Treatment Expense Claims Form for Medical Treatment Benefits	No.16-5	The relevant Labour Standards Inspection Office	
Temporary Absence from Work (Compensation) Benefits	Employment Injury	Absence from Work Compensation Payment Claims Form	No.8		
	Commuting Injury	Absence from Work Payment Claims Form	No.16-6		
Disability (Compensation) Benefits	Employment Injury	Disability Compensation Payment Claims Form	No.10		
	Commuting Injury	Disability Payment Claims Form	No.16-7		
Surviving Family (Compensation) Benefits	Employment Injury	Surviving Family Compensation Pension Payment Claims Form	No.12		
	Commuting Injury	Surviving Family Pension Payment Claims Form	No.16-8		
	Employment Injury	Surviving Family Compensation Lump Sum Payment Claims Form	No.15		
	Commuting Injury	Surviving Family Lump Sum Payment Claims Form	No.16-9		
Funeral Expenses (Funeral Rites Benefits)	Employment Injury	Funeral Expense Claims Form	No.16		
	Commuting Injury	Funeral Rites Benefits Claims Form	1No.16-10		
Nursing Care (Compensation) Benefits		Nursing Care Compensation Payment •Nursing Care Payment Claims Form	No.16-6		