

**To: Former Patients at Sanatoriums established by South Seas Agency
(Nanyo cho)**

**- Compensation payment for Former Patients Institutionalized at Hansen's Disease
Sanatoriums –**

Compensation will be paid to former Hansen's disease patients institutionalized at South Seas Agency's(Nanyo cho) Sanatoriums, before August 15, 1945.

1. Qualified recipients

Qualified recipients of the compensation are patients institutionalized before August 15, 1945, at following Sanatoriums established by South Sea Agency(Nanyo cho).

- (1) Saipan Leprosy Sanatorium
- (2) Jaluit Leprosy Sanatorium
- (3) Palau Leprosy Sanatorium
- (4) Yap Leprosy Sanatorium

The claim for the compensation can only be made by Hansen's disease patient themselves, who were institutionalized at sanatoriums during the above period. No other persons, including their bereaved families, can make claims, for them.

2. Claiming deadline

Claims for the compensation shall be made by February 9, 2011.

3. Documents and other items required for the claiming

The documents and other items required for the claim can be provided at Japanese Embassies and Consulates General. And you can download them from the website of Japanese Ministry of Health, Labour and Welfare (see below for the URL).

4. How to submit the claiming documents

Please submit the claiming documents directly mailing to Specific Disease Control Division, Health Service Bureau, the Japanese Ministry of Health, Labour and Welfare.

5. Review and the announcement of results

The Japanese Ministry of Health, Labour and Welfare shall confirm that all the required documents are submitted, and that the claimer was institutionalized at the Sanatoriums during the above period. The Ministry shall make the decision of payment based on the above confirmation, and announce the results to the claimer.

6. Inquiry

If you have any questions, contact the Specific Disease Control Division, Health Service Bureau, the Japanese Ministry of Health, Labour and Welfare. (Japanese language only)
Contact: +81-3-5253-1111 (extension 2369, 2980)
Service hours: 9:30 - 18:00

7. Website of the Japanese Ministry of Health, Labour and Welfare (information on the Hansen's disease)

<http://www.mhlw.go.jp/topics/bukyoku/kenkou/hansen/index.html>

(別紙 1)

*施設名 : _____ No.: _____
年 月 日受付

Claim for the Compensation Payment

To: Minister of Health, Labour and Welfare

I claim for the payment of compensation to patients institutionalized at Hansen's disease sanatoriums, as follows:

Claiming date:

Claimer	True name of the patient	Seal		Date of birth	M / F
	Address	TEL:			
History of institutionalization	Name used at the sanatorium	Facility	Period of institutionalization (From the date of institutionalization to August 15, 1945)		
			to		
			to		
Payment to bank or post office account	Bank/post office name	*金融機関店舗又は郵便局コード			
	Account passbook ID	Ordinary / Current / Post office:			
	Name of the account				
Remittance to post office	Name				
	Location				
Attached documents and other items					
Contact for the confirmation survey		Name: Address: TEL:			

If other person fills in the form, the person should enter his/her name, address and other information, and stamp his/her seal below.

Name of the person filling in the form: _____ Seal
(Relationship with the claimer: _____)
Address:
TEL:

The columns indicated * do not require filling.
See attached "Guidelines for Filling the Claim for the Compensation Payment Form (for Overseas Hansen's Disease Sanatoriums)" before you fill in this form.

* 認定区分		* 債主コード番号	
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[Example]

(別紙 1)

*施設名 : _____ No.: _____
年 月 日受付

Claim for the Compensation Payment

To: Minister of Health, Labour and Welfare

I claim for the payment of compensation to patients institutionalized at Hansen's disease sanatoriums, as follows:

(1) Claiming date: February 10, 2006

Claimer	True name of the patient	(2) ** **	Seal	(3) Date of birth	(4)
	(5) Address	** , ** , ** , South Korea TEL: 12-345-7890			
History of institutionalization	Name used at the sanatorium	Facility	Period of institutionalization (From the date of institutionalization to August 15, 1945)		
	(6) ** **	(7) Sorokto Hospital	(8) January 1, 1940 to December 31, 1942		
		Rakuseiin Hospital	January 1, 1943 to December 31, 1944		
(9) Payment to bank or post office account	Bank/post office name	*金融機関店舗又は郵便局コード Korea Exchange Bank, ** Branch			
	Account passbook ID	<input checked="" type="radio"/> Ordinary / Current / Post office: 0123456			
	Name of the account	** **			
(10) Remittance to post office	Name				
	Location				
(11) Attached documents and other items	Certificate of Residence, Patients' Card (copy)				
(12) Contact for the confirmation survey	Name: ** ** Address: ** , ** , ** , South Korea TEL: 12-789-345				

If other person fills in the form, enter his/her name, address and other information, and stamp his/her seal below.

(13) { Name of the person filling in the form: ** ** Seal
(Relationship with the claimer: ***))
Address: ** , ** , ** , South Korea
TEL: 12-789-345

The columns indicated * do not require filling.

See attached "Guidelines for Filling the Claim for the Compensation Payment Form (for Overseas Hansen's Disease Sanatoriums)" before you fill in this form.

* 認定区分		* 債主コード番号	
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Guidelines for Filling the Claim for the Compensation Payment Form (for Overseas Hansen's Disease Sanatoriums)

1. How to fill in the form

<Basic instructions>

- These guidelines indicate how to claim compensation for former patients institutionalized before August 15, 1945, at following overseas Hansen's disease sanatoriums.
 - (1) Sorokto Hospital (South Korea)
 - (2) Rakuseiin Hospital (Taiwan)
 - (3) Saipan Leprosy Sanatorium(United States of America)
 - (4) Jaluit Leprosy Sanatorium(Republic of Marshall Islands)
 - (5) Palau Leprosy Sanatorium(Republic of Palau)
 - (6) Yap Leprosy Sanatorium(Federated States of Micronesia)
- Please refer to the sample and write clearly.
- The columns indicated * are used by the Japanese Ministry of Health, Labour and Welfare, and do not require filling.

<Specific instructions>

- (1) Use Arabic numerals and A.D. year.
- (2) Use your true name, not the name used at the sanatorium.
- (3) Use Arabic numerals and A.D. year.
- (4) Circle either M (male) or F (female).
- (5) Write your current address.
- (6) Write your name used at the sanatorium.
- (7) Write the names of overseas Hansen's disease sanatoriums at which you were institutionalized at, before August 15, 1945.
- (8) Use Arabic numerals and A.D. year.
- (9) Fill in here if you request the payment of compensation to your account at a bank or post office.
(e.g. ** Branch, ** Bank; ** Post Office)
If the names of the claimer and the account differ from each other, attach documents to prove that they are the same person.
- (10) Fill in here if you want to receive the compensation at a post office window.
- (11) Fill in the titles of the documents and other items you attach. As for the attached documents, also refer to "2. Attached documents and other items."
- (12) Fill in here if you want contacts to be made with other locations than indicated in the "Claimer" column, to protect the privacy of the claimer.
- (13) If other person fills this form for the claimer, the person should write his/her name, address, telephone number and relationship with the claimer, and stamp his/her seal (If the person does not have the custom of seal stamping, he/she may sign instead).

2. Attached documents and other items

(All of the following documents are required.)

- Documents to prove the name, sex, date of birth, address and existence of the claimer, issued by a public institution at his/her location;
- Documents to prove the date(s) of the claimer's institutionalization to the overseas Hansen's disease sanatorium(s), indicating the history of disease and institutionalization;
- Copy of the part of the account passbook, indicating the name of the account, passbook ID and account type;
- If any of the attached documents are written in non-Japanese language, attach translation into Japanese to each of them (the translation style is free).

Also attach the English translation of the name and address of the claimer, the name of the bank (including the branch name) or the name and address of the post office, and the name of bank/post office account, for payment clerical processing (the translation style is free).

3. Where to submit the Claim for the Compensation Payment

Please submit the Claim for the Compensation Payment to the Specific Disease Control Division, Health Service Bureau, the Japanese Ministry of Health, Labour and Welfare.

<Address>

Specific Disease Control Division, Health Service Bureau, Ministry of Health, Labour and Welfare
1-2-2 Kasumigaseki, Chiyoda, Tokyo 100-8916, JAPAN

<TEL>

When calling from outside Japan: +81-3-5253-1111 (main switchboard) (extension 2369, 2980)

When calling from inside Japan: 03-5253-1111 (main switchboard) (extension 2369, 2980)

* Please note that the service is provided in Japanese language only.