

(海外分娩時有关分娩育児臨時補貼) 調查同意书
Agreement of Authorization

・分娩日 Date of giving birth Year_____年 Month___月 Day___日

・海外分娩者 Insured person who gave birth to a child

(姓名 Name) _____

(住址 Address) _____

(生年月日 Date of birth) Year_____年 Month_____月 Day_____日

致大阪市政府

我(分娩者)、_____以及我的戸主、_____, 同意贵市职员或者贵市的委托方对本人所提交的海外分娩資料内容的真实性(分娩日期、地点、助産内容)进行確認時、可以根据本人提交的申請資料、对就医情况进行核实、并允许相关负责人提供所需情报。

To: Osaka City Office

I (Insured person who gave birth to a child), _____ and my head of house hold, _____ authorize the Osaka City Office or its staff, and its subcontractors to refer and obtain any and all factual information related to an overseas Lump-Sum Birth Allowance claim(s) filed or to be filed including date of the birth, place, and any midwifery care records and information from the medical organization in order to verify by submitting the related application forms.

签字・盖章栏 (本同意书自签字起有效期6个月)

须由接受治疗等的被保险人亲自签字・盖章。但是以下情况，请监护人(本人未成年)、成年监护人(本人成年后仍需监护)、法定继承人(本人已死亡)签字・盖章。

Insured person who gave birth to a child shall sign one's signature. However, in the following case, guardian (insured person is under age), guardian of adult (insured person is adult ward), heir (insured person is dead) shall sign one's signature.

(姓名) _____ 盖章

(住址) _____

(日期) _____年___月___日

(与患者等的关系) 本人 ・ 监护人 ・ 法定继承人 ・ 其他 [_____]

※This agreement of authorization expires six month after the signed date.