

Refund Notice

We are sending you this refund notice because you have overpaid the necessary amount of health insurance premiums.

How to Receive

Please get your refund via bank deposit transfer.

For this enclosed notice, please fill in "Application Date, Address, Telephone Number, Name, and Bank Account" at the bottom half of this document. After completing, please send this back using the enclosed return envelope. The bank account holder's name must match the person's name under the payer's section.

For bank account (General Deposit / Checking / Savings), please make sure to circle ○ the account type you use.

Important Points

1. Please write information clearly with a black ballpoint pen.
2. If a correction is needed, please stamp a mark where you made the correction. Please stamp the same mark after your name.
3. We want to remind you that the bank account holder's name must match with the person's name under the payer's section.
4. In the case of receiving multiple refund notices, please complete all of them.
5. Please fill in both the "Bank Account Name" and "Your Name" sections.
If there are sections with missing information or corrections were not made with stamp marks, your form will be returned back to you.
6. If you do not have a bank account with a financial institution, please contact the office listed below.
7. It takes about one month for the refund invoice to be sent back and then be deposited to the designated bank account.
8. There is a deadline (within two years) to claim refunds, so please apply for it as soon as possible.
9. **Regarding Bank Account for Receiving Public Benefits**
For those who hold savings accounts at financial institutions, this is a voluntary registration system with the Japanese Government's Digital Agency, where each individual can register one bank account to receive benefits and other payments.
Register your bank account for receiving public benefits at the Mynportal website.
For details, *contact the "Individual Number General Call Center by calling 0120-95-0178" or access the Digital Agency's website to learn more about the "Registration System of Bank Accounts for Receiving Public Benefits."

*If certain IP phones cannot connect with the toll free number listed above, then please try calling 050-3816-9405.

Furthermore, if the "I will use bank account for receiving benefits" box was checked, and the information for the financial institution where deposit will be made and the bank account number are filled in, but the bank account for receiving public benefits cannot be confirmed, then the deposit will be made to the bank account where details were actually provided.

Inquiries: Service Counter Department (Health Insurance & Pension: Management), Naniwa Ward Office 06-6647-9946

Sample

Fill in the application date.

The claimant must watch with the name listed under the insured person's section.

For banks and credit unions, please fill in the name of the financial institution and branch office name.

For bank deposit transfers to Japan Post Bank, fill in the bank's branch number and account number that is listed on the bottom half of the second page in your bankbook.

Please make sure to fill in *furigana*

振込先 金融機関	銀行	支店	ゆうちょ 銀行	店番
預金種別 口座番号	普通・当座・貯蓄		No	
フリガナ				
口座名義				

年	月	日
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住	
電	()
話	
氏	名

The applicant's name must match with the name listed under the insured person's section.

If correction is made with a stamp mark, please stamp the same mark after your name.

通知番号	H30-004196
番号	H30-004357

マイナポータルに登録されている公金受取口座でお受け取りを希望される方は下のチェックボックスにチェックを入れてください。希望される場合は右上の住所、電話、氏名以外の記載は不要です。(ただし、被保険者氏名欄の表示と同一の方に限り)

公金受取口座を利用します