

Letter of Consent

私（海外出産をした者）は、イノアック健康保険組合が、自ら、私が提出した出産育児一時金の支給申請書類に記載された事実（出産を行った日時、場所、内容等）を確認するため、当該海外出産の介助を行った者（海外の医療機関等）に照会を行い、当該者から照会に対する情報の提供を受けることに同意します。

To : INOAC Health Insurance Society

I, as a person who deliver overseas, authorize INOAC Health Insurance Society to refer and obtain any and all factual information related to my application document(s) for Childbirth Lump-Sum Allowance including information of delivery date, place, and any treatment records from the delivery assistance (medical organization etc.) in order to verify the fact of the delivery. Further, I agree to fill out other document(s) if countries, regions or medical organizations require to submit consent letter or authorization letter in their format, and agree to provide help to submit other document(s) if it is necessary along verification process written above.

・ 海外出産をした者
 (氏名 (自署)) _____ 印
 (住所) _____
 (生年月日) _____ 年 _____ 月 _____ 日

Person who deliver overseas

(Name) _____

(Address) _____

(Date of birth) Year _____ Month _____ Day _____