**Application for Guaranty System for Hospitalization**

**【Student Information】**

|  |  |
| --- | --- |
| **Faculty/ Graduate School** |  |
| **Major** |  |
| **Student ID Number** |  |
| **Month & Year of Entrance** (mm/yyyy) |  |
| **Graduation Month & Year (Expected)** (mm/yyyy) |  |
| **(Furigana)****Name** |  |
|  |
| **Contact** |
| **Address** | **〒** |
| **Phone** |  |
| **E-mail** |  |

**【Insurance Information】**

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| **National Health Insurance** |
| **Insured person No.** |  |
| **Municipality (city, ward, town, village)** |  |
| **Insurance Card Code** |  |
| **Insurance Card Number** |  |
| **Comprehensive Insurance for Students Lives coupled with “Gakkensai”　(“Inbound Futai-gakuso”)** |
| **Subscriber Number** |  |

**【Hospital Information】**

|  |  |
| --- | --- |
| **Address** | **〒** |
| **Name of the Hospital** |  |
| **Phone** |  |

I hereby apply to the Guaranty System for hospitalization by submitting the Pledge, the Progress Description for Hospitalization, the National Health Insurance card (copy), the Inbound Futai-gakuso policyholder’s Certificate (copy) and documents for hospitalization (issued by the hospital).

I will inform the Office of International Affairs immediately if there is any change in my application, such as leaving Saitama University because of graduation, withdrawal, transfer, or changing hospitals.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date: |  | Name in full  |  | (signature) |

I hereby promise that I will supervise and advise with regard to the above’s hospitalization, and I will inform the Office of International Affairs immediately in case of any changes in the application such as transfer to another university or change of hospitals.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date: |  | Advisor’s signature |  | Seal |  |