(until the day before one's 75th birthday)

Fujitsu Health Insurance Society 2025 Edition

## Health Checkup Request Form (Family Member Health Checkup)

Please be sure to read this form. You may receive one free health checkup during the fiscal year (from April 1 to March 31 of the following year).  * Please note that a second examination of the same type will be at your own expense.								
Flow from appointment	(1) Appointment	Please apply by calling the health center of your choice from among the enclosed  "List of Contracted Health Centers."  When making an appointment, be sure to tell them it is for a "Fujitsu Health Insurance Society Free Gynecological Checkup."						
	(2) Preparation	•The health center may send you a health checkup kit or other materials. If you have any questions, please ask the health center. •Please prepare according to the health center's guidance.						
nent and examination to receipt of results	(3) Examination	<ul> <li>Please undergo a checkup on the day of your appointment. (In the unlikely event that you are unable to do so, be sure to contact the health center.)</li> <li>Make sure to bring this Health Checkup Request Form and one of My Number Health Insurance Card, Eligibility Notification (on your Health Up F@mily app), or Health Insurance Eligibility Certificate to the checkup.</li> <li>* The Health Insurance Certificate issued by the Fujitsu Health Insurance Society is valid until December 1, 2025.</li> <li>If additional tests other than those listed among the "Examination Items" on the reverse side are performed, you will be required to bear the additional costs.</li> <li>Please note that Fujitsu Health Insurance Society will not subsidize these additional costs If you wish to undergo additional tests, please check with the health center regarding the amount you will be required to pay and the payment method.</li> <li>Please note that the Fujitsu Health Insurance Society may not reimburse your health checkup if you receive a checkup at a contracted health center and also at a non-contracted health center (i.e. your primary care physician).</li> </ul>						
results	(4) Receipt of result notification	•You will receive a notice of the results of the health checkup from the health center at a later date.  •If the results indicate that you should undergo a full examination, be sure to do so at a medical institution.  * Such further examinations and treatment are covered by insurance.						

Form to Be Comple	eted by the Examinee										
Please complete the form in this frame and submit it to the health center on the day of the checkup.											
Date of Checkup	(YYYY/MM/DD)	/ /									
	Code	Number		<requirements checkups="" for="" health=""></requirements>							
Examinee				(1)Must be a dependent of Fujitsu Health Insur of the date of examination.  (2)Must be examined by the day before one's birthday.							
	Name			Date	of Birth						
* You can find your code and number on your currently valid Health	(Furigana)		(YYYY/MM/DD)	/	/						
Insurance Certificate, My Number Health						(	) year	s old			
Insurance Card, Eligibility		Address and Conta	ct Information								
Notification (on your Health Up F@mily app), or Health Insurance Eligibility Certificate.	(= - )			(Contact Phor	ne No	_	_	,			

Do not think you are fine merely because you underwent an annual health checkup; if you have noticed symptoms of concern, we recommend seeking a medical consultation as soon as possible.

Fujitsu Health Insurance Society / Service provided by Best Life Promotion

<sup>\*</sup> Personal information collected using this form will not be used for any purpose other than to implement Fujitsu Health Insurance Society's health services. The information will be properly managed in accordance with the Personal Information Protection Law.

<sup>\*</sup> Fujitsu Health Insurance Society health checkup business is entrusted to Best Life Promotion, a wholly owned group company of Fujitsu.

## [Family Member Health Checkup]

Examination Item		mination Item	実施内容	
特定健診	Medical examination		Physician examination, subjective symptoms, other symptoms, medical history (medication and smoking history)	
	Measurement		Height, weight, BMI, abdominal circumference, blood pressure	
	Urinalysis		Proteins, sugars	
		Liver function	AST (GOT) 、ALT (GPT) 、γ-GTP	
	液	Lipids	Neutral fat, HDL cholesterol, LDL cholesterol	
		Glucose metabolism	Fasting blood glucose or HbA1c (whichever is performed)*	

## **To the Health Center**

Always perform HbA1c if fasting blood glucose cannot be obtained.

• For specific health checkups, please be sure to perform the underlined items.

<sup>\*1</sup> Fasting blood glucose and HbA1c should be performed according to the contract.