

# 出産手当金請求書

スタンレー電気健康保険組合理事長殿

|                         |  |       |          |        |  |
|-------------------------|--|-------|----------|--------|--|
| 被保険者証の<br>記号・番号         | 記号   | 番     | 号        | 被保険者氏名 | ※被保険者本人が氏名記入の場合、押印不要<br><span style="float: right;">(印)</span> |
| 被保険者の連絡先<br>(自宅住所)      | 〒 _____ Tel ( ) _____  |       |          |        |  |
| 被保険者の勤務する<br>(していた)事業所名 |  |       |          |        |  |
| 分娩予定日                   | 令和 年 月 日   | 分娩年月日 | 令和 年 月 日 |        |  |
| 分娩のため休んだ<br>期間          | H・R 年 月 日 ~ H・R 年 月 日 ( 日間)<br>※分娩予定日以前42日(多胎分娩は98日)と分娩日の翌日から56日の範囲内で期間記入<br>↑予定日以前に分娩した場合は分娩日以前42日(多胎98日) |       |          |        |  |
| 上の期間に対する<br>報酬はありますか    | ある ( _____ 円) ・ ない   |       |          |        |  |

|                 |  |  |  |  |  |  |   |
|-----------------|--|--|--|--|--|--|---|
| 振込先<br>(郵便局除く)  | <input type="checkbox"/> 銀行<br><input type="checkbox"/> 信用金庫<br><input type="checkbox"/> 労働金庫<br><input type="checkbox"/> 農協 |  |  |  |  |  | <input type="checkbox"/> 支店<br><input type="checkbox"/> 営業所<br><input type="checkbox"/> 出張所 |
| 口座種別・番号<br>口座名義 | <input type="checkbox"/> 普通(総合)<br><input type="checkbox"/> 貯蓄<br><input type="checkbox"/> 当座                                |  |  |  |  |  | 口座名義 (カタカナで記入してください)  |

|  |                             |   |                         |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |   |   |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |    |    |    |  |  |  |  |    |    |    |  |  |  |  |
|--|-----------------------------|---|-------------------------|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|--|--|--|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|----|----|----|----|---|---|----|----|----|----|----|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|--|--|--|----|----|----|--|--|--|--|----|----|----|--|--|--|--|
| 事業<br>主<br>証<br>明<br>欄   | 分娩のため<br>休んだ期間<br>(含む出勤・年休) | H・R 年 月 日から<br>H・R 年 月 日まで<br>( _____ 日間) | 左記の期間に会社報酬を<br>支給していますか | <input type="checkbox"/> 支給している<br><input type="checkbox"/> 支給していない |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |   |   |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |    |    |    |  |  |  |  |    |    |    |  |  |  |  |
|  | 育児休職開始日                     | H・R 年 月 日より開始                             |                         |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |   |   |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |    |    |    |  |  |  |  |    |    |    |  |  |  |  |
|  | 期間中の<br>報酬関係                | H・R 年 月 日 ~ 年 月 日までの分                     | 円                       | 支払日   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |   |   |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |    |    |    |  |  |  |  |    |    |    |  |  |  |  |
|  |                             | H・R 年 月 日 ~ 年 月 日までの分                     | 円                       | 支払日   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |   |   |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |    |    |    |  |  |  |  |    |    |    |  |  |  |  |
| H・R 年 月 日 ~ 年 月 日までの分  |                             | 円   | 支払日                     |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |   |   |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |    |    |    |  |  |  |  |    |    |    |  |  |  |  |
| 下記の分娩のため休んだ期間の勤怠をご記入ください。※期間中は全産休の場合は記入不要です。<br>↓ (勤怠記入記号： 休日 / 出勤 ○ 年休 △ 産休 - )   |                             |   |                         |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |   |   |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |    |    |    |  |  |  |  |    |    |    |  |  |  |  |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="7">月</td> <td colspan="7">月</td> <td colspan="7">月</td> </tr> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td> </tr> <tr> <td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td> <td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td> <td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td> </tr> <tr> <td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td> <td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td> <td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td> </tr> <tr> <td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td> <td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td> <td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td> </tr> <tr> <td>29</td><td>30</td><td>31</td><td></td><td></td><td></td><td></td> <td>29</td><td>30</td><td>31</td><td></td><td></td><td></td><td></td> <td>29</td><td>30</td><td>31</td><td></td><td></td><td></td><td></td> </tr> </table> |                             |   |                         |   | 月  |    |    |    |    |    |    | 月  |    |    |    |    |    |    | 月  |    |  |  |  |  |  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |  |  |  |  | 29 | 30 | 31 |  |  |  |  | 29 | 30 | 31 |  |  |  |  |
| 月  |                             |   |                         |   |    |    | 月  |    |    |    |    |    |    | 月  |    |    |    |    |    |    |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |   |   |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |    |    |    |  |  |  |  |    |    |    |  |  |  |  |
| 1  | 2                           | 3   | 4                       | 5   | 6  | 7  | 1  | 2  | 3  | 4  | 5  | 6  | 7  | 1  | 2  | 3  | 4  | 5  | 6  | 7  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |   |   |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |    |    |    |  |  |  |  |    |    |    |  |  |  |  |
| 8  | 9                           | 10  | 11                      | 12  | 13 | 14 | 8  | 9  | 10 | 11 | 12 | 13 | 14 | 8  | 9  | 10 | 11 | 12 | 13 | 14 |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |   |   |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |    |    |    |  |  |  |  |    |    |    |  |  |  |  |
| 15   | 16                          | 17  | 18                      | 19  | 20 | 21 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 15 | 16 | 17 | 18 | 19 | 20 | 21 |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |   |   |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |    |    |    |  |  |  |  |    |    |    |  |  |  |  |
| 22   | 23                          | 24  | 25                      | 26  | 27 | 28 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |   |   |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |    |    |    |  |  |  |  |    |    |    |  |  |  |  |
| 29   | 30                          | 31  |                         |   |    |    | 29 | 30 | 31 |    |    |    |    | 29 | 30 | 31 |    |    |    |    |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |   |   |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |    |    |    |  |  |  |  |    |    |    |  |  |  |  |
| 上記のとおり相違ないことを証明します。 令和 年 月 日<br>事業主 住所 _____<br>氏名 _____ (印)   |                             |   |                         |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |   |   |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |    |    |    |  |  |  |  |    |    |    |  |  |  |  |

|   |                              |           |       |           |         |                   |  |  |  |  |
|---|------------------------------|-----------|-------|-----------|---------|-------------------|--|--|--|--|
| 医師<br>又は<br>助産婦<br>の<br>証明                      | 分娩予定日                        | H・R 年 月 日 | 分娩年月日 | H・R 年 月 日 |         |                   |  |  |  |  |
|   | 多胎妊娠の有無                      | 有・無       | 分娩区分  | 正常・異常     | 生産、死産の別 | 生産・死産 ( _____ ヶ月) |  |  |  |  |
|   | 上記のとおり相違ないことを証明します。 令和 年 月 日 |           |       |           |         |                   |  |  |  |  |
| 医療施設名 称 _____<br>住 所 _____<br>医師・助産婦名 _____ (印) |                              |           |       |           |         |                   |  |  |  |  |