In the following, English is used for reference, with priority given to the Japanese in the *Application Form【Blue】AB2644 for April 2026 edition.*
ここに記載する内容の英文は参考表示であり、2026.4版加入申込書【ブルー】帳票番号AB2644に記載の日本語が優先となります。

April 2026 edition
2026.4版

Please check first

Are you already subscribed to CO-OP Student Comprehensive Mutual Insurance?

If you have already subscribed to **insurance offered by the University Co-op, such as CO-OP Student Comprehensive Mutual Insurance, Personal Liability Insurance for Students and Tuition and School Expenses Insurance,** the application format may be different. Please check by calling the CO･OP Kyosai call center on 0120-16-9431 before making application procedures.

- Please refer to the examples and fill in the form with **a black, indelible ballpoint pen.**
- If there are any incomplete or wrong entries, you may be asked to make additional entries.
- Some University Co-ops do not handle Gakuseiseikatsu 110 or Co-op e-money. For details, ask at your University Co-op.
- The contractor (student) is asked to fill out the form. The others may not write on your behalf. 契約者(学生)が記入してください。代筆はできません。
- Please write in block letters. 楷書で記入してください。

: You must complete this entry.
(Application column for desired product only.)

Cross out any mistakes with a double line and make the correction. Corrections to the item of ★, the policyholder's personal "correction stamp" or "full name signature" is required. Correction fluid or correction tape may not be used.

Correction example ① Correction authorized by correction stamp



Correction example ② Correction authorized by signature



Freshman in 2026 for expected graduation year

2-year course	2028
4-year course	2030
5-year course	2031
6-year course	2032

Yellow portion — All except the yellow portion, please fill in Japanese. 黄色部分以外は全て日本語でご記入ください。

How to Fill in the Application Form

A For submission (CO･OP Kyosai/ CO-OP) 加入申込書 兼 追加加入申込書
(生協・CO・OP学生総合共済・学生賠償責任保険・就学費用保障保険・学生生活110番)

Mutual insurance contracts applied for with this form will become **effective on or after April 1, 2026.**
This application form is valid **until March 30, 2027.**

April, 2026 edition
25T-000321

To: University co-op and Japan CO-OP Insurance (Kyosai) Consumers' Co-operative Federation

Having agreed to the relevant rules and regulations of Kyosai being made the content of this contract, having read and understood the content of the Explanation of Important Matters and the Handling of Personal Information, and having agreed to personal information ranging from the insured information and the transfer payment account name to the personal information relating to this contract, such as the Kyosai policy application and matters to be declared, etc., being provided to the Japan CO-OP Insurance (Kyosai) Consumers' Co-operative Federation, do hereby make this Kyosai policy application as follows.

1 Contract applicant form (for policyholder, Kyosai insured, and insured person)

Co-op membership number | Student ID number

(A) Enrollment 入学年月: 20 2 6 年4月 Except April admission, March graduation
卒業予定年月 Graduation: ○20 3 0 年3月
月 学年 grade / 年 (A') Please circle "留学生". int'l student 留学生
区分 Attribute: 大学生 Univ. student / 大学院生 Graduate student / 短大生 Junior college / 高専生 Technical college / 専門学校生 Professional school / 中学・高校生 Junior/High school / その他 Other ( )
所属 Belong to: ● 大学名 ○ (学校) Univ. ○○大学 | 学部・学科・専攻名 Department, Major △△学部 ××学科
○氏名(学生) Name: フリガナ FURIGANA(フリガナ) | 契約者 Signed by policyholder ★ Your name | 性別 Sex: 1 男 Male / 2 女 Female
●▲ Your birthday (AD) 2 0 0 7 (Y)年 8 (M)月 2 7 (D)日 Age at the coverage start date 満 18 歳 years old
○入学後の住所・連絡先 Address: 〒 1 2 3 - 4 5 6 7 (実家から通学 / 一人暮らし Living-alone) Pls leave blank if your address is undecided. 住所未定は空欄
フリガナ ××ケン ○○シ △△チョウ 3-30-22
都道府県 ××　○○市△△町 3-30-22 (A'')
フリガナ コープソウ20/
コープ荘20/
Room number, name of the apartment
Student e-mail: 0 9 0 - △△△△ - ××××　0 4 - △△△△ - ××××
学生 e-mail: △△△@××××× Used for registration of the co-op membership. No registration will be made for mutual insurance or insurance contract info.

2 Guardian column *Be sure to fill out this form.

Please enter the name of the person who supports mainly the student's own livelihood.
The person who fills in the lower column shall be a Tuition and School Expenses Insurance's guardian.

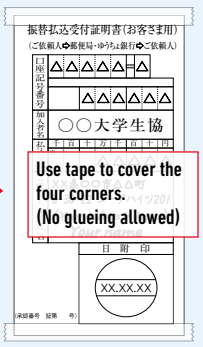
(B) <If the contractor is under 18 years old on the date of application.>
Guardian column is also legal representative consent column.
I, the person with parental authority, agree on behalf of all custodians that "the Contractor is applying for said contract".
※☐ ← Check only if you wish to designate a person other than the person with parental authority as your guardian.

○氏名 Name: フリガナ FURIGANA(フリガナ) ★ Your name ※ ※Please refer to (B) Guardian column in the bottom left. 下段左(B)扶養者欄をご参照ください。
続柄 Relationship: 父 Father / 母 Mother / 本人 Yourself / 親族 Relatives / その他 Other ( )
○住所・連絡先 Address: We accept the address you provide as the designated mailing address for Kyosai and insurance-related documents.
〒 – Check ✓ if same address as the student ☑ (You can NOT skip your phone number even if you check the left box)
FURIGANA
都道府県
FURIGANA
Room number, name of the apartment
0 9 0 - △△△△ - ××××
0 4 - △△△△ - ××××
Please provide the student's phone number in Japan. No need to write the number of your guardian living abroad.
学生本人の日本国内の電話番号を記入してください。海外にお住いの扶養者の電話番号は記入しなくても結構です。
Guardian 扶養者 e-mail: ○○○@××××× Used for registration of the co-op membership. No registration will be made for mutual insurance or insurance contract information.

If you made payment at Japan Post Bank by using the three-form payment handling slip, please tape a "Transfer Payment Acceptance Certificate(customer copy)".
* If you conducted procedures using an ATM, please attach a copy of the "Detailed statement of use".

Attach it to the dotted line so that it fits within the frame. *Please fold in unnecessary margins

Please securely tape the four corners of the copy of the "Transfer Payment Acceptance Certificate (customer copy)" or the "Detailed Statement of use", so that it will not detatch.



*Receipt for payment made at the co-op cannot be attached.

3 Application columns Please circle the item you desire.

① Column for applying for university co-op
Join — I agree with the Co-op bylaw and matters related to the University Co-ops' handling of personal information and apply for membership.
Since co-op membership is a prerequisite for mutual insurance and insurance, we circle the "Join" in advance.

② CO-OP Student Comprehensive Mutual Insurance (G1200, G1050,G1000, G500 course).
Contract intent confirmation: Read Contract Intent Confirmation Form on pp. 9-10 of the English Kyosai brochure before responding.* (If not even a single item is circled, you may not apply.) (C)

① Have you confirmed the insurance coverage, coverage period, Kyosai premiums and procedures upon policy maturity for the CO-OP Student Comprehensive Mutual Insurance that you have applied for?	★ Yes
② Have you confirmed the Kyosai period and whether there are any maturity payments, cancellation refunds or rebate payments?	★ Yes
③ Have you read and confirmed the importance of Matters to be Declared?	★ Yes
④ Have you confirmed the details of the insurance cover for hospitalization, surgery, outpatient treatment for injury, etc., that you are paying for?	★ Yes
⑤ Have you confirmed the "Matters to be Checked"?	★ Yes

(D) ★ G1200 / G1050 / G1000 / G500 ● Matters to be Declared (for Application ② only.) (A) 1★ No Yes 2★ No Yes

③ Personal Liability Insurance for Students
★ Subscribe 19H — Without special clause for persons living alone
★ Subscribe 19HK — With a special clause for persons living alone

④ Tuition and School Expenses Insurance
★ Subscribe 19W — Number of Units ★ unit(s)

(B) Matters to be Declared (for Applications ③ and ④ only.) Please answer questions about other insurance (Kyosai) policies, and the occupation of the insured.
I) ▲ Other insurance (kyosai) by which the insured is covered. Yes — Total amount: Ten thousand JPY
II) ▲△ Occupation of the insured. Yes — Not applicable to occupation in the Attached Table.
Part-time workers are considered "none" and do not need to fill out.

Please refer to the (A), (B) on the reverse side and make a reply.

(D) ⑤ Gakuseiseikatsu 110 (emergency hotline) application column Gakuseiseikatsu 110 is a different service from Kyosai and insurance.
Subscribe — I agree to the membership rules for Gakuseiseikatsu 110, and the handling of personal information, and hereby subscribe.

⑥ CO-OP E-money Prepaid Charge
Apply — I agree to the rules for CO-OP e-money, and the handling of personal information, and hereby apply.

4 Amounts column (E) Enter each amount.

① Share capital amount for joining univ.co-op	Unit of deposit ○ unit(s)	○○,○○○ yen
② CO-OP Student Comprehensive Mutual Insurance	Annual payment	●,●●● yen
③ Personal Liability Insurance for Students	Annual payment	△,△△△ yen
④ Tuition and School Expenses Insurance	Annual payment	, yen
Mutual Insurance Premium and Insurance Premium ② + ③ + ④		■,■■■ yen
⑤ Gakuseiseikatsu 110	One-time payment until scheduled year of graduation	, yen
⑥ Co-op e-money pre-paid charge		, yen
Payments to Co-op ① to ⑥	Total	□,□□□ yen

(F) Coverage start date (optional) ★20 yy mm dd

Regarding ③and④, I confirm "Contents of Agreement at the Time of Purchase in the column (B) on the reverse side, and apply for subscription toward Japan CO-OP Insurance (kyosai) Consumers' Co-operative Federation(Group insurance policyholder).

5 Coverage continuation after graduation

Please refer to p. 4 of the English Kyosai brochure for details of the coverage.

New Working Adult Course B1200 Course renewal /novation application form (in advance)

I accept that relevant Mutual Insurance Rules and Detailed Procedures are the content of the contract, and that the contents of the Explanation of Important Matters and the handling of personal information. I also agree to provide personal information regarding formal contract such as Mutual Insurance contract application through the insured or the premium transfer account holder to CO･OP Kyosai, accordingly I apply for renewal or novation of the following Mutual Insurance contract when abovementioned Mutual Insurance contract ends due to my graduation.

Please circle "subscribe" if you wish to apply for New Working Adult Course B1200 Course in advance.
*In the case of under 18 years old, consent of legal representative is necessary.

(G) You also need to apply for Student Comprehensive Mutual Insurance.
★ Subscribe B1200

Please fill in this form only if you have circled "Subscribe".

Advance application for B1200 course shall be revoked if Student Comprehensive Mutual Insurance terminates before graduation because of withdrawing from school etc.

The same household family member or yourself

Regional co-op in Japan membership status
Membership information on regional co-op in Japan shall be used for "New Working Adult Course" renewal or novation procedures. Please fill in after confirming the membership card etc.
☐ Membership ☐ Not Membership

(G)

Co-op		
Membership number		
Member name(KATAKANA)	Family name	Given name

(A) Contract applicant information (Student information) The policyholder, Kyosai insured and the insured are the same.

- If you enter other than April , or graduate other than March, please draw a double line and write the correct month.
- Select one of the attribute. 区分を選択してください。
- Please note that your age at the coverage start date is not your current age.
- Please write in the furigana for the entire address, including the name of the building.
- If there is no telephone number that can be registered, write 0 for everything in the telephone number field.

E.g. In the case of September admission and August graduation
例) 9 月入学、8 月卒業の場合

~~4月~~	4月入学、 Except for	9 Sep. 月
~~3月~~	3月卒業 April admission,	8 Aug. 月
	以外の場合 March graduation	

(B) Guardian column *Be sure to fill out this form.

* If you are NOT subscribing to Tuition and School Expenses Insurance: write the applicant's (student's) name. Then, please circle "Yourself" in the Relationship column.
* If you are subscribing to Tuition and School Expenses Insurance: write the guardian's name.
＊就学費用保障保険に加入されない方：契約申込者 (学生) の氏名をお書きください。そして、続柄は本人に○をつけてください。
＊就学費用保障保険に加入される方：扶養者の氏名をお書きください。
In principle, the person who can be designated as a guardian is the person who has parental authority over the insured(except when the insured has reached the age of majority)and who primarily supports the insured's livelihood by continuously paying all or part of the insured's living and study expenses.
原則として、扶養者として指定できるのは、被保険者の親権者であり (被保険者が成年に達した場合を除きます。)、被保険者の生活費及び学業費用の全部または一部を継続的に負担して、被保険者の生計を主に支えている方とします。
You do not have to write the overseas address of a guardian. Place a check mark ☑against "Same address as student".
扶養者の海外住所は記入しなくても結構です。「学生の住所と同じ場合チェック」に☑を入れてください。
* If there is no telephone number that can be registered, write 0 for everything in the telephone number field

<If the contractor is a minor or under 18 years old on the date of application for the relevant contract>
- If you are a minor and your parent or guardian resides outside of Japan, please contact the co-op mutual insurance counter or the CO･OP Kyosai call center.
未成年の場合で親権者が国外に居住の場合は、生協の共済カウンターまたは、コープ共済センターまでご連絡ください。
- Guardian column is also legal representative consent column. The person with parental authority (parents, etc.) must sign his/her own name.
- In case a person other than the person with parental authority (parents, etc.) is to be a guardian, a separate "Legal Representative Consent Form" must be filled out by the person with parental authority. Please make sure to check the box ☐ "designate a person other than the person with parental authority as your guardian" and contact the co-op mutual insurance desk or the Co･op Kyosai call center.

(A') (A'')
Please circle "留学生" (Int'l student). 留学生に○をつけてください。
Please circle "一人暮らし" (Living alone). 一人暮らしに○をつけてください。

(C) Contract intent confirmation * (If not even a single item is circled, you may not apply.)
- Please read the Contract Intent Confirmation Form on pp.9-10 of the English Kyosai brochure before responding.

(D) Application selection Please circle the desired product(s) and answer the matters to be declared in each case.
- Against Personal Liability Insurance for Students, select either "Without special clause for persons living alone (19H)" or "With special clause for persons living alone (19HK)".
- Against Tuition and School Expenses Insurance, be sure to circle "Subscribe 19W" and enter the number of unit (up to a maximum of 15 units).
- Those subscribing to G1200, G1050 or G1000, it is possible to designate a "beneficiary of death benefits". G1200、G1050、G1000 コースにご加入の方は別途「死亡共済金受取人」の指定が可能です。

(E) Amount column
- For details and the amount of the desired product(s), please refer to the Kyosai brochure and your co-op registration procedures guide.

(F) Insurance coverage start date For details, please see "Contract Intent Confirmation Form" on pp.9-10 of English Kyosai brochure.
- If you have a specific date, please enter it. If there is nothing filled in, if you apply after the specified date, or if a date earlier than the year and month of admission is specified, it shall be the closest coverage starting date. Please see "Mutual Insurance coverage starting date and coverage period" in the Contract Intent Confirmation Form.

(G) Continuation of coverage after graduation You will also need to apply for Student Comprehensive Mutual Insurance if you wish.
These sections do not need to be filled out if you will return to your home country or go to a country other than Japan after graduation.
この欄は卒業後本国に帰国、または日本以外の国に行かれる方は記入の必要はありません。

CO-OP Student Comprehensive Mutual Insurance Underwriting Organization

Japan CO-OP Insurance(kyosai) Consumers' Co-operative Federation
日本コープ共済生活協同組合連合会

If you are purchasing mutual insurance and insurance, please be sure to complete the Deposit Account Transfer Request Form.

預金口座振替依頼書は共済・保険に加入する方は必ずご記入ください。

Treatment of foreign nationals studying in Japan who open a bank account in Japan might differ depending on the financial institution, such as length of stay. Please inquire at your bank for details. If you did not have a bank account when taking out mutual insurance or insurance, please inform your university co-op mutual insurance desk of the account you opened at a later date (your name, name of bank, branch, branch number, account number, etc.). Note: In principle, only one account in Japan can be registered.

日本に留学した外国籍の方が日本で口座を開設する場合は、滞在期間等で金融機関により対応が異なります。詳細は金融機関にお問い合わせください。今回加入の時点で口座をまだ開設していない場合、後日開設した口座の情報（本人氏名、銀行名、支店名、店番号、口座番号など）を生協の共済カウンターにお申し出ください。日本国内の口座で、原則1口座の登録となります。

Yellow portion Please fill out the yellow portion as printed in your passbook from your bank or the Japan Post Bank. Also, please fill everything out in Japanese, other than the yellow portion.
黄色部分は銀行・ゆうちょ銀行の通帳に印字されている表記でお書きください。またこの黄色部分以外は全て日本語でご記入ください。

Mutual premium and insurance premiums will be paid by account transfer from the second year. Please fill out the Account Transfer Request Form. If you have already submitted this form, you do not need to fill it out.

Downside 下部

6 Deposit Account Transfer Request Form and Automatic Payment Application Form

1 Contract applicant name (student)

フリガナ FURIGANA（フリガナ）
Your name

右記指定金融機関 御中
私（口座名義人）は、日本コープ共済生活協同組合連合会または三井住友カード株式会社から請求された日本コープ共済生活協同組合連合会の共済掛金等を右記預金口座から、預金口座振替によって支払うこととしたいので、預金口座振替規定を確約のうえ依頼します。（ゆうちょ銀行からの自動払込は除く）

金融機関名		委託者名
三菱UFJ銀行	三井住友銀行	日本コープ共済生活協同組合連合会
みずほ銀行	りそな銀行	
上記4行以外の金融機関（ゆうちょ銀行を除く）		収納代行会社 三井住友カード株式会社（旧クオーク） 委託者コード 82012178

振替日・払込日	26日（金融機関の不備返却）

○三菱UFJ銀行、みずほ銀行、りそな銀行
〒104-0031 東京都中央区京橋2-7-1 日本コープ共済生活協同組合連合会 契約事務管理部
○上記5行以外の金融機関（ゆうちょ銀行を除く）
〒550-0014 大阪府大阪市西区北堀江1-12-19 日本コープ共済生活協同組合連合会 係

In the case of overlapping or indistinct seal, restamp in the margin of account holder's name.

Account holder フリガナ FURIGANA（フリガナ）
Your name registered to the account
お届け印 生協

H Please fill in one or the other.

Financial institution (except Japan Post Bank)
○ ○ Bank / Credit union / Credit Association / Workers' credit union / Agricultural co-op × × Main office / Branch / Sub branch

金融機関コード	店番号	預金種目	Account number (Align to the right when you fill in)
	–	1.普通	△ △ △ △ △ △ △

Japan Post Bank

契約種別コード	Code (Fill in the ※, if six-digit code)	Passbook number (Align to the right)
3 0	※	

ゆうちょ銀行 記号番号 00100-4-330680 加入者名 日本コープ共済生活協同組合連合会

*Kanji name in the account holder cannot be changed. Please fill in a new "Deposit Account Transfer Request Form".

Stamp your seal registered to the bank
Affix your stamp clearly.

H'

Account holder フリガナ FURIGANA（フリガナ）
Your name registered to the account
お届け印 Your seal or signature 生協

Stamp (registered seal) in margin. Excluding Japan Post Bank. 生協

Corrections in the bold frame should be crossed out with a double line and stamp your seal registered to the financial institution.

預金口座振替規定

1. 銀行、信用金庫、信用組合、農協等（以下銀行という。）に請求書が送付されたときは、私に通知することなく、請求書記載金額を預金口座から引落しのうえ支払ってください。この場合、預金規定または当座勘定規定にかかわらず、預金通帳、同払戻請求書の提出または小切手の振出しはしません。また引落後の代金領収書は請求いたしません。
2. 振替日において請求書記載金額が預金口座から払戻すことのできる金額（当座貸越を利用できる範囲内の金額を含む。）をこえるときは、私に通知することなく、請求書を返却してもさしつかえありません。
3. この契約を解約するときは、私から銀行に書面により届出ます。なお、この届出がないまま長期間にわたり会社から請求がない等相当の事由があるときは、とくに申出をしない限り、銀行はこの契約が終了したものとして取扱ってさしつかえありません。
4. この預金口座振替についてかりに紛議が生じても、銀行の責めによる場合を除き、銀行には迷惑をかけません。

ゆうちょ銀行を除く

生協CD	000		
生協名			
初回口座振替予定日	20	年	月 日

Transfers to this account cannot be made.

共済連使用欄
□座パンチ不要 □

Dealer date stamp

（ゆうちょ銀行を除く）

ゆうちょ銀行をご指定の場合は自動払込み規定が適用されます。

金融機関使用欄
本依頼書に不備のある場合は下記番号に○印をつけご返送ください。
1. 預金取引なし
2. 記載事項等相違（店名・預金種目・口座番号・通帳記号・通帳番号・口座名義）
3. 印鑑相違
4. 印鑑不鮮明
5. その他（ ）

H Account information Even if you subscribe to multiple products, you will be registered for one account.

- Please fill out either "Financial institution (other than Japan Post Bank)" or "Japan Post Bank", and stamp your registered seal for the financial institution. If you have opened an account without registering your seal, please contact the financial institution directly to inquire whether you are required to have your seal stamped to register your transfer account.
- Kanji name in the account holder cannot be changed. If you have made a mistake, you will need to fill in a new "Account Transfer Request Form". Contact the university co-op mutual insurance desk or the Co-op Kyosai call center at 0120-16-9431, for details.
- For corrections other than the account name, stamp your financial institution registered seal next to the corrected matters.
- Please register the bank account with the account of the contract applicant(student).
  預金口座は契約申込者（学生）の口座で登録をお願いします。

H'

Use the seal or signature that is associated with your financial institution.
金融機関に届け出をしたハンコを押印、または登録したサインを記入してください。

Account transfer provisions

1. When an invoice has been sent by a bank, credit union, credit association, agricultural co-op, etc. (hereinafter referred to as the bank), please debit the charged amount from the savings account and make payment, without notifying me. In such a case, irrespective of savings provisions or current account provisions, I will not submit a savings passbook or that withdrawal invoice and will not draw a check. No payment receipt is requested for further withdrawals.
2. When the charged amount exceeds that amount that can be withdrawn from the savings account (including the amount within the scope for which overdraft can be used) on the date of transfer, I will not object to return of the invoice without notification to me.
3. When this agreement will be cancelled, I will notify the bank in writing. When there is a suitable reason, such as when there have been no requests from a company over a long period and this notification has not been made, I will not object even if the bank handles the matter as though this agreement has ended.
4. Even supposing that a dispute has arisen concerning this account transfer, I will not cause any inconvenience for the bank, except in cases that are due to the bank's liability.

*Except Japan Post Bank

Matters to be Declared and Matters to be Notified

When applying for mutual insurance/insurance, the original organization (or underwriting insurance company) determines the matters to be declared as judgment information on which to base acceptance and the matters to be notified for changes to the information after acceptance.

Important If the content of any response to "Matters to be declared" is different from actual fact, either intentionally or through gross negligence, your Kyosai/insurance policy may be cancelled, and it may not be possible to make insurance payouts. If there is any change in the "Matters to be notified" of insurance, failure to make correct notice may interfere with any insurance payouts to you.

When leaving Japan
If the contractor has no plan to return to Japan, you may not renew a contract.
離日時の取り扱いについて
契約者が日本に戻る予定がない場合については、契約の更新はできません。

A CO-OP Student Comprehensive Mutual Insurance Matters to be Declared

"Matters to be declared" for mutual insurance are indicated with ●, and "Matters to be notified" with ○.

Answer "No" or "Yes" with regard to the health condition of the Kyosai insured on the day of application.

1. Are you currently hospitalized?
! If your application is made on the day you are hospitalized or discharged, answer "Yes".

2. Is your doctor currently recommending "hospitalization or surgery within the next year"?
! Answer "Yes", even if it is being left to the discretion of the insured or your family to decide whether to go ahead or not.
! Answer "Yes", even if the implementation date has not yet been determined.

You may submit your application even if your answer is "Yes".
There is a certain period during which payments cannot be made for mutual insurance reasons arising from an illness occurring on or injury sustained prior to the effective date. For details, please refer to the "Policy Information (Cases of non-payment of mutual insurance)" on the website. Note: The site is in Japanese.サイトは日本語表示です。

B Contents of agreement at the time of subscription of Personal Liability Insurance for Students / Tuition and School Expenses Insurance • Matters to be Declared

"Matters to be declared" for insurance are indicated with ▲, and "Matters to be notified" with △

- Contents of agreement at the time of subscription—Regarding each insurance, please understand and confirm the following matters before applying for a group policy. ①Student members in university co-ops can subscribe. ②"Explanation of Important Matters" ③"Handling of personal information" ④Items to be checked concerning your subscription *②–④ are mentioned in CO-OP Student Comprehensive Mutual Insurance brochure.
- Matters to be Declared—Please answer questions about other insurance (Mutual Insurance or Kyosai) policies, and the occupation of the insured (student).

i) ▲ Other insurance (Mutual Insurance or Kyosai) policies of the insured (student)
If the insured is covered by other accident insurance (Kyosai) in addition to the "②CO-OP Student Comprehensive Mutual Insurance", "③Personal Liability Insurance for Students", and "④Tuition and School Expenses Insurance", subscribed to in this application form, please circle "Yes" and enter the total amount of the injury disability insurance payment of the other insurance (Kyosai).

E.g. **A** Kyosai, Grade 1 5 million JPY
B Insurance, Grade 1 10 million JPY
Total A Kyosai and B insurance: 15 million JPY

*This refers to the total maximum amount, not the totals of each grade. If you are unsure of the amount of coverage for other insurance (kyosai), please check with your insurance company or mutual aid organization by yourself.
If none of the them is stated, it is considered as a notice that there is no other insurance (mutual insurance) contract.
* Injury disability coverage… coverage that you will be paid if you suffer an injury due to a sudden, unexpected and external accident, hence suffer a disability as a direct result of the cause.

ii) ▲△ Whether or not the insured (student) has an occupation
Does the insured have an ongoing occupation? (Part-time jobs are considered "No", and you do not need to fill in the form.)
If "Yes" is not circled, this will be considered as a notice of "No".

iii) ▲△ If you answered "Yes" against ii).* If the occupation you are engaged in falls under the attached table, you cannot apply for "③Personal Liability Insurance for Students" or "④Tuition and School Expenses Insurance".
Please answer the "Type of occupation or job category" and "Whether the occupation you are engaged in corresponds to Attached Table".

Attached Table
Agricultural and forestry worker, Fishery worker Miner or Quarryman Driver (including navigator) Construction worker Workers involved in the manufacture of items made from wood, bamboo, grass or vines Persons engaged in the following "particularly hazardous occupations" (including occupations with a similar or higher degree of risk).
Automobile tester (Test driver), Motorbike racer, Racing car driver, Bicycle racer (Keirin track racer), Motorboat (including jet skis) racer, Wild animal handler (including breeding personnel at zoological parks), Professional boxer, Professional wrestler, Roller game athlete (including referees), Sumo wrestler, etc.

Personal Liability Insurance for Students is another name for Comprehensive Insurance for Students / Children, Facility and Product Liability Insurance, of which Mitsui Sumitomo Insurance Company, Ltd. is the lead underwriter. Tuition and School Expenses Insurance is another name for Comprehensive Insurance, of which Tokio Marine & Nichido Fire Insurance Co., Ltd. is the lead underwriter.

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