check first

Are you already subscribed to CO-OP Student 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.

How to Fill in the Application Form

- 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 w^rite 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.) Freshman in 2025 for expected graduation year

2027 2-year course 4-year course 2029 2030 5-year course 6-year course

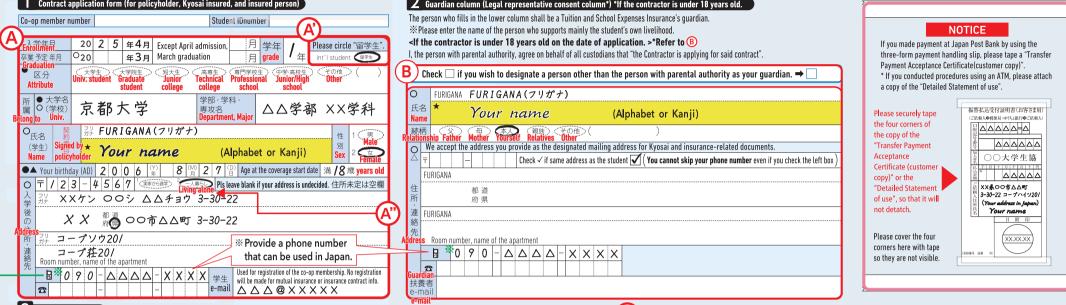
Cross out any mistakes with a double line and make the correction. Corrections to the item of ★, the policyholder's personal "correction stamp" or "full name signature" is required. Correction fluid or correction tape may not be used.

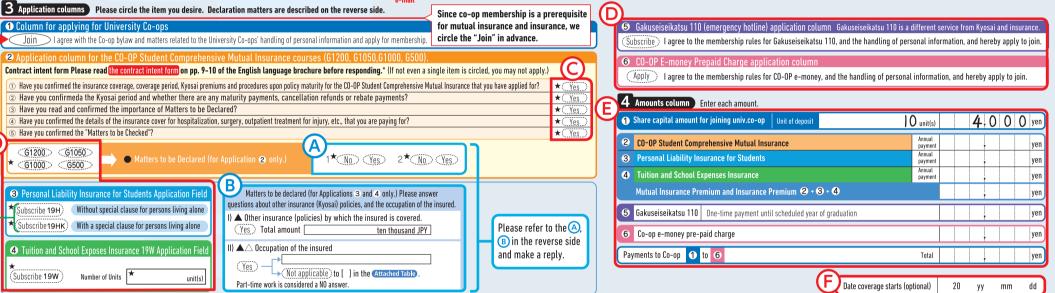
Correction authorized by correction stamp



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。

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, 2025. April, 2025 ver. Three sheets of paper are stacked on top of each other. This application form is valid until March 30, 2026. Please fill in the form strongly. 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 Contract application form (for policyholder, Kyosai insured, and insured person) Guardian column (Legal representative consent column*) *If the contractor is under 18 years old. The person who fills in the lower column shall be a Tuition and School Expenses Insurance's quardian Co-op member number Student IDnumber ** Please enter the name of the person who supports mainly the student's own livelihood NOTICE 月学年 <If the contractor is under 18 years old on the date of application. >*Refer to B If you made payment at Japan Post Bank by using the 20 2 5 年4月 Except April admission, Please circle "留学生 020 年3月 March graduation I, the person with parental authority, agree on behalf of all custodians that "the Contractor is applying for said contract". three-form payment handling slip, please tape a "Transfer 月 grade Payment Acceptance Certificate(customer copy)".





Regarding ③and④, I confirm "Contents of Agreement at the Time of Purchase in the column B on the back sheet, 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 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. You can subscribe without responding to Matters to be Declared. *In the case of under 18 years old, consent of legal representative is necessary. (Subscribe B1200 Advance application for B1200 course shall be revoked if Student Comprehensive Mutual Insurance terminates before graduation because of withdrawing from school etc.

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 Please fill in this form only if you Member name(KATAKANA) Family name Given name

The same household family member or yourself

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

- If you enter outside of April, or graduate outside of
 E.g. In the case of September admission and August graduation March, please write the correct month in the margin, and double underline it.
- 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.

例) 9月入学、8月卒業の場合 4月入学、 =4= Except for 月 3月卒業 April admission 月 #3# 以外の場合 March graduation

Guardian column (Legal representative consent column*) *If the contractor is under 18 years old

- * If you are NOT subscribing to Tuition and School Expenses Insurance; enter the applicant's (student's) name. In this case, you may not take out Tuition and School Expenses Insurance.
- * If you are subscribing to Tuition and School Expenses Insurance: enter 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。この場合、就学費用保障保険にご加入いただけません。 *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 enter the overseas address of a quardian. 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」 ✓ にチェックを入れてください。
- * 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>
- •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 quardian, a separate "Legal Representative Consent Form" must be filled out by the person with parental authority. Please make sure to check the box for "If a person other than the person with parental authority is the benefactor "and contact the Mutual Insurance desk or the Co • op Kyosai call center.

Please circle "留学生" (Int'l student). 留学生に○をつけてください。

have selected "Subscribe

Please circle "一人暮らし" (Living alone). 一人暮らしに〇をつけてください。

Contract Intent Confirmation * (If not even a single item is circled, you may not apply.)

- Please read the contract intent form on pp.9-10 of the English Kyosai brochure before responding.
- **Application selection** Please circle the desired products 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。

Amount entry

• For details and the amount of the desired product(s), please refer to the Kyosai brochure and your co-op's subscription procedures guide.

Insurance coverage start date For details, please see pp. 9-10 of English brochure of of Kyosai.

• If you have a specific date, please enter it. If there is nothing filled in, and if you apply after the specified date, it would be the closest coverage starting date. For the details of the coverage starting date, please see "About Coverage Starting Date and Coverage Period for Mutual Insurance" in the Contract Intent Confirmation Form on pp. 9-10 of the brochure.

G) Continuation of coverage after graduation

These sections do not need to be filled in 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。

If you are purchasing mutual insurance and insurance, please be sure to complete the Request for Savings Account Transfer 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 foreigners 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 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)を生協窓口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 in 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 as of the second year. Please fill out the Bank Account Transfer Request Form. If you have already submitted this form, you do not need to fill it out. Corrections in the bold frame should be crossed Downside 下部 out with a double line and stamp your seal □座パンチ不要 registered to the financial institution. Bank Account Transfer Request Form and Automatic Payment Application Form (Main office) (Credit union) · (Credit Association) 預金口座振替規定 1 Applicant Name FURIGANA(フリガナ) (Workers' credit union) · (Agricultural co-op) 銀行、信用金庫、信用組合、農協等(以下銀行という。)に請求書 (student) Your name (except 送付されたときは、私に通知することなく、請求書記載金額を予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2 Account number (Align to the right when you fill in) または当座勘定規定にかかわらず、預金通帳、同払戻請求書の打 Post Banl 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 (ゆうちょ銀行を除く) と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 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< Code (Fill in the **, if six-digit code) Passbook number (Align to the right) 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 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 三菱UFJ銀行 三井住友銀行 みずほ銀行 りそな銀行 3 0 Post 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 日本コープ共済生活協同組合連合会 収納代行会社 三井住友カード株式会社(旧クオーク) 上記4行以外の金融機関 (ゆうちょ銀行を除<mark>く)</mark> 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。 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 店名·預金種目·口座番号·通帳記号· *Kanii names account names cannot be changed In the case of overlapping or indistinct seal, 振替日·払込日 26 Please fill in a new "Deposit account transfer よる場合を除き、銀行には迷惑をかけません Affix your stamp clearly. restamp in the margin of account holder's name. ァレガナ **FURIGANA(フリがナ)** 三菱UFJ銀行、み →FURIGANA(フリがナ) Excluding Japan Post Bank. Your name registered 生協 Transfers to these accounts are not possible. Account Your name registered 生協名 to the account 20 月 \Box

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

- Please fill in either "Financial institution (other than Japan Post Bank)" or "Japan Post Bank", and stamp your registered seal for the financial institution. If you do not have a registered seal to the financial institution, such as an online bank account, you do not need to stamp your seal.
- Kanji names in account names cannot be changed. If you have made a mistake, you will need to fill in a new "Bank Account Transfer Request Form". Contact the mutual insurance desk of the University Co-op, or the Co-op Insurance Center at 0120-16-9431, for details.
- For corrections other than the account name, stamp your registered seal next to the corrected matters. The deposit account of the policy applicant (student) should be registered as the account for bank

transfer payment. 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。

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。

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.

If the content of any declaration in 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", 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。

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 \bigcirc .

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,
- 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 their
 - family to decide whether to go ahead or not.
- ! Answer "Yes", even if the decision when to go ahead has not yet been made.

You may submit your application even if your answer is "Yes". You will not be covered for mutual insurance-ralated reasons within one year after the effective date (the date on which the mutual aid contract takes effect) due to an illness occurring on or injury sustained prior to the effective date.

Savings 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 savings account transfer, I will not cause any inconvenience for the bank, except in cases that are due to the bank's liability.

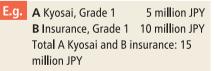
*Except Japan Post Bank

Contents of Agreement at the Time of Purchase of Personal Liability Insurance for Students / Tuition and School Expenses Insurance • Matters to be Declared Matters to be declared" for insurance are indicated with \triangle , and "matters to be notified" with \bigcirc

- 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 4 Items 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.

i) A Other insurance (Mutual Insurance or Kyosai) policies of the insured

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



- *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.
- * Injury disability coverage is coverage that you will be paid if you suffer an injury due to a sudden, unexpected and extrinsic cause, hence suffer a disability as a direct result of the accident.
- ii) \triangle Whether or not the insured has an occupation

Does the insured have an ongoing occupation? (Part-time jobs are considered "No".)

If "Yes" is not circled, this will be taken as a declaration 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 "③ Personal Liability Insurance for Students" or "@Tuition and School Expenses Insurance".

Please answer the "Occupation or type of occupation" and "Whether the occupation you are engaged in corresponds to Attached Table ".

①Agricultural and forestry worker, Fishery worker ② Miner or Quarryman ③ Driver (including navigator) ④ Construction worker ⑤ Workers involved in the manufacture of items made from wood, bamboo, grass or vines ⑥ 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

CO-OP Student Comprehensive Mutual Insurance Underwriting organization CO·OP 学生総合共済契約引受団体

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

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