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| 学院包括契約海外旅行保険加入依頼書　　　　　 　　　　　　　1ページ  (Gakuin Comprehensive Contract Overseas Travel Insurance Subscription Request Form) | | | | |  | | | | |
| 申請書NO (Serial No.) | (記載不要) | 申請日(Application Date) | 年 月 日 | | | 親文書NO | | (記載不要) | |
| **＊**必須(Required)  ※親文書NO (Parent Document No. (Serial No.)) 　親文書がある場合の申請書番号  水色の部分を必要に応じて記入して提出してください | | | | 旅費担当 | | | ほけんプラザ | | 申請者 |
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「申請者入力欄」は申請者自身（教員・職員）で入力をお願いします。(1〜5までを必要に応じてご記入下さい)

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| 申請者入力欄(To be filled out by applicant) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:申請者(出張者)情報　(Applicant (Business Traveler) Information) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申請者区分(Applicant Classification)**＊** | | | | | | | | | | □教員　□職員　□大学院生　□その他 | | | | | | | | | | | | | | | | | | | | | | | |
| 教職員（Faculty/Staff) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | □事務部局 | | |
| 勤務員番号(Faculty No.)**＊** | | | |  | | 氏名(Name)**＊** | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| 所属(Affiliation)**＊** | | |  | | | | | | | | | 役職(Position) | | | | | | | | | |  | | | | | | | | | | | |
| 連絡先(Phone) | | |  | | | | メール(E-mail) | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| 大学院生(Graduate Student) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | □事務部局 | | | |
| 学生番号(Student No.) **＊** | | | |  | | | | | | 氏名(Name)**＊** | | | | | | | | |  | | | | | | | | 年次(School Grade) | | | | | |  |
| 研究科(Graduate School) **＊** | | | | |  | | | | | | 専攻(Major) **＊** | | | | | | |  | | | | | | | | | 課程(Course) | | | | |  | |
| 研究代表者(Principal Investigator) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所属(Affiliation) |  | | | | | | | | | 職名(Occupation) | | | | | | | | |  | | | | 氏名(Name) | | | | | |  | | | | |
| 指導教授(Supervising Professor) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所属(Affiliation) |  | | | | | | | | | 職名(Occupation) | | | | | | | | |  | | | | 氏名(Name) | | | | | |  | | | | |
| 2:出張情報(Business Trip Information) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ※出張の目的を持って、住居を出発してから住居に帰着するまでの期間をご記入ください。  ※Please enter the period from which you will be leaving your residence until you return for the purpose of this business trip. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 国名(都市）（Country Name (City Name)）**＊** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 出張期間(Period of Business Trip) **＊** | | | | | | | | | 年 月 日 | | | | | | ～ | | | | | 年 月 日 | | | | | | | |  | | | | | |
| 3:旅券情報(Passport Information) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ※パスポートに印字されているローマ字名通りにご入力ください ※Please enter the information exactly as it is printed on your passport.  ※(電話番号)日中連絡可能な電話番号をご記入ください。※Please enter a phone number where you can be contacted during the day. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓（ローマ字）(Family Name) **＊** | | | | | | | | | 名（ローマ字）(First Name) **＊** | | | | | | | | | | | | | | | | ミドルネーム（ローマ字）(Middle Name) | | | | | | | | | | |
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| 出発日の満年齢(Age (in Years) on Departure Date)**＊** | | | | | | | | | | | 生年月日(Birthday) 例example）08/MAR/2013**＊** | | | | | | | | | | | | | | | | 性別(Gender)**＊** | | | | | | | | |
|  | | | | | | | | | | |  | | | / | | | |  | | | | / | | | |  | □男性(Male) □女性(Female) | | | | | | | | |
| 電話番号(Phone) **＊** | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |

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| 学院包括契約海外旅行保険加入依頼書　　　　　 　　　　　　　2ページ  (Gakuin Comprehensive Contract Overseas Travel Insurance Subscription Request Form) | | |  | | |
| 申請書NO (Serial No.) | (記載不要) |  | | 親文書NO | (記載不要) |

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| 4:被保険者証の送付先(Where to Send Your Insurance Card) | | | |
| ※職員の方は勤務先部署へお届けしますので記入は不要です。（新座勤務の方についてはジュラルミン便にてお送りします。）  ※In the case of staff, the card will be sent to the department in which you work, so there is no need to fill out this section. (For those working at the Niiza Campus, the card will be sent by Duralumin Flight.)  ※教員・院生の方は自宅に郵送となりますので送付先住所をご記入ください。  ※In the case of teachers/graduate students, the card will be mailed to your home, so please fill in the shipping address.  ※店頭引取（池袋）等、郵送以外の引き取りを希望する場合は「その他備考」欄にその旨をご記入ください。  ※If you wish to receive your card via a method other than by mail (such as picking it up at the Ikebukuro branch counter), please indicate this in the "Other Remarks" field. | | | |
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| 5:海外旅行保険のご案内（小冊子）の送付(Sending of Overseas Travel Insurance Information (Booklet)) | | | |
| ※既に一度、学院包括契約海外旅行保険を利用された方はよくご確認の上選択してください。  ※If you have used Gakuin Comprehensive Contract Overseas Travel Insurance previously, please check carefully before selecting. | | | |
| □要(Required)　 □不要(Not Required) | | | |
| その他備考(Other Remarks) | | |  |

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| 個人情報利用目的 (Purpose of Use of Personal Information) |
| ご記入いただいた個人情報は、当保険契約の引受保険会社である三井住友海上火災保険株式会社および立教オフィスマネジメントが、  当保険契約業務にのみ使用いたします。  The personal information entered will be used by Mitsui Sumitomo Insurance Co., Ltd. and Rikkyo Office Management, which are the underwriting insurance companies for this insurance contract. The information will only be used for this insurance contract business.  保険に関するお問合せ先(Contact) ㈱立教オフィスマネジメント 立教ほけんプラザ 内線2769　E-mail:sonpo@rikkyo.ac.jp |