JET Programme 2026–2027

Japan Exchange and Teaching Programme

Accident Insurance Policy Guide

March 2026 Revision

Council of Local Authorities for International Relations (CLAIR)
https://www.jetprogramme.org/

Managed by:
Tokio Marine & Nichido Fire Insurance Co., Ltd.

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1. Policy Outline

Under this policy, comprehensive insurance coverage for overseas travel accidents is provided for Japan Exchange and Teaching (JET) Programme participants by a group of insurance companies headed by Tokio Marine & Nichido Fire Insurance Co., Ltd., (hereinafter called Tokio Marine & Nichido Fire Insurance) under a contract with the Council of Local Authorities for International Relations (CLAIR).

Insurance Contracting Party	CLAIR
Insurance Premium Payer	Contracting Organizations
Insured Parties	JET Programme participants
Leading Underwriter	Tokio Marine & Nichido Fire Insurance Co., Ltd.

This Policy takes the form of a Traveler's Comprehensive Insurance Contract, which is managed by CLAIR as follows:

(1) Operations of the Insurance Contracting Party

-Preparation of the list of Insured Parties, management, and reporting thereof
-Collection of contributions corresponding to insurance premiums from contracting organizations
-Payment of premiums (provisional or definite) to the Leading Underwriter
-Distribution of the Policy Guide

(2) Operations of the Host Prefecture/Designated City

-Collection of the Application Form for Participation (limited to Organizations newly participating in the JET Programme)
-Sending of the *Kinkyu Sokuhō* (Emergency Report) in the event a JET participant is involved in an accident

(3) Operations of the Contracting Organization

-Preparation of the Application Form for Participation (limited to organizations newly participating in the JET Programme)
-Preparation and sending the "List of Claimants" to CLAIR
-Remittance of insurance contributions to CLAIR
-Sending to CLAIR the Insured's Confirmation of Agreement Forms in the event that the information on the previously submitted insured's consent form needs to be corrected.

(4) Operations of Insured Parties (JET Programme participants)

-Reporting of insured events (including illness)

(5) Underwriters (as of March 2026)

Tokio Marine & Nichido Fire Insurance Co., Ltd., Sompo Japan Insurance Inc., and Mitsui Sumitomo Insurance Co., Ltd.

This insurance contract is a coinsurance contract arranged by the insurance companies named above, and each underwriter assumes responsibility for its insurance contract according to its acceptance share, not jointly but severally. In addition, the leading underwriter acts on behalf of the other underwriters. In the event an

underwriter declares bankruptcy, the payment of claims and refunds may be suspended or the amount thereof may be reduced for a certain period of time. Please contact CLAIR for confirmation of acceptance shares.

In addition, with regard to any bankruptcy, there are certain types of insurance contracts that provide coverage subject to the terms of the Non-life Insurance Policyholders Protection Corporation of Japan, and any claims payable or refunds shall be made up to a prescribed percentage. Coverage shall be provided up to 80% of claims payable or premiums shall be returned for cancellation (However, for claims payable for an accident within three months of the bankruptcy, the full amount of coverage shall be provided).

(6) Insurance Agent

Toshi Soken Co., Ltd.

〒102-0083 Ichinose Bldg. 4th Floor, 3-5-11, Koji-machi, Chiyoda-ku, Tokyo

03-5216-7077

The insurance agent provides agency operations, such as establishing insurance contracts and management operations, in accordance with the consignment contract with the underwriters. Therefore, in the event of a duly established insurance contract with an insurance agent, such contract shall be deemed an insurance contract directly with an underwriter.

2. Coverage

(1) Insurance Contract

(i) Insurance Type

Overseas Travel Insurance (called JET Accident Insurance)

(ii) Contracting Party

Council of Local Authorities for International Relations (CLAIR)

(iii) Insured Parties

All first year and reappointed Japan Exchange and Teaching (JET) Programme participants (hereinafter called the JET participant)

(iv) Policy Number (as of March 2026)

i. For participants in the CKBP April Arrivals and Early Arrivals groups, as well as all those reappointed in April

T901410385

ii. For participants in the Main Arrivals A and Main Arrivals B groups, as well as all those reappointed in July or August

To be determined

* As this policy is managed as a comprehensive contract, all insured parties share a policy number. The contract is revised each year on June 30, and the policy number will change on that date.

(v) Period of Coverage and Expense Borne by Contracting Organisation

i. JET Programme participants reappointed in April who are in the CKBP April Arrivals group

From 1 May, 2026 to 30 April, 2027 ¥28,840

ii. JET Programme participants reappointed in April who are in arrival groups other than CKBP April Arrivals

From 1 May, 2026 to 31 August, 2026 ¥7,960

iii. 2025 CKBP April Arrivals

From 11 April, 2026 to 30 April, 2027 ¥30,430

iv. JET Programme participants reappointed in July or August

From 1 September, 2026 to 31 August, 2027 ¥28,840

vii. 2025 Main Arrivals A

From 25 July, 2026 to 31 August, 2027 ¥31,860

viii. 2025 Main Arrivals A

From 1 August, 2026 to 31 August, 2027 ¥31,310

-Changes to Overseas Travel Insurance premiums may result in changes in expenses borne.

-Insurance contribution amounts for JET Programme participants who arrive at times not specified above shall be separately calculated based on their schedule of coming to Japan and shall be charged accordingly.

-The period of coverage shall be within the period specified above and starts when the insured leaves his or her residence in his or her home country and ends when the insured returns to his or her home country residence.

-Starting time and ending time of insurance period: Coverage shall start at 12 a.m. of the first day and end at 11:59 p.m. of the last day.

-Expenses borne across the current JET Programme year for 'JET Programme participants reappointed in April who are in arrival groups other than CKBP' shall be the total of items ii and iv above.

(vi) Refunds of insurance contributions for early resignation

(a) Refund of insurance contributions

In the event a JET participant resigns before the end of the appointed period for certain reasons and terminates this policy earlier than prescribed, insurance contributions shall be refunded according to the length of the remaining period. A refund of insurance contributions shall be made subject to submission of the Report on Early Resignation (see the Contracting Organization Manual).

(b) Effective Insurance Period

The expiry date of the insurance contract for early resignation shall be the previous day of the date of the next month corresponding to the resignation date. However, the period of coverage for a JET Programme participant who does not complete his/her appointment will not extend beyond the original period of coverage.

Example: In a case where the early resignation date is the 15th of October, the expiry date of the insurance contract shall be the 14th of November. Under the circumstances, even after resignation, the effective insurance period shall be extended to the expiry date of the insurance contract or the date of entry into the home country, whichever is earlier. This means that the policy also covers, as a rule, an accident during a JET participant's return to his or her home country.

(2) Coverage Details (Outline)

The chart below illustrates an outline of policy coverage, and the details are subject to the Policy Conditions.
*Policy Conditions are set out in Appendix 6 of this Policy Guide, and the English translation of the Policy Guide.
*Coverage Details are subject to review based on discussions with the insurance company, taking into account recent trends in claims.

		Type of Coverage	Amount of Coverage	Details
In cases where the JET participant is temporarily returning to his/her home country.	In cases when the JET participant is in Japan or in a third country.	Death	¥20,000,000	In the event of death within 180 days reckoning from the date of an accident due to an injury sustained in a sudden and accidental extraneous incident during the period of coverage, the amount insured shall be fully paid.
		Physical Impediment	Depending on the degree of disability sustained 3% to 100% of ¥20,000,000	In the event of a physical impediment within 180 days reckoning from the date of an accident due to an injury sustained in the same accident as above, 3% to 100% of the amount insured shall be paid depending on the degree of disability sustained.
		Medical Expenses for Accidental Injury	¥700,000 (¥5,000 deductible)	In the event of receiving medical treatment from a doctor for an injury sustained in a sudden and accidental extraneous incident during the period of coverage, the amount calculated by deducting ¥5,000 from the amount deemed to be appropriate under normal circumstances (limited to the costs required within 180 days reckoning from the date of an accident), as part of the medical expenses actually incurred in any of the following events, shall be paid within the limit of the amount insured: 1. Medical care and hospitalization-related expenses paid to doctors and hospitals (including emergency transfer costs, room charges for accommodation facilities, etc., when hospital service is unavailable or a resting treatment is prescribed by a doctor). 2. Expenses for employing a translator and transportation expenses that have been necessitated for medical treatment 3. Communication expenses such as international telephone charges and expenses for purchasing personal items (up to ¥50,000) (Underlined expenses shall be limited to ¥200,000 in total). 4. Expenses for a physician's statement as required to file a claim.
		Death from Sickness	¥6,000,000	The amount insured shall be fully paid in any of the following events: 1. In the event of death from illness during the period of coverage 2. In the event of death within 30 days reckoning from the expiry date of the period of coverage after receiving medical treatment from a doctor within 72 hours upon expiry of the period of coverage due to an illness contracted after inception of the period of coverage. 3. In the event of death within 30 days reckoning from the expiry date of the period of coverage due to a specific infection acquired during the period of coverage.
		Medical Expenses for Sickness	¥700,000 (¥5,000 deductible)	The amount calculated by deducting ¥5,000 from the amount deemed to be appropriate under normal circumstances (same as in the paragraph of Medical Expenses for Accidental Injury and limited to the costs required within 180 days reckoning from the date of the first visit), as part of medical expenses actually incurred in any of the following events, shall be paid within the limit of the amount insured: 1. In the event of receiving medical treatment from a doctor within 72 hours upon expiry of the period of coverage due to an illness contracted after inception of the period of coverage. 2. In the event of receiving medical treatment from a doctor within 30 days reckoning from the expiry date of the period of coverage due to a specific infection acquired during the period of coverage.
		Personal Liability Insurance	¥100,000,000	In the event the insured party is held legally responsible as a result of causing injuries to others or causing damage to other person's property in personal daily life during the period of coverage, the amount of liability shall be paid up to the limit of the amount insured.
		Rescue Expenses	¥4,000,000	In the event of the following, the actual costs and expenses paid by the insurance policyholder, insured, or family members or relatives of the insured shall be reimbursed to the extent considered appropriate in view of the social conventions, including search and rescue fees, roundtrip airfare for up to three support persons, hotel accommodation charges for up to three persons and up to 14 days for each person, travel expenses and miscellaneous costs at the site of up to ¥200,000, transport costs from the site to home country, and embalming costs for deceased person's body of up to ¥1 million. 1. In the event of death within 180 days reckoning from the date of an accident due to an injury sustained in a sudden and accidental extraneous incident during the period of coverage. 2. When hospitalized for three consecutive days or longer due to injuries caused by an accident that occurred abruptly and by chance during the period of coverage or illness contracted during the period of coverage. (In the case of illness, however, only cases where the insured began to receive treatment from a doctor during the period of coverage are applicable.) 3. In the event of death during the period of coverage due to illness, pregnancy, childbirth, premature delivery or miscarriage. 4. In the event of death within 30 days reckoning from the expiry date of the period of coverage after starting to receive medical treatment from a doctor during the period of coverage due to the illness contracted during the period of coverage. 5. In the event of distress of an aircraft or a vessel, in the event life-or-death identification is unfeasible due to the nature of the accident, in the event an official body such as the police has acknowledged that emergency search-and-rescue activities are needed.

*This insurance policy does not provide coverage for the loss or damage of personal items.
***This insurance policy does not provide coverage for medical expenses incurred by injuries or sickness sustained during official work duties, which are already covered by the Local Public Service Accident Compensation.**

(3) Exclusions of Coverage

Medical Expenses for Accidental Injury, Sickness, and Rescue Expenses	Personal Liability Insurance
(i) Accident arising from any of the following events: -Willful act of the policyholder, insured party, or beneficiary -Fights, suicide, crimes -Wars, riots (excluding terrorist attacks) -Driving without a valid license or under the influence of alcohol or other drugs -Pregnancy, childbirth, premature delivery or miscarriage (Rescue expenses are covered only in the case of the death of the insured) (ii) Whiplash injury or back problems without reasonable evidence (iii) Dental treatment (iv) Chiropractic, acupuncture, or incense treatments performed outside of Japan (others)	(i) Accident arising from any of the following events: -Willful act of the policyholder or insured party -Wars, riots (excluding terrorist attacks) (ii) Personal Liability Insurance is not extended for the following: -Relatives/family of the policyholder -Liabilities from injuries caused during official work duties -Liabilities from cases of insanity -Liabilities arising from automobiles (others)

(4) Accident Occurring Outside Japan (Coverage During Temporary Overseas Travel)

There is a supplementary contract for insurance coverage during a JET participant's temporary return to his/her home country. If a JET becomes ill or injured within a 30-day period while temporarily returning to his/her home country, benefits will be paid in accordance with the stipulations of the JET Accident Insurance policy.

When making a claim for benefits, copies of relevant passport pages will be required in order to verify the entry dates and departure dates, both to and from Japan and the JET participant's home country and/or a third country.

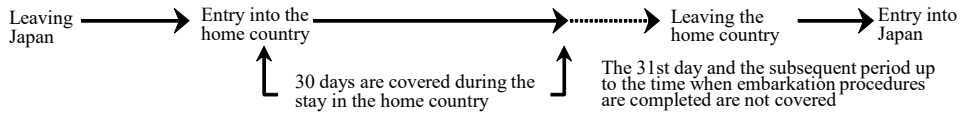
* Thirty days are counted from the date following the date of entry into the JET participant's home country. (See Q&A Section 3, Section 1 and 2)

*As a rule, <u>if the policyholder receives treatment abroad for injuries and/or an illness that occurred in Japan for personal reasons, fees other than hospital fees (such as the expenses for returning to the home country) may not be reimbursed.</u>

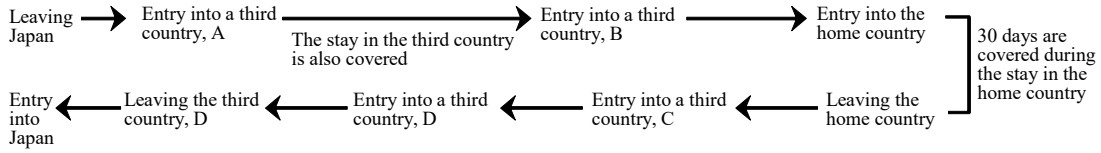
(See Q&A Section 2, Question 8)

(i) Case of temporary travel to home country:

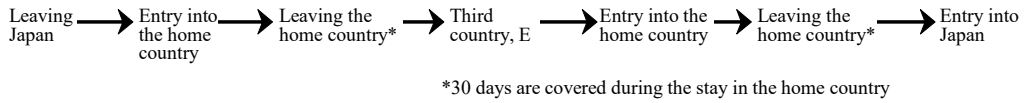
(a) Case of entry into the home country only



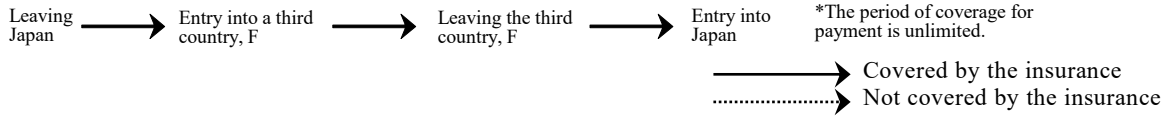
(b) Case of stopping over in a third country both on the way to and from the home country:



(c) Case of making a trip during temporary travel to home country:

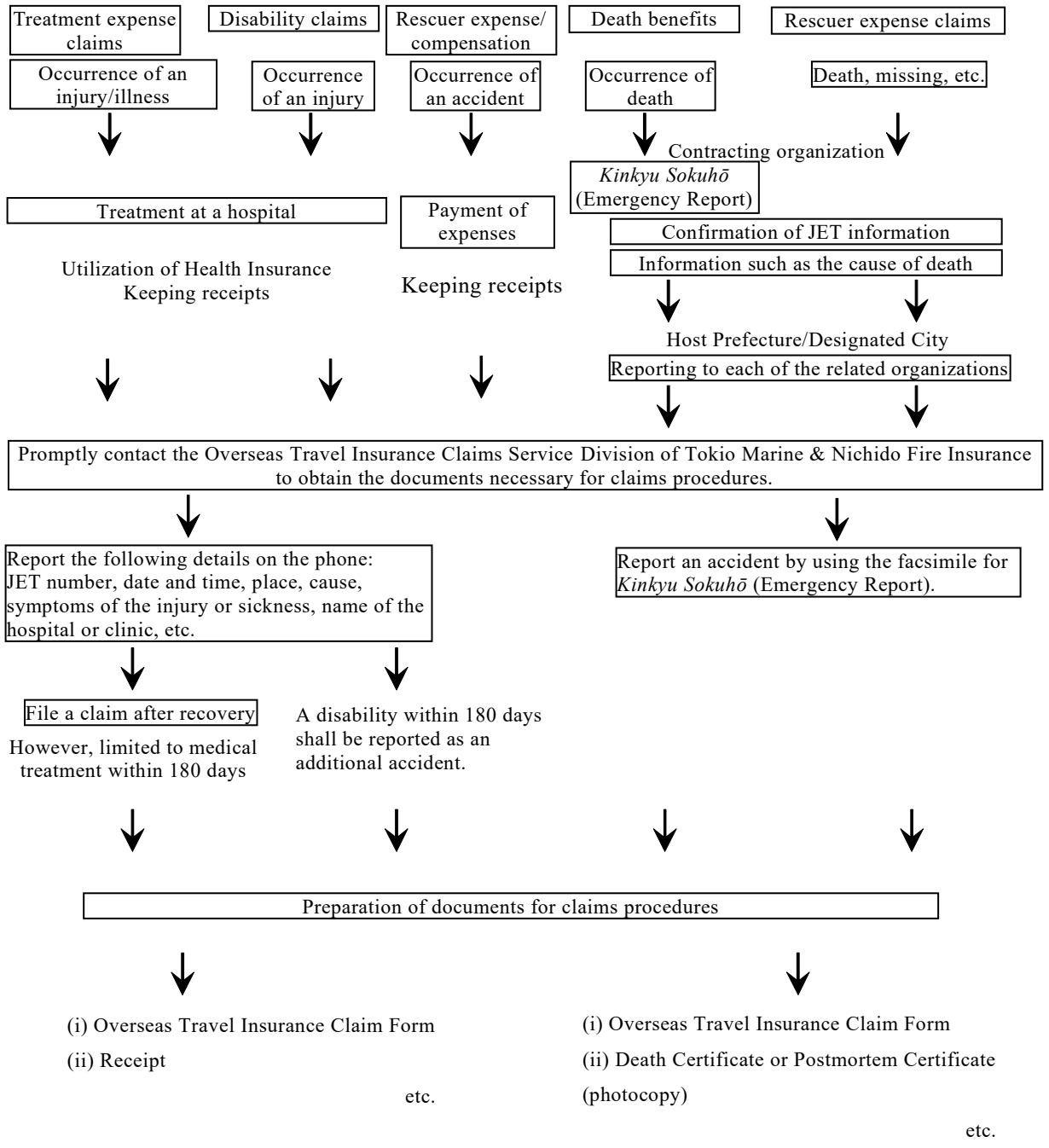


(ii) Case of travel to a third country (without visiting the home country):



3. Claims Procedures

(1) Outline of Claims Procedures



(2) Important Information Regarding Claims Procedures

Reporting an insured event to payment of claims

(i) Service Centres

The Overseas Travel Insurance Claims Service Division of Tokio Marine & Nichido Fire Insurance handles insurance payments for insured parties. This branch will handle all procedures from receiving and investigating claims to making payments.

Contact for inquiries about claims procedures and reporting of an accident or illness
Monday to Friday, 9:00 a.m. - 5:00 p.m. (Japan Standard Time) Overseas Travel Insurance Claims Service Division of Tokio Marine & Nichido Fire Insurance **0120-881-503** Nichidokasai・Kumamoto kyodo Building 6th Floor, 5-3-16 Ginza, Chuo-ku, Tokyo 104-0061 Japan *For enquiries in English, clearly state “English, please” to be transferred to an English-speaking operator.
Times other than the above **0120-789-133** *During the hours other than the business hours of 9:00 a.m. to 5:00 p.m., we receive inquiries and provide information on claims procedures at the Travelers Insurance Support Desk of Tokio Marine & Nichido Fire Insurance.

(ii) Contact in the Event of an Accident or Illness

A JET participant or a representative from the contracting organization is requested to promptly (within 30 days) contact the designated person in charge of JET Insurance at the Overseas Travel Insurance Claims Service Division of Tokio Marine & Nichido Fire Insurance. Please note that a delay in contact may result in nonpayment of claims.

If the JET participant does not speak enough Japanese to complete the procedures, a representative from the contracting organization is requested to contact the Service Centre on behalf of the participant. Documents required to file a claim will be sent from the Overseas Travel Insurance Claims Service Division of Tokio Marine & Nichido Fire Insurance at this time.

If the JET participant sustains a fatal or serious injury (is unconscious, sustains a residual disability, or requires hospitalization for over one month) or dies of an injury or illness, CLAIR or the host prefecture will forward a copy of the Emergency Report (as printed in the Contracting Organization Manual) to the Overseas Travel Insurance Claims Service Division of Tokio Marine & Nichido Fire Insurance. (See Appendix 5) In the case of an accident involving personal liability, it is necessary to preliminarily obtain the approval of the Service Centre.

(iii) Support from the contracting organization

Contracting organizations are asked for their cooperation in dealing with claims procedures.

(iv) Necessary Documents for Claims

In accordance with the instructions issued by the Overseas Travel Insurance Claims Service Division of Tokio Marine & Nichido Fire Insurance, the claimant shall complete an Overseas Travel Insurance Claim Form for overseas travel accident insurance, a physician’s statement, and an authorisation and send these documents to the Service Centre along with any other necessary documents (hospital receipts, etc.).

(v) Tokio Marine & Nichido Fire Insurance Claim Investigation and Payment

Once the documents stated in item 4 above are submitted and the subsequent claim investigation

determines that insurance benefits are payable, the insurance benefits will be paid into the bank account designated by the JET participant.

Cost of Treatment for Injuries and Illnesses

(i) Amount of Claim

JET Programme participants may claim for their out-of-pocket expenses for treatment using health insurance in Japan (the amount deducted from 5,000 yen will be paid within the limits of the insurance amount). In principle, treatment expenses that do not use health insurance cannot be claimed. (See Q&A Section 2, Question 1)

(ii) Claim Procedure

To submit a claim, a physician's statement is required; however, such a statement may be omitted if the amount claimed is ¥300,000 or less. Please attach the patient registration card (a photocopy is acceptable) issued by the hospital or clinic to the Overseas Travel Insurance Claim Form. Receipts will also be needed for submission as proof of payment. (See Q&A Section 2, Question 3)

(iii) Injury or Illness Sustained at Work

If a JET participant suffers an injury or illness in the course of their official duties and such illness or injury incurs financial expenses reimbursed by the contracting organization, claims may not be made through this policy. (See Q&A Section 2, Question 9)

(3) Questions and Answers

Q&A Section 1　Reporting Accidents to Tokio Marine & Nichido Fire Insurance

Q1. Who should make the telephone call to the Overseas Travel Insurance Claims Service Division of Tokio Marine & Nichido Fire Insurance to report an accident or illness?

A. Either the JET participant or a representative from the contracting organization. If the JET participant does not speak sufficient Japanese, a representative from the contracting organization should make the call.

Q2. I, a JET participant, wish to report an accident via telephone. How should I make the report?

A. As for reporting an accident and the claims procedures, if possible, please have a representative from your contracting organization contact us. However, in an emergency, if you contact the Traveler's Insurance Support Desk of Tokio Marine & Nichido Fire Insurance below, our staff will assist you. By paying attention to the types of queries and information below, please contact either of the following:

Type of Query	Hours	Company/Department	Contact
To inform Tokio Marine & Nichido Fire Insurance of an accident or illness that have occurred and for queries regarding claims procedures.	Monday to Friday, 9:00 a.m. - 5:00 p.m. (Japan Standard Time)	Nichidokasai・Kumamoto kyodo Building 6th Floor, 5-3-16 Ginza, Chuo-ku, Tokyo 104-0061 Japan Overseas Travel Insurance Accident Service Division (Tokio Marine & Nichido Fire Insurance Co., Ltd.) * For enquiries in English, clearly state "English, please" to be transferred to an English-speaking operator.	0120-881-503
	Times other than the above	* For enquiries outside of regular business hours of 9:00 a.m. to 5:00 p.m., we will accept phone inquiries and provide information on claims procedures at the Traveler's Insurance Support Desk of Tokio Marine & Nichido Fire Insurance.	0120-789-133
For general information about the policy General questions before an accident happens		Group Account Marketing Department, Section 1 (Tokio Marine & Nichido Fire Insurance Co., Ltd.) *Please inquire by e-mail from the Contracting Organization.	jetprogramme@tmnf.jp

Q3. I do not fully understand the claims procedures, so I would like to transfer responsibility for such matters to my supervisor. How do I go about this?

A. In dealing with inquiries about claims procedures and telephone communication with the Service Centre of Tokio Marine & Nichido Fire Insurance, representatives from the contracting organizations are asked for their cooperation; however, for the preparation of other documents, it is expected that the JET participant, as the

Insured Party, will play a major role. If you wish to delegate the claims procedures to another person, including a representative from the contracting organization, for special reasons, please make sure prior to submission that the JET participant fills in the power of attorney column of the Overseas Travel Insurance Claim Form and that the delegated person signs and seals the claimant column.

Q&A Section 2　Claims Procedures after an Accident or Illness

Q1. I have an injury (or illness) and wish to use this accident insurance policy to receive medical care. How should I pay for medical expenses at a hospital or clinic?

A. To receive medical care, it is usually necessary to present one's Japan Health Insurance Association's Social (Health) Insurance card at the hospital or clinic. After receiving care, the patient pays in cash any amount not covered by the Japan Health Insurance Association's Social (Health) Insurance. In order to use the JET Accident Insurance policy, it is first necessary to present the Japan Health Insurance Association's Social (Health) Insurance card to the hospital or clinic. After receiving medical care, the JET participant should pay the portion not covered by the Japan Health Insurance Association's Social (Health) Insurance and receive a receipt. This receipt is needed to file a claim for insurance benefits from Tokio Marine & Nichido Fire Insurance.

Q2. How is the deductible amount applied to the benefits paid by the insurance policy in the case of treatment for injuries and illnesses?

A. After receiving medical care through Japan Health Insurance Association's Social (Health) Insurance, the amount paid by the JET participant that exceeds the 5,000-yen deductible will be reimbursed by the insurance policy. Hence, claims cannot be made if the amount paid by the JET participant is less than 5,000 yen.

Q3. I have paid the expenses for my injury or sickness and wish to file a claim for payment under the JET Accident Insurance policy. What is the procedure for filing a claim?

A 1. First, the JET participant or supervisor should telephone Tokio Marine & Nichido Fire Insurance to report the date, time, place, cause, and symptoms of the injury or illness, as well as the name of the hospital or clinic where treatment was provided, to the person in charge of the JET Accident Insurance. The JET participant will be asked for their JET number and the policy number, which can be found on page 2 of this booklet. For contact information, please see Q2 on the previous page.

2. The Overseas Travel Insurance Claims Service Division of Tokio Marine & Nichido Fire Insurance will make a record of the details and explain how to file a claim for reimbursement. In cases where the contracting organization contacts Tokio Marine & Nichido Fire Insurance on behalf of the participant, we ask that this explanation be clearly passed on to the participant.

3. The following documents will be necessary. (When advice regarding an accident or illness has been received, they will be sent out by the Overseas Travel Insurance Claims Service Division of Tokio Marine & Nichido Fire Insurance; however, they can also be downloaded from the website of the JET Programme.)
   (i) Overseas Travel Insurance Claim Form
   (ii) Physician's statement (on the reverse of the Overseas Travel Insurance Claim Form)
   　　In addition, a physician's statement can be omitted if the amount claimed is ¥300,000 or less.
   (iii) Receipts for medical expenses

4. When all the necessary documents are ready, send them to the Overseas Travel Insurance Claims Service Division of Tokio Marine & Nichido Fire Insurance. The Overseas Travel Insurance Claims Service Division of Tokio Marine & Nichido Fire Insurance will, after checking them, arrange that the claims payable be transferred to the designated bank account.

Q4. The policy states that I need a physician's statement when filing a claim. I have heard that this will cost ¥3,000–¥5,000. Will Tokio Marine & Nichido Fire Insurance pay for this?

A. The fee varies from hospital to hospital, ranging from ¥3,000 to ¥5,000. The fee to obtain a physician's statement can be claimed and reimbursed, provided that the original physician's statement is sent to us. (In cases where the incident is not covered by the policy, we are unable to reimburse the fee for the physician's statement.) When the amount claimed is less than ¥300,000, a physician's statement is not required.

Q5. I suffered an injury (or illness) two weeks prior to leaving my home country to participate in the JET Programme. The injury was not fully healed by the time I came to Japan. Can I file a claim on the JET Accident Insurance policy for reimbursement of hospital expenses?

A. No. This insurance policy covers injuries sustained or sicknesses that occurred after departure for Japan. Therefore, treatment for this injury (or illness) is not covered.

Q6. Can I file a claim for treatment from a dentist for a decayed tooth?

A. No. This policy does not cover dental treatment for ailments such as tooth decay and gingivitis. However, dental treatment for injuries sustained in an accident is covered (such as if you fell to the ground, breaking your teeth).

Q7. Can I file a claim for cold medicine purchased over the counter?

A. No. This policy only covers medical treatment prescribed by a physician.

Q8. I am currently receiving treatment for an illness, but I have already made arrangements to return to my home country for a visit. I would like to continue my treatment while I am at home. Can I claim the costs of treatment in my home country?

A. If the sickness began in Japan and if treatment in your home country is unavoidable, medical expenses incurred during the 180-day period from the commencement of treatment shall be reimbursed. (For bodily injuries, medical expenses incurred within 180 days of the accident shall be reimbursed.) However, if the policyholder receives treatment abroad for personal reasons, fees other than hospital fees (such as the expenses for returning to the home country) may not be reimbursed.

Q9. I have been receiving treatment at a hospital for an injury (or illness) I sustained during the course of my official duties. My contracting organization has paid all the expenses, and I have no financial burden. Can I claim insurance benefits?

A. No. This policy is designed to cover the expenses actually paid by the JET participant. In this case the JET participant incurred no expenses, and therefore cannot file a claim. However, the JET participant may claim for expenses that the Contracting Organization paid on behalf of the JET participant.
Additionally this insurance does not cover medical treatment expenses for injuries occurred while on official duty, so if the JET Programme participants pays part of these medical expenses, they can later claim with the Contracting Organization directly for payment of medical expenses incurred on official duty, but they cannot claim under this policy.

Q10. I play football on weekends. Am I covered for injuries sustained playing physical contact sports such as this?

A. Yes. Insurance coverage will however be reduced for some dangerous sports. The dangerous sports are as follows: Mountain climbing (using climbing tools such as an ice axe, climbing irons, rope, hammer, etc.), luge, bobsleigh, skeleton, aircraft piloting, skydiving, hang gliding; ultra-light power aircraft flying (motorized hang glider, micro-light aircraft, ultra-light aircraft, etc.), gyroplane flying, and other dangerous sports similar to the above.

Coverage for sports such as skiing, rugby, scuba diving, and hiking (without using climbing equipment) will not be reduced.

Q11. After coming to Japan for JET Programme, the health insurance card won't be issued until I am dispatched to my contracting organization. If I get injured or sick before the health insurance card is issued, can I file a claim with the JET Accident Insurance policy and have 100% coverage?

A. Yes, it will be covered up to the amount stated in the coverage. The amount paid by the JET participant that exceeds the 5,000-yen deductible will be reimbursed 100% by the JET Accident Insurance policy if the health insurance card is not yet issued due to inevitable reasons.

Q12. I need to receive treatment at a hospital for an injury (or illness) in Japan after finishing my time on the JET Programme. Are medical expenses covered by the JET Accident Insurance in this case?

A. The health insurance becomes invalid at the end of the term of your JET appointment. Regardless, the JET Accident Insurance policy is effective until the end of the insurance term. If there is still time remaining in the insurance term, you can claim medical expenses during treatment under the JET Accident Insurance policy.

Q13. I would like to participate in volunteer activities. In some cases, it is mandatory to purchase volunteer insurance in order to participate. If I get injured or sick during volunteer activities, do I make a claim with the volunteer insurance policy or the JET Accident Insurance policy?

A. First of all, you should confirm whether the volunteer insurance you purchased is fixed amount insurance or "expenses for actual damage" insurance. (The JET Accident Insurance is based on expenses for actual damage.)

(i) If volunteer insurance is fixed amount insurance, you can claim for medical expenses on both insurance policies.

(ii) If volunteer insurance is paid based on expenses for actual damage, you can claim for medical expenses on either of the insurance policies (but not both).

Q14. If a JET participant begins displaying symptoms of an infectious disease after arriving in Japan, and if they go to a Japanese hospital and receive medical treatment, can an insurance claim be made?

A. If the insured is diagnosed by a doctor of medicine to have been infected during the period of liability with a Class I, II, III, or IV Infectious Disease (*1) as stipulated in Article 6 of the Act on the Prevention of Infectious Diseases and Medical Care for Patients with Infectious Diseases (hereafter, the Infectious Diseases Control Law), the treatment costs will be subject to compensation. In this instance, insurance will cover medical costs incurred starting within 30 days of the termination of the period of liability.

*1) For further details, please refer to the document on the "Categorisation of Infectious Diseases Regarding the Infectious Diseases Control Law" located on the Ministry of Health, Labour and Welfare's homepage.
(Link: https://www.mhlw.go.jp/stf/seisakunitsuite/bunya/kenkou_iryou/kenkou/kekkaku-kansenshou/kekkaku-kansenshou11/01.html#h2_free3)

Q15. My term as a JET Programme participant is coming to an end, and I will be returning to my home country. However, the flight I reserved was cancelled, and I will be departing on a later date than planned. If I will be departing Japan after my JET accident insurance period ends, may I apply for an extension of insurance services ahead of time?

A. In the event that your departure is delayed beyond the end of insurance due to the cancellation of a reserved flight, your insurance will still be valid for up to 72 hours after the end of your insurance period, according to Article 5 of the insurance policy. As a general rule, if the delay exceeds 72 hours, an extension of the period beyond the provisions of the contract cannot be accepted, so please consider taking out individual insurance separately. Please see the terms and conditions for details.

Q16. If a JET Program participant becomes ill or injured after coming to Japan and has difficulty going out, can an insurance claim be made for fees incurred by medical examination and treatment provided by the hospital online?

A. JET accident insurance will cover only costs incurred that exceed 5000 yen (the initial 5000 yen is the participant's responsibility), under the following conditions:

(1) Treatment is provided by a licensed medical doctor

(2) Treatment is provided by a doctor in Japan

Q&A Section 3　Accidents Outside Japan

Q1. What is the period covered by this policy for treatment received (a) in my home country, and (b) in a third country?

A. (i) This policy covers treatment received within 30 days after the day of entry in your home country, for an illness that began or injuries that were sustained in an accident that occurred within that 30-day period. It does not cover the period from the 31st day until the time when procedures for departing from your home country are completed.

(ii) When travelling to a third country, coverage is provided regardless of the destination or length of stay, as long as it is within the period of coverage.

Q2. If I suffer an injury or illness during temporary home leave or during a trip to a third country, how should I pay for treatment? What are the claims procedures in this case?

A. You should pay directly for any expenses to the hospital overseas. After returning to Japan, you should first file a claim for these expenses with the Japan Health Insurance Association's Social (Health) Insurance. The following materials will be required to file this claim:

(i) Application Form for Reimbursement of Medical Expenses

(ii) Attending physician's statement (include a Japanese translation, and the name, address, and signature of the translator)

(iii) Itemised receipts (include a Japanese translation, and the name, address, and signature of the translator)

(iv) Medical receipts

Once this claim has been filed, contact the Overseas Travel Insurance Claims Service Division of Tokio Marine & Nichido Fire Insurance to claim the costs that were not covered by the Japan Health Insurance Association's Social (Health) Insurance. You will need the receipts for the medical fees when applying for reimbursement of medical expenses to Tokio Marine & Nichido Fire Insurance. When claiming expenses from the Japan Health Insurance Association's Social (Health) insurance, please make sure that you make copies of the original receipts beforehand.

*Cashless medical treatment services are not available under the Policy.

Please contact a local office of the Social Insurance Agency regarding the above forms. When returning temporarily to your home country or traveling in a third country, please take the Attending Physician's Statement and Itemised Receipts forms with you and have the physician abroad fill them out should you receive treatment.

Q&A Section 4　Insured's Confirmation of Agreement Form

Q1. The JET Accident Insurance Insured's Confirmation of Agreement Form can only be submitted under truly unavoidable circumstances. What are those circumstances?

A. In principle, submission of this form is not required. The "truly unavoidable circumstances" under which the form can be submitted refers to cases such as there are no relatives in the home country and it is necessary to designate a beneficiary for the death benefit other than the legal heir. If you wish to submit the form, submit the document prior to departure via the Embassy or Consulate General of Japan to the insurance company. (A copy is acceptable.)

Please submit the form again if changes are made to the beneficiary.

Q&A Section 5　Rescuer Expense Claims

Q1. If a JET participant is hospitalized for more than three consecutive days for an accident or illness and their parents come to Japan as rescuers, what costs will be covered by the policy?

A. The following costs will be reimbursed:

(i) Roundtrip airfare (limited to up to three people)

(ii) Hotels or accommodation expenses (limited to up to three people for a maximum of 14 days)

(iii) Miscellaneous expenses (travel within Japan including train and taxi fares, international telephone calls, etc., up to ¥200,000 of actual expenses)

The maximum total claim for such expenses, including all search and rescue expenses, is ¥4,000,000. (Costs explained in Q2 and Q3 below are also included in this amount.)

Receipts will be required for all claims.

Q2. If a JET participant dies from an accident or illness, will expenses incurred in the treatment and transportation of the body be covered by the policy?

A. Embalming costs (up to ¥1,000,000) and transportation expenses (air or ground transportation) will be covered. In cases where the body is cremated, cremation expenses of up to ¥1,000,000 will be covered. Funeral expenses are not covered.

Q3. The family of the deceased has been charged for preparation of the body. Would it be possible for Tokio Marine & Nichido Fire Insurance to pay the company directly?

A. It is possible for Tokio Marine & Nichido Fire Insurance to cover the costs charged to the family and pay the company directly. However, it will be necessary for a family member to complete an Overseas Travel Insurance Claim Form. In this case, these payments will take priority over rescuer expenses, which will be covered up to the limit for rescuer expenses.

Q&A Section 6　Personal Liability Claims

Q1. If a JET participant has an obligation under local regulations to obtain bicycle insurance, would it still be necessary to obtain other insurance outside of the JET Accident Insurance policy?

A. It would not be necessary to obtain extra insurance. JET Accident Insurance can make payments of up to ¥50,000,000. However, the policy does not include settlement negotiation services, therefore negotiations regarding share of responsibility or settlement amounts cannot be made on behalf of the insured in the event of an accident.

4. Other (Publications)

(1) JET Accident Insurance Policy Guide (herein Policy Guide)

(i) Distribution Method: Download from the JET Programme website

(2) JET Accident Insurance Insured's Confirmation of Agreement

(hereinafter, Insured's Confirmation of Agreement)

In principle, submission of this form is not required, but if you wish to submit the form, please do so as follows.

(i) Distribution Method: Download from the JET Programme website

(ii) Submission Method

(a) Submit to the embassy or consulate of Japan by the set deadline prior to departure

JET participant → Embassy or Consulate General of Japan → CLAIR → Tokio Marine & Nichido Fire Insurance

(b) If you wish to change the contents of the submitted agreement (e.g., payee) after the appointment begins, submit it as follows.

JET participant → contracting organization → CLAIR → Tokio Marine & Nichido Fire Insurance(*)

*Addressee: 〒102-8014　6-4, Sanbancho, Chiyoda-ku, Tokyo

Person in charge of JET Accident Insurance, Group Account Marketing Department, Section 1, Tokio Marine & Nichido Fire Insurance Co., Ltd.. The deadline is not set, however, please submit this form as soon as practicable upon arrival. Instructions have already been issued to JET Programme participants via the diplomatic missions abroad to the effect that they are expected to submit this form to the person in charge as soon as possible upon arrival.

(iii) Points to Remember when Submitting the Form

Please note the instructions on the form and make sure of the following:

□ The beneficiary is appropriate
□ You have signed above any corrections

*Photocopies are acceptable.

(3) Documents Sent from Tokio Marine & Nichido Fire Insurance to the JET Participant in the Case of an Accident

(ⅰ) Overseas Travel Insurance Claim Form (Appendix 1, 2)

*For other necessary documents, the person in charge will explain to you.

5. Appendices

Appendix 1 Overseas Travel Insurance Claim Form (Front side)

(When a notice regarding an accident or illness has been received, Tokio Marine & Nichido Fire Insurance will send you a copy of this document; however, you can also download it from the JET Programme website.)

Appendix 2 Overseas Travel Insurance Claim Form (Reverse side) (Ditto)

Appendix 3 JET Accident Insurance Insured's Confirmation of Agreement (Ditto)

Appendix 4 JET Accident Insurance Insured's Confirmation of Agreement—completed sample

Appendix 5 *Kinkyu sokuhō* (Emergency Report) (Ditto)

Appendix 6 General Conditions and Endorsement of Insurance (Abstract)

Overseas Travel Insurance Claim Form

Appendix 1

Download from the JET Programme website

財団法人 自治体国際化協会専用

海外旅行保険金請求書

Exclusive for Council of Local Authorities for International Relations

OVERSEAS TRAVEL INSURANCE CLAIM FORM

TOKIO MARINE NICHIDO

東京海上日動火災保険株式会社 宛　TO:Tokio Marine & Nichido Fire Insurance Co., Ltd.

同意事項 AUTHORIZATION

本書の内容が事実と相違ないことを確認し、保険金を請求いたします。保険金請求にあたり、下記の項目に同意いたします。なお、本書の写も本書と同じ効力があるものと認めます。

1. 保険金は下記に指定する金融機関口座へお支払いください。振込をもって支払いがなされたものと認めます。

2. 傷害・疾病に関する提出の場合

①東京海上日動火災保険株式会社（以下、「貴社」という）またはその指定する日本国または日本国外に所在する関係者（以下、「関係者」という）が、保険金の支払いに関する業務およびアシスタンスサービス提供に必要な範囲で各種情報※を取得・利用すること、および、貴社・関係者間または関係者間において当該範囲で各種情報を提供すること。

②貴社および関係者が日本国または日本国外で私を診察または治療した医療機関、医師（以下、「医療機関等」という）に対して①に定めた範囲で各種情報を提供すること、および、当該機関等が貴社および関係者に対して当該範囲で各種情報を提供すること。

※被保険者の治療の内容・症状の程度を確認するために必要となる診断書・診療証明明細書等の医療情報、および請求権者・相続人を確認するために必要となる戸籍謄連情報を含みます。

3. 他の保険契約等がある場合

同一の損害または費用に対して、本保険請求の対象となる保険契約および他の保険契約等（保険契約、共済契約その他いかなる名称であるかを問わず、同一の損害または費用に対して保険金等を支払う契約をいいます。以下同様とします）がある場合につき、私は以下の事項について同意します。

①保険契約で定められた保険金等の額を超えて保険金等の支払いを受けた場合には、保険契約で定められた保険金等を超えた額について、貴社または他の保険契約等の損害保険会社・共済等へ自ちに返還すること（貴社または他の保険契約等の損害保険会社・共済等から返還方法の指定があった場合には、その方法に従います）。

②他の保険契約等がある場合、貴社がその保険契約等の損害保険会社・共済等に対して貴社の負担部分を超える額を求償すること。

③他の保険契約等がある場合、他の保険契約等を引き受けている損害保険会社・共済等に対して、貴社の負担部分を超える額を求償するために必要な本保険金請求に関する私の個人情報（支払責任額等契約の内容、損害額等事故に関する情報、本件事故に関する支払可否・支払保険金等に関する情報）を、求償のため、貴社がその保険契約等の損害保険会社・共済等へ提供すること、その損害保険会社・共済等から提供を受け、利用すること、その損害保険会社・共済等が貴社へ提供すること、および、貴社から提供を受け、利用すること。

【個人情報の利用目的】

お客様の個人情報につきましては、保険引受の判断、保険事故への対応（関係先への照会等の事実関係の確認や関係する損害保険について損害保険会社間や東京海上グループ（※）内での確認を含みます）、保険金のお支払いおよび各種商品・サービスの提供・案内を行うために利用させていただきます。

（※）詳しくは、弊社ホームページ（www.tokiomarine-nichido.co.jp）をご参照ください。

I request the payment of insurance claims in agreement with the content here of and the following descriptions. I agree to regard a copy of this form as effective as the original.

1. Please remit the insurance benefits to the bank account below. I admit that remittance shall constitute payment thereof.

2. Cases of illness or injury

(1) I agree that Tokio Marine & Nichido Fire Insurance Co., Ltd. (the company) or its proxy either in Japan or foreign countries (the proxy) acquires and uses information (*) necessary for payment of insurance claims and providing assistance services, and provides the company and the proxy with such information.

(2) I agree that the company and the proxy provide the medical institution or the physician (the medical institution) who examined or treated me either in Japan or foreign countries with such information, and the medical institution provides the company and the proxy with such information.

(*) Such information means details such as a doctor of medicine's certificate and a medical bill to verify the insured's symptom and the extent of treatment given to him/her, as well as family registers to verify the identities of the claimant(s) and inheritor(s).

3. Case of concurrent insurance contracts

In cases where, for the same loss or damage, or expenses, there exist the present insurance contract and other concurrent insurance contracts, etc. (meaning insurance contracts, mutual aid contracts, etc., irrespective of their names, under which insurance claims, etc. are paid for the same loss or damage, or expenses; the same meaning applying hereinafter), I hereby give my agreement to the following:

(1) I return immediately an excess, if any, of the amount of an insurance claim, etc. provided for in the insurance contract (subject to instructions on the manner of repayment, if any, from the company, other insurance companies or mutual aid associations, etc.);

(2) The company claims compensation for an amount in excess of your share of liability to the insurance companies, mutual aid associations, etc. concerned; and

(3) From the need of claiming compensation mentioned in (2) above, the company provides the insurance companies, mutual aid associations, etc. of the concurrent insurance contracts, with my personal information concerning my request for payment of an insurance claim (meaning information concerning the amount of liability for payment and other details of the insurance contract, the amount of loss or damage and other details of an accident, claimability of the case, and the amount of an insurance claim payable, etc.), or receives such information from those companies and makes use of it, and vice versa.

[Purpose of Use of Personal Information]

We only use the personal information of customers to make decisions on the acceptance of insurance, to respond to insured events (including confirmation of the facts relevant to our inquiries, etc. with the related companies, and confirmation between non-life insurance companies or within Tokio Marine Group (*) concerning related non-life insurance), and to pay insurance claims, provide various products and services, and information.

(*) Please refer to our Web site (www.tokiomarine-nichido.co.jp) for details.

代位に関する確認事項 (CONFIRMATION ON SUBROGATION)

代位規定のある特約において、第三者による加害行為事故による損害に対して貴社により保険金が支払われた際は、貴社に求償権が移転すること、および下記1～4に同意します。

1. 後日加害者が検挙されたり盗難品が発見された場合など公的機関等その他から何らかの連絡があった場合や、あるいは本損害について私が第三者から名目の如何を問わず損害の全部または一部を回収した場合には、速やかに貴社に連絡し、対応について協議します。
2. 上記損害について加害者に対し有する一切の損害賠償請求権は、貴社より支払われた保険金を限度に貴社に移転することを確認します。
3. 貴社に移転した権利の保全および行使のため、貴社からの求めに応じ、書類の作成その他必要な行為を速やかに行います。
4. 貴社が加害者に対し、求償権を行使するために必要な範囲において、私の個人情報が記載された損害立証資料等を求償先に提供することに同意します。

Under the endorsement with the subrogation clause, when an insurance claim is paid by you on the damage caused by an accident done by a third party, I hereby agree that the right of subrogation is transferred to you and to the following items(1 through 4):

1. In the case where I was contacted by a public institution, etc. or other agency to inform me that the offender who caused the accident was arrested, or the stolen articles were found later, or when I collected all or a part of the damage irrespective of the pretext from a third party concerning the said damage, I shall contact you immediately to discuss the future handling.
2. I hereby confirm that any and all rights to claim compensation for damage to the offender who caused the accident concerning the said damage shall be transferred to you within the limits of the insurance claim paid by you.
3. In order to preserve and exercise the rights transferred to you, I shall promptly create documentation, or take any other necessary actions in response to requests from you.
4. I hereby agree to provide proof of damage, etc., indicating my personal information to the subroga, within the range necessary for you to exercise the right of subrogation to the offender who caused the accident.

1 保険金請求者・被保険者（旅行者・保険の対象となる方）

記入日（請求日）　年　月　日

＊原則としておけが・病気をされた方または事故に遭われた方ご本人（被保険者）が保険金請求権者となります。　※被保険者（保険の対象となる方）が未成年者の場合、親権者が請求者になります。

フリガナ 請求者 CLAIMANT	様 ※同意事項確認の署名・記名捺印兼用	印	被保険者との関係 ☐被保険者本人 ☐親権者 ☐その他（　）
フリガナ 住所 ADDRESS	〒　－		TEL(自宅)：　－　－ 日中の連絡先：　－　－ E-mail：
フリガナ 被保険者名 INSURED' NAME	☐保険金請求者に同じ 様	生年月日 DATE OF BIRTH	西暦　年　月　日（　）歳 ☐男 (MALE) ☐女 (FEMALE)
		勤務先 OCCUPATION	
証券・保険契約証・被保険者証番号・クレジットカード名 POLICY NO./CERTIFICATE NO./INSURED'S NO./CREDIT CARD		保険期間・旅行期間 INSURANCE PERIOD/PERIOD OF TRAVEL	年　月　日 ～ 年　月　日

2 委任状

被保険者もしくは親権者（被保険者が未成年の場合）が、保険金請求手続きを代理の方に委任される場合は、被保険者または親権者がご記入ください。

委任者	私は上記記載の保険金請求者を代理人と定め、本件にかかわる保険金の請求受領に関する一切の権限を委任します。	記名捺印または署名（被保険者が未成年者の場合は親権者）	フリガナ 印
	フリガナ 住所	〒　－	

3 保険金振込先

金融機関（ゆうちょ銀行以外）とゆうちょ銀行、いずれかの口座内容をご記入ください。 Please fill the bank account information of a banking institution (except for Japan Post Bank) or Japan Post Bank below.

フリガナ	☐銀行 ☐信組 ☐信金 ☐農協 BANK	銀行コード（4ケタ） BANK No.
フリガナ	☐支店 ☐支所 BRANCH	支店コード（3ケタ） BRANCH No.
☐普通・総合 SAVINGS ☐当座 CHECKING ☐貯蓄 SAVINGS	☐口座番号（7ケタ） ACCOUNT No.	
☐口座名義（カタカナ） ACCOUNT NAME		

ゆうちょ銀行 JAPAN POST BANK　※通帳の「郵便振替口座開設（送金機能）」欄に○が付されていることを予めご確認ください。

通帳記号（5ケタ） 1 ☐☐☐☐ 0　通帳記号（8ケタ）（お詰めでご記入ください） ☐☐☐☐☐☐☐☐

外貨を日本円に換算してお支払いする場合は、お支払いが確定した日の前日の交換比率を適用します。

裏面もご記入ください ▶　P1

Overseas Travel Insurance Claim Form

Appendix 2

Download from the JET Programme website

4 他の保険契約等 (OTHER INSURANCE CONTRACTS)

他に契約されている海外旅行保険はありますか? Do you have other overseas travel insurance?	☐無 NO ☐有 YES	海外旅行保険付帯のクレジットカードをお持ちですか? Do you have overseas travel insurance incidental to a credit card? ※海外旅行保険付帯のクレジットカードをお持ちの場合は、お名前と日本の出入国年月日が確認できる書類（eチケット等）もご提出ください。 ☐持っていない NO ☐持っている YES
保険金請求の有無 Have you filed a claim against the insurance company?	☐無 NO ☐有 YES	保険金請求の有無 Have you filed a claim against the insurance company? ☐無 NO ☐有 YES
保険会社名 INSURANCE COMPANY		お持ちの場合にご記入ください。 When you have it, please fill in.
証券番号 INSURANCE POLICY NUMBER		カード名① NAME OF THE CREDIT CARD / カード番号（上6桁、下4桁） NUMBER OF CREDIT CARD
		カード名② NAME OF THE CREDIT CARD / カード番号（上6桁、下4桁） NUMBER OF CREDIT CARD

本紙に書ききれない場合は別紙を添付してください。 Please attach another sheet if necessary.

5 事故状況またはおけが・ご病気の状況 (DESCRIPTION OF ACCIDENT, INJURY, SICKNESS)

事故日時・受傷日・発病日 DATE OF LOSS/ INJURY/ MANIFESTATION OF ILLNESS	年 YEAR 月 MONTH 日 DAY ☐AM ☐PM : 頃(現地時間)
国名・場所 PLACE	
事故状況 CIRCUMSTANCES	おけが・ご病気に至った経緯またはその他損害の発生した経緯をご記入ください。 Please describe the accident, injury or sickness in detail.
警察届出 POLICE REPORT	届出警察署名 NAME OF POLICE / 受理番号 REPORT NO. / 事故証明書原本をご提出ください。 Please submit the original certificate of accident.
証人欄 WITNESS	上記の通り事故を確認します I confirm the accident as above. 印 SIGNATURE / 名前 NAME / 住所 ADDRESS / TEL TELEPHONE / 被保険者(保険の対象となる方)との関係 RELATIONS WITH THE PERSON INSURED

※ご病気の請求の際は警察届出・証人欄は記入不要です。

6 おけが・ご病気に関するご請求 (CLAIM ON INJURY OR SICKNESS)

保険金請求額が30万円を超える場合は、原則病院から発行された診断書をお取り付けください。 When the amount of claim exceeds 300,000 yen, please submit a medical certificate.

初診日 DATE OF FIRST CONSULTATION 年 YEAR 月 MONTH 日 DAY

傷害または疾病名および症状 EXTENT OF INJURY, DIAGNOSIS AND CONDITION

入院 ADMISSION ☐有 YES ☐無 NO

病院名 NAME OF MEDICAL INSTITUTION

本症状に関して旅行開始前に治療を受けたことがありますか? Have you had any prior treatment for this condition? ☐有 YES ☐無 NO

有の場合は以下にご記入ください。 If yes, please fill the periods of medical treatment

治療期間 DATE OF SERVICES 年 月 日～ 年 月 日

☐治癒 CURE ☐治療継続中 CONTINUOUS ☐治療中止 DISCONTINUATION OF TREATMENT

ご旅行中のおけが・ご病気の治療は終了していますか? Have you completed medical treatment on your injury or sickness during the trip? ☐はい YES ☐いいえ NO

請求種類 ☐おけが・ご病気のご請求 (Medical Exp) ☐賠償責任 (Liability) ☐死亡 (Death) ☐その他 (Others)

保険金請求額(治療費など) THE AMOUNT OF CLAIM(MEDICAL FEE & OTHERS)	通貨 CURRENCY	金額 AMOUNT
治療費、検査費、手術費等 DOCTOR'S FEE, EXAMINATION/ SURGERY COST		
処方薬費 PRESCRIPTION COST		
医師の診断書費(弊社提出用) COST OF MEDICAL CERTIFICATE (TO BE SUBMITTED TO INSURER)		
治療のために必要な通訳雇入費 COST OF INTERPRETER EMPLOYED FOR MEDICAL TREATMENT		
海外の病院に直接支払いを希望する費用 THE AMOUNT YOU WOULD LIKE INSURER TO PAY DIRECTLY TO MEDICAL INSTITUTION OVERSEAS		
他 OTHERS ( )		
他 OTHERS ( )		
合計 TOTAL		

入院または通院のための交通費 TRANSPORTATION EXPENSES FOR THE INSURED TO GET HOSPITALIZED OR GO TO HOSPITAL AS AN OUTPATIENT ☐負担あり YES ☐負担なし NO

交通機関 MEANS OF TRANSPORTATION	利用日 DATE OF SERVICE	区間・経路・回数 SECTION/ROUTE/NUMBER OF TIMES	通貨 CURRENCY	金額 AMOUNT
				☐片道 SINGLE ☐往復 RETURN
				☐片道 SINGLE ☐往復 RETURN
				☐片道 SINGLE ☐往復 RETURN
合計 TOTAL				

◆タクシーの場合は、領収書を添付してください。 When you went by taxi, please submit the receipt.
◆自家用車の場合は、区間・走行距離を記入してください（金額の記入は不要です）。 When you went by private car, please fill Section, Route and Number of times (You don't have to fill amount).

診断書 ATTENDING PHYSICIAN'S STATEMENT (医師の診断書)

保険金請求額が30万円を超える場合は、原則病院から発行された診断書またはこの診断書をお取り付けください。日本の病院の場合は病院所定の用紙をご利用ください。（受診日もしくは発病日、初診日、傷害名、治療期間の記載があるもの）

Patient's Name (患者氏名) (Last Name, First Name) (姓) _____ (名) _____	Patient's Birthday (患者生年月日) Month (月) _____ Day (日) _____ Year (年) _____ / Sex (性別) ☐M (男) ☐F (女)
Date when current illness (first symptom) appeared or injury (accident) occurred (発症日・受傷日) Month (月) _____ Day (日) _____ Year (年) _____	If patient has had same or similar prior illness, please give first date of manifestation. (既往症がある場合は、最初の発病日をご記入ください) Month (月) _____ Day (日) _____ Year (年) _____
Diagnosis or condition of illness or injury (診断名または症状)	
If patient is injured, please give place of accident. (傷害事故の場合、受傷場所をご記入ください)	

Date of services (治療または入院期間)

	Month (月)	Day (日)	Year (年)		Month (月)	Day (日)	Year (年)	
Home visit(s) (往診)	From			(から)	To			(まで)
Outpatient care (外来通院)	From			(から)	To			(まで)
Hospitalization (入院)	From			(から)	To			(まで)

How many? _____ Times (回) / How many? _____ Times (回)

Is there any possibility of physical or functional permanent disability due to the injury? (後遺障害が残っている可能性はありますか？)

Breakdown of medical expenses (治療実費の明細)

Consultation fee (診療費)	Laboratory tests (諸検査費)	Medication (医薬費)
Hospitalization (入院費)	Operation (手術費)	Other charges (その他治療費)
Total (合計)	Amount of received (領収金額)	

Date of final assessment (診断日) M (月) _____ D (日) _____ Y (年) _____

☐1. Healed (治癒)
☐2. Treatment is continuing (継続中)
☐3. Referred (転院・転医)
☐4. Discontinued (中止)
☐Death (死亡)

Address (住所)

Phone number (電話番号) / Fax number (FAX番号)

Date of preparation (作成日付) Month (月) _____ Day (日) _____ Year (年) _____ / Signature (署名または記名捺印) of attending physician (担当医)

代理店受領日 / 弊社受領日

P2

JET Accident Insurance
Insured's Confirmation of Agreement

Appendix 3

兼用 様式Ⅱ(2)【海旅・内旅・国内航空用】本人確認票

To Tokio Marine & Nichido Fire Insurance Co., Ltd.
東京海上日動火災保険株式会社　宛

提出用（本人 → 在外公館→CLAIR → 保険会社）
（JET → Embassy or Consulate of Japan → CLAIR → Insurance Co.）

JET ACCIDENT INSURANCE
Insured's Confirmation of Agreement
（JET傷害保険 被保険者同意確認書）

Please Read the Following Directions Carefully Before Filling Out the Form.（下記の注意事項に従って記載してください。）

1.Stipulation of Beneficiary（受取人について）
Only a **parent, spouse, child, grandparent** or **sibling** of the participant may be specified as a beneficiary. Please fill out his/her address, name and your relationship with the beneficiary.（受取人には両親、配偶者、子供、祖父母、兄弟から指定をし、受取人の住所、氏名とあなたの関係（続柄）を記入してください。）

2.Language（記入言語について）
Please complete the form in Japanese or English.（日本語か英語で記入してください。）

3.Filling out this form（記入について）
Please use a non-erasable ballpoint pen if you fill it out by hand.（ボールペン（消えないもの）を使用して記入ください。）

4.To Make Corrections（訂正方法について）
Please make any corrections by crossing out incorrect information with two horizontal lines and signing beside the correction. The use of white-out is NOT permitted.（訂正する場合は、二重線で抹消し、上にサインをしてください修正液の使用は不可です。）

5.Please complete all fields in bold-bordered boxes.（太枠内の全ての項目を記入してください。）

■Terms and conditions of the insurance（該当契約の内容）

Date of Submission 提出日	DAY / MONTH / YEAR ／ ／		
Applicant (Contractor) ご契約者	Council of Local Authorities for International Relations 一般財団法人　自治体国際化協会	Type of insurance 保険種類	Overseas Travel 海外旅行保険
		Policy Number 証券番号	
Period of insurance(Period for open contract) 保険期間(特約期間)	Including the extension of the period on the same terms and conditions.（同条件で保険期間が延長される場合も含みます。）		

Limit of indemnity per insured (※1) 保険金額(被保険者1名あたり)	Coverage（補償項目）	Limit of indemnity（保険金額）	Coverage（補償項目）	Limit of indemnity（保険金額）
	Injury death（傷害死亡）	20,000,000 Yen	Sickness death（疾病死亡）	6,000,000 Yen

Name of JET Participant JET参加者の名前		**JET Number** JET番号		
Beneficiary (Recipient of death benefits) 死亡保険金受取人	**Address** ご住所	**Country** 国名		
	Name お名前		**Relationship with the insured** (※1) 被保険者との関係	
	E-Mail Address メールアドレス	@		
	Telephone Number 電話番号	Country Code ＋		

Special clause for labor disaster indemnity provided by a corporation,etc. 企業等の災害補償規定等特約	☐ Yes ☑ No（※1）	Objects of agreement 同意の対象	☐ **All insurance contracts included in the present open contract.**（※2） 本包括契約で対象となる全契約に同意 ☑ **This insurance contract only** 本契約のみ同意	Agreement to renewal of the open contract【B2 form】 更新契約の同意【B2方式】	☑ **Yes**（Agreement to future renewal on the same terms and conditions）（※3） 有（同条件の更新契約も同意） ☐ **No**（Agreement to the present contract only） 無（本契約のみ同意）

You can designate only one person. 受取人は1名のみ指定できます

※1 Please explain to your family about this insurance contract.（本契約の加入についてご家族にご説明ください。）

※2 Insurance contracts shall be those in which participation is made at the time of business trips on the same terms and conditions during the above period of insurance.（上記特約期間中の業務出張時に上記内容で加入される保険契約を対象とします。）

※3 The following contracts will be handled in the same way with the present contract:
・Renewal contracts continued on the same terms and conditions.
・Insurance contracts which are cancelled halfway through the period of insurance and take effect on the date of cancellation on the same terms and conditions as before, as well as their renewal contracts.
（以下の契約についても本契約と同様に取扱います：
・同条件で継続される更新契約 ・保険期間の途中で保険契約を解約し契約日を保険始期とする同条件の保険契約およびその更新契約）

I confirm my agreement to become the insured (※1) of the above-mentioned insurance contract.
（上記の保険契約の被保険者となることに同意します。）

	Signature by JET Participant (the insured) (※1) JET参加者(被保険者)のご署名	**Date of Birth** 生年月日	**Age**（※2）満年齢
Insured (JET Paticipant) 被保険者(JET参加者)	Please sign here in handwriter.（必ずご署名下さい。）	DAY / MONTH / YEAR ／ ／	
	Passport No パスポート番号	**Signature date** ご署名日	
		DAY / MONTH / YEAR ／ ／	

※1 The insured means person(s) insured under this contract.（「被保険者」とは、保険の対象となる方をいいます。）

※2 Please enter your full age on the date of commencement or alteration (in cases of participation or the designation of the recipient halfway through the period of insurance.)（始期日もしくは変更日（中途加入、期中での受取人指定の場合）時点の満年齢をご記入ください。）

Official Use 代理店・社員記入欄

以下の確認欄に記載の方法により被保険者が本人であることを確認し、被保険者の死亡保険金受取人指定に関する同意の意思を確認しました。

本人確認方法　☑ パスポート　☐ 健康保険証　☐ その他（書類名　　）

確認書類の番号 ▼
（　上記番号について確認した　）

確認者	社員

2023年3月作成

JET Accident Insurance – Completed Sample

Appendix 4

兼用 様式Ⅱ(2)【海旅・内旅・国内航空用】 本人確認票

To Tokio Marine & Nichido Fire Insurance Co., Ltd.
東京海上日動火災保険株式会社　宛

提出用（本人 → 在外公館→CLAIR → 保険会社）
（JET → Embassy or Consulate of Japan → CLAIR → Insurance Co.）

JET ACCIDENT INSURANCE
Insured's Confirmation of Agreement
（JET傷害保険 被保険者同意確認書）

Please Read the Following Directions Carefully Before Filling Out the Form.（下記の注意事項に従って記載してください。）

1.Stipulation of Beneficiary （受取人について）
Only a **parent**, **spouse**, **child**, **grandparent** or **sibling** of the participant may be specified as a beneficiary. Please fill out his/her address , name and your relationship with the beneficiary.（受取人には両親、配偶者、子供、祖父母、兄弟から指定をし、受取人の住所、氏名とあなたの関係(続柄)を記入してください。）

2.Language（記入言語について）
Please complete the form in Japanese or English.（日本語か英語で記入してください。）

3.Filling out this form（記入について）
Please use a non-erasable ballpoint pen if you fill it out by hand.（ボールペン(消えないもの)を使用して記入ください。）

4.To Make Corrections（訂正方法について）
Please make any corrections by crossing out incorrect information with two horizontal lines and signing beside the correction or stamping your personal seal over the mistake. The use of white-out is NOT permitted.（訂正する場合は、二重線で抹消し、上にサインまたは捺印をしてください修正液の使用は不可です。）

5.Please complete all fields in bold-bordered boxes.（太枠内の全ての項目を記入してください。）

■Terms and conditions of the insurance （該当契約の内容）

Date of Submission 提出日	DAY / MONTH / YEAR
	1 / August / 2021

Applicant (Contractor) ご契約者	Council of Local Authorities for International Relations 一般財団法人 自治体国際化協会	Type of insurance 保険種類	Overseas Travel 海外旅行保険
		Policy Number 証券番号	
Period of insurance(Period for open contract) 保険期間(特約期間)	Including the extension of the period on the same terms and conditions.(同条件で保険期間が延長される場合も含みます。)		

Limit of indemnity per insured (※1) 保険金額(被保険者1名あたり)	Coverage (補償項目)	Limit of indemnity (保険金額)	Coverage (補償項目)	Limit of indemnity (保険金額)
	Injury death (傷害死亡)	20,000,000 Yen	Sickness death (疾病死亡)	6,000,000 Yen

Name of JET Participant JET参加者の名前	Key Sugawara	**JET Number** JET番号	20210123456

Beneficiary (Recipient of death benefits) 死亡保険金受取人

You can designate only one person. 受取人は1名のみ指定できます

Address ご住所	**Country** 国名	USA	★If the contents of the yellow box are incorrect, it is necessary to cross out the incorrect information and sign one's name next to it （黄色欄の記載を誤った場合、二重線での抹消とサインが必要です。）
	765 Figuero Street, Suite 4800, Los Angeles, California 90017		
Name お名前	John Sugawara	**Relationship with the insured** (※1) 被保険者との関係	Father ~~Mother~~ KS
E-Mail Address メールアドレス	john.sugawara @ abc.co.jp		
Telephone Number 電話番号	Country Code 1	＋ 123-456-7890	

Special clause for labor disaster indemnity provided by a corporation,etc. 企業等の災害補償規定等特約	☐ Yes ☑ No(※1)	Objects of agreement 同意の対象	☐ **All insurance contracts included in the present open contract.**(※2) 本包括契約で対象となる全契約に同意 ☑ **This insurance contract only** 本契約のみ同意	Agreement to renewal of the open contract 【B2 form】 更新契約の同意【B2方式】	☑ **Yes** (Agreement to future renewal on the same terms and conditions) (※3) 有(同条件の更新契約も同意) ☐ **No**(Agreement to the present contract only) 無(本契約のみ同意)

※1 Please explain to your family about this insurance contract.(本契約の加入についてご家族にご説明ください。)

※2 Insurance contracts shall be those in which participation is made at the time of business trips on the same terms and conditions during the above period of insurance.（上記特約期間中の業務出張時に上記内容で加入される保険契約を対象とします。）

※3 The following contracts will be handled in the same way with the present contract:
・Renewal contracts continued on the same terms and conditions.
・Insurance contracts which are cancelled halfway through the period of insurance and take effect on the date of cancellation on the same terms and conditions as before, as well as their renewal contracts.
（以下の契約についても本契約と同様に取扱います。
・同条件で継続される更新契約 ・保険期間の途中で保険契約を解約し契約日を保険始期とする同条件の保険契約およびその更新契約）

I confirm my agreement to become the insured (※1) of the above-mentioned insurance contract.
（上記の保険契約の被保険者となることに同意します。）

Insured (JET Paticipant) 被保険者(JET参加者)

Signature by JET Participant (the insured (※1)) JET参加者(被保険者)のご署名	Date of Birth 生年月日	Age (※2) 満年齢
Please sign here in handwriting.(必ずご署名ください。) KS	DAY / MONTH / YEAR 28 / July / 1991	29
Passport No パスポート番号	**Signature date** ご署名日	
AB1234567	DAY / MONTH / YEAR 1 / August / 2021	

※1 The insured means person(s) insured under this contract.(「被保険者」とは、保険の対象となる方をいいます。)

※2 Please enter your full age on the date of commencement or alteration (in cases of participation or the designation of the recipient halfway through the period of insurance.)(始期日もしくは変更日(中途加入、期中での受取人指定の場合)時点の満年齢をご記入ください。)

Official Use 代理店・社員記入欄

以下の確認欄に記載の方法により被保険者が本人であることを確認し、被保険者の死亡保険金受取人指定に関する同意の意思を確認しました。

本人確認方法 ☑ パスポート ☐ 健康保険証 ☐ その他(書類名)

確認書類の番号
(上記番号について確認した)

確認者	社員

2023年3月作成

Appendix 5

Kinkyu Sokuhō (Emergency Report)

※本様式送付時の送り状は不要です。

＜様式 5-2-①　緊急速報＞

自治体国際化協会　研修・カウンセリング課　行
E-mail:jetprogramme@tmnf.jp　東京海上日動火災保険　広域法人部　法人第一課　行

緊急速報

年　　月　　日(　)

任用団体名 （部署名）			電話		
			FAX		
			担当		
JET プログラム 参加者氏名				国　籍	
				性　別	男　・　女
				推薦公館名	
JET 番号			職種	CIR　・　ALT　・　SEA	
パスポート NO.		在留カード番号			
配属先	配属先名				
	所在地				
	電話/FAX				
JET プログラム 参加者の住所・電話					
母国連絡先（氏名、住所、電話、続柄）					
1. 事件・事故等の概要 2. 当面の措置状況 3. 今後の対処事項 4. その他					
送信者（取りまとめ団体名） 都道府県　（市）　部　　課 TEL　　担当者名					

Appendix 6

Overseas Travel Insurance General Conditions and Special Conditions

Please see the following links.
Japanese: https://www.tokiomarine-nichido.co.jp/service/pdf/overseas_yakkan_240401.pdf

English: https://jetprogramme.org/wp-content/uploads/insurance/JET 傷害保険約款（英）JET-Accident-Insurance-General-Conditions-and-Special-Conditions.pdf