

**TMDU Application Form for OSSMA**

**★Submit this form with a copy of the page in your passport that includes your photo and passport number**

v2017.01.13

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of**  **Submission** |  | | Ask us：Overseas Studies Support Unit  [ossu@ml.tmd.ac.jp](mailto:ossu@ml.tmd.ac.jp)　(03-5803-4758,7013) | | | | | | |
| **Name** |  | | Family name | | | | Given name | | |
| Your name | |  | | | |  | | |
| Furigana (how to pronounce in Japanese) | |  | | | |  | | |
| **Affiliation** | Faculty of（　　　　　　　　　　　　　　　）, School of （　　　　　　　　　　　　　　） Year：（　　　　　　　　　　） | | | | | | | | |
| Graduate School of （　　　　　　　　　　 ）　Master ・ Doctor,　Year：（　　　　　　　　　　） | | | | | | | | |
| Other：（　　　　　　　　　　　　　　　　　　　　　　　） | | | | | **Student ID number** | |  | |
| **Birthday** | Year（　　　　　　　）Month（　　　）Day（　　　） | | | Age：（　　　　） | | | **Sex** | | M ・ F |
| **Destination** | Country |  | | | | | | | |
| City |  | | | | | | | |
| Name of institution or conference |  | | | | | | | |
| **Period of staying** | The day you leave Japan：  Year（　　 　　　）Month（ 　　）Day（　 　） | | | | The day you come back to Japan：  Year（　　 　　　）Month（　 　）Day（　 　） | | | | |
| **Email address** | Please submit your email address which you can check while you are out of Japan. **OSSMA company will send emails to this address to check your safety.** | | | | | | | | |

With the submission of this application form, you have consented to the sharing of personal information entered on this form with authorized persons at Tokyo Medical and Dental University (TMDU) and OSSMA Company (Emergency Assistance Japan).

**★Check the fee on the OSSMA outline on page 7. Then please transfer to the bank account mentioned on page 2 of this form, and attach your receipt there.**

Note: You can apply for Travel Insurance with OSSMA at a lower price than other private-market options. If you would like to apply for it, please fill out page 2 of this form, and pay the insurance fee along with the OSSMA fee.

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MC900438253[1]MC900438253[1]**MC900446140[1]**

MC900438253[1]

**【Travel Insurance Registration Form】**

【**Choose your plan from below**】

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Coverage | | Plan A | | Plan B | | **Fee for OSSMA**  \*Check the fee with OSSMA outline page 7  yen  ※The duration for OSSMA is from the day you will leave Japan to the day you will come back to Japan. |
| Injury Death and Residual Disability | | n/a | | \1,000,000 | |
| Medical and Rescuer’s Expenses | | \100,000,000 | | \100,000,000 | |
| Liability | | \100,000,000 | | \100,000,000 | |
| Baggage | | n/a | | \200,000 | |
| Flight Delay Expenses | | n/a | | \20,000 | |
| Baggage Delay Expenses | | n/a | | \100,000 | |
| **【Please answer the questions below】**  **①Are you covered by any other insurance now?**  　NO　　　YES  （The name of the insurance company：　　　　　　　　　　　　　　　　　　　　）  （Type of insurance：　　　　　　　　　　　　　　　　　　　　　 ）  （Expiration date： 　）  **②Do you have any chronic diseases or injuries?**  NO　　　YES　　（Name of your chronic diseases or injuries ：　　　　　　　 　　　　　　　）  **③Do you live outside of Japan?**  \*Overseas travel insurance may be invalid when you go back to your home country.  Please ask officers.  NO　　　YES  **④Have you claimed or received insurance payment within the past three years?**  NO　　 YES  （The name of the insurance company：　　　　　　　　 　　　　 　　　 ）  （How many times?：　　　　 ）  （Total amount：　　　　　　　　 　　　　yen）  ★Please submit your phone number and your address below↓ | | | | | | | **Fee for Travel Insurance**  \*Check the fee with OSSMA outline page 8-9  yen  ※The duration for OSSMA is from the day you will leave Japan to the day you will come back to Japan. |
| **Total Fee**  (Fee for OSSMA+ Fee for Travel Insurance)  　 yen  Please make sure the total fee is correct. OSSU member will do a final check with you before you submit this form. |
| **Phone number** | |  | | | |  | |
| **Address** | | 〒 | | ※Certificate of the insurance will be sent to this address. Please take it with you when you go abroad. | | | |
|  | | | | | |

Attach the tiny receipt here after finishing the transfer through the ATM machine. Feel free to ask us if you have any questions about OSSMA!

【Please attach your recipe on the square below】

Information of the bank account：

りそな銀行（Risona Bank）日本橋支店（Nihonbashi Branch）普通（Savings account）No. 0130161 Name: ニホンエマージェンシーアシスタンス（株）

※Enter the letters「TMDUOSM」before your name when you transfer money to the above bank account.

★If you have any trouble with the transfer, please do not hesitate to contact us. Thank you! ★　　　　　　　　　　　　