

# PLEASE BEGIN BY READING THIS.

**Beginning April 1, 2019 we will offer new mutual insurance and insurance plans with excellent insurance coverage.**

Thank you for using the University Co-op.

As we launch the new mutual insurance and insurance plans, we will stop offering the current type.

Therefore, for current insurance that automatically renews at the end of the term, the insurance upon renewal will be the new mutual insurance and insurance plans and it will differ from the current insurance.

Please note the explanatory points set forth below. For continuing university students, we invite you to continue insurance coverage with the new mutual insurance and insurance plans.

## Point 1

**You may not renew your insurance under the current type of insurance.**

Those students registered as being scheduled to graduate in the year ending March 2019 will, upon reaching the end of the current term of their insurance, be covered by the new mutual insurance and insurance plans.

## Point 2

**You may not renew your insurance coverage in the Mutual Insurance for Fire (KW Type).**

For persons living alone, please consider signing up for the Personal Liability Insurance for Students plus the Special Clause for persons living alone. You may not purchase the Special Clause for persons living alone, by itself without the rest of the insurance plan.

**Please see the enclosed pamphlet describing the content of the new mutual insurance and insurance plans.**

**Please see our website for information on how to renew your insurance coverage and frequently asked questions. You can access it using the two-dimensional barcode.**



# HOW TO RENEW

Student members of the University Co-op may renew their insurance.

## Filling out the application form

Please fill out the *Insurance Application* on the back of this sheet.  
Please review the information on *insurance premiums and installments, and terms of insurance upon renewal*.  
There is no applicant's copy of the application form.  
**Please make a copy of the application form before you send it in.**

## Sending in the Application Form

Please cut off the application form along the dotted line, place it into the return envelope and put it in a mailbox.

**Deadline for renewal applications:  
must be received by March 31, 2019**

(Please put it in mailbox by about March 20. Due to circumstances of the postal services it might not arrive in time.)

**If it arrives on or after April 1, it will not be handled as a renewal. If the deadline date passes, the current insurance will terminate on its expiration date and the application will be treated as an application for a new insurance contract. There are some disadvantages to that, as listed below. We recommend renewing before the deadline.**

- Insurance coverage will not apply between the expiration of the current contract and the beginning date of the new contract.
- A new disclosure regarding physical health for Life Mutual Insurance will be necessary. Illnesses as of the time of the new contract and disclosed illnesses shall not be eligible for mutual insurance payments for one year after the new contract.
- If your benefactor dies from a disability caused by an illness or accident that occurred before the insurance period begins, insurance payments cannot be made under the Enrollment Expenses Insurance. (Provided, however, if death occurs after one year has passed since purchasing the insurance, insurance payments may then be made.)

## Sending Post Card Confirming Review of Renewal Application

These will be mailed out to the benefactor's address beginning January 2019 in the order received. Please confirm the bank account transfer date and the payment amount.

**★ If a Certificate of Continuing Guaranty is required in connection the renewal of a lease agreement.**

A Certificate of Mutual Insurance/Certificate of Procurement of Insurance cannot be issued until the bank account transfer of the insurance premium/installment has been made. If you need an insurance certificate more urgently, please use the *Postcard Confirming Review of Renewal Application* in its place. **It usually takes about 2-3 weeks after receipt of the application form for the confirmation postcard to be sent out.**

## Bank account transfer of insurance premium/installment

A bank account transfer withdrawal will be made as stated in the "Post Card Confirming Review of Renewal Application."

**\*\*The registered bank transfer account cannot be changed.** If the account cannot be used, please contact the Mutual Insurance and Insurance Support Line.  
We will send payment remittance instructions so please pay in such case using the Japan Post Bank payment slip.

## Sending the Certificate of Mutual Insurance/ Certificate of Procure- ment of Insurance

These will be sent out to the benefactor's address beginning around the middle of the month after the bank account transfer has been completed.

**\*\*If there is a problem with the application, it may take some time to resolve. We ask your understanding in advance.**

# EXAMPLES OF COMPLETED APPLICATION FORMS

- Use a black ballpoint pen.
- Don't use an erasable ink pen (such as FriXion pen)
- There is no applicant's copy of the application form.

Please make a copy of the application form before you send it in.

## Please note.

### Regarding corrections

You need not use correction signature seal when correcting an error on the application form. Cross out with two lines, and write the correction in a blank space.

~~Seikyo~~ Kyodo

[Important] If intentionally or through gross negligence, false information is provided among the disclosure items, the mutual insurance and insurance agreement may be rescinded and it is possible that it might not be possible to make mutual insurance payments or insurance payments. Also if a change occurs among the insurance notification items, the failure to provide accurate updated notifications could cause a problem with the payout of insurance payments.

- 必須項目 1** Fill out the date on which the application form was prepared. University Co-op student members may renew their insurance coverage. Please make sure to write your full name. Please check the box like ☒ (confirmation of University Co-op membership status)

Students proceeding to the graduate school of the same university, please continue your University Co-op membership without receiving the return of your investment contribution to the University Co-op upon graduating from the undergraduate level.

Students planning to go to the graduate school of a different university, please pay the investment contribution to the University Co-op of your new university and become a member there.

- 必須項目 2** Choose either *Commuting to School from Home (Left)* or *Living Alone (Right)* (*Renting a Room*).  
Commuting to School from Home means to commute to school from your home living with your benefactor or from a home owned by your benefactor.  
Living Alone (Renting a Room) means to commute to school from a rented condominium or apartment.

- 必須項目 3** Fill out the *New Scheduled Graduate Year/Month* expected after your renewal. If the graduation month is left blank, it will be deemed to be March.

	New Scheduled Graduate Year/Month
Study Abroad, etc. (student during entire year)	March 2020
Master's Degree (2 years)	March 2021
Beginning High school/Ph.D. program (3 years)	March 2022
Beginning Undergraduate University (4 years)	March 2023
Beginning Technical College (5 years)	March 2024
Beginning Medical, Dentistry, Pharmaceutical, Veterinary, or related (6 years)	March 2025

- 任意項目 4** Students moving to a different university or graduate school at a different university. Students changing undergraduate department of study or affiliation.

Write the name of your new university. If your affiliation is changing, write that as well.

\*\*Students in a United Graduate School are not deemed to have changed their affiliation nothing needs to be written. If your new school is not included in the "List of Co-ops handling Student Comprehensive Mutual Insurance" shown on the backside of the application form, please see the information regarding "What to do if your university or graduate school doesn't have a University Co-op or the Co-op doesn't handle mutual insurance" shown on the backside of the application form.

- 必須項目 5** Please circle ☐ the correct *classification after renewal* (undergraduate/university student, graduate student, etc.). If nothing is circled, you will be deemed to be the same status as under the current contract. If you indicate *Other*, unless you are a *student*, you may not renew the insurance contract.

Please complete all **必須項目** (Required Items). If anything is left blank, it will be treated as a problem and a contract will not be established.

継続申込締切 2019年3月31日必着

81 2019年度学生総合共済・学生賠償責任保険・就学費用保障保険 加入申込書

全国大学生協共済生活協同組合連合会中

被共済者番号 XXXXXXXXXX-X

生協コード (共済連用)

生協組合員加入確認 ☒ 大学生協に加入しています

必須項目 1 2019年3月31日

生協太郎

必須項目 2 2019年4月

必須項目 3 2019年4月

任意項目 4 4月から違う大学に通う方

必須項目 5 継続後の区分

任意項目 11 所変更に記入欄

被共済者(学生)の住所変更

住所

扶養者の住所変更

住所

必須項目 6 6 継続する

必須項目 7 7 継続する

必須項目 8 8 継続する

必須項目 9 9 継続する

必須項目 10 10 継続する

任意項目 11 11 任意項目

任意項目 12 12 任意項目

追加契約申込書請求欄

現在ご加入の契約以外に新たに契約を追加したい場合は、ご希望の契約の二にチェックをお願いします。申込書と私設保証書をお送りいたします。

保険開始予定年月 ( 年 月 )

申込書のお届けは2週間程度かかります。お急ぎの場合は、大学生協共済-保険サポートダイヤル0120-335-770までご連絡ください。

- 必須項目 6** Students wishing to renew, circle ☐ RENEW. Students NOT wishing to renew, cross out RENEW with two lines drawn across it. If nothing is written, it will be deemed to mean 'not renew.'

- 必須項目 9** Insurance disclosure items (Please see the next page)
- 必須項目 10** Fill out the information if you wish to purchase either or both: Personal Liability Insurance for Students and/or Enrollment Expenses Insurance.
- \*\*1 Please be aware that if the disease causes the death of the beneficiary is caused by a disease that occurred before the insurance coverage period began for the original insurance contract before renewal, it might be excluded from the insurance coverage. (Provided, however, this shall not apply to a situation where the death occurs at least one day after one year has passed from the date on which the insurance coverage began, counting from the first day of coverage.)
- \*\*2 In line iii) please answer concerning the student's (applicant's) occupation. If one of the following occupations listed in the attachment below apply, you may not purchase
- ③ Student Personal Liability or ④ Enrollment Expenses Insurance.

Agricultural and forestry worker, fishery worker, miner or quarryman, driver (including navigator), construction worker, workers involved in the manufacture of items made from wood, bamboo, grass or vines, and persons engaged in the following "particularly hazardous occupations" (including occupations with a similar or higher degree of risk).  
Automobile tester (test driver), motorbike racer, racing car driver, bicycle racer (Keirin track racer), motorboat (including jet skis) racer, wild animal handler (including breeding personnel at zoological parks), professional boxer, professional wrestler, roller game athlete (including referees), sumo wrestler, etc.

- 任意項目 11** If you have a change of address, please write your new address on the change of address line. If your situation changes from living alone to commuting from home, you can no longer continue the Special Clause for persons living alone. Please see 2 for your reference.

- 任意項目 12** Line for Application for Additional Contracts  
Check the type of contracts for which you wish to have application forms sent.  
If you have an urgent need for your insurance period to begin quickly, please contact the Mutual Insurance and Insurance Support Line: 0120-335-770.

# IF YOUR CONTRACT IS ABOUT TO EXPIRE

Thank you very much for taking out coverage through the University Co-op.

**Your current contract is *about to expire*.**  
**After carefully confirming the contents of the enclosed pamphlet and application form, please be sure to perform the *expiration procedures* for either **A** or **B**.**

## IMPORTANT NOTICE

There will be big changes to the *Student Comprehensive Mutual Insurance* starting on April 1, 2019.

\* In particular, based on our extensive review of the coverage of the "Mutual Insurance for Fire" that you have had thus far, we will be making some substantial changes to information regarding the *special clause for persons living alone in the Personal Liability Insurance for Students* starting on April 1. If you understand and agree, please perform the procedures to continue the coverage.

The *University Co-operatives Mutual Aid Federation website* contains information regarding the new system of Student Comprehensive Mutual Insurance and how to perform the procedures for continuing the coverage.



## REQUEST

**PLEASE BE SURE TO PERFORM THE EXPIRATION FORMALITIES FOR EITHER **A** OR **B**.**

# A

- If you will not be attending a university because you will be graduating or for another reason.
- If you are not a University Co-op student member.



**Cannot continue to be covered by Student Comprehensive Mutual Insurance**

The postcard indicating that you will be graduating or that you will not need the documents, shown below, must arrive by the

**January 31, 2019 deadline.**

Please mail it by about January 27.

**If you cannot return the postcard by the deadline**

We will resend you the *procedure documents for continuing* in March.

\* If you miss the deadline, please return either the postcard indicating that you will be graduating or that you will not need the documents, or the *application form*, as soon as you decide on a future path.

**If you have sent the postcard**

Thank you very much for belonging to the University Co-op while attending school. With the expiration of your coverage, you will no longer be eligible to use the coverage of the University Co-op. Therefore, please consider taking out a *CO-OP Mutual Insurance*. We, University Co-op, recommend that you take out a *CO-OP Mutual Insurance* of the Japanese Consumers' Co-operative Union, offered by Co-op all over Japan.

Please see the details of the CO-OP Mutual Insurance on the back page.

# B

- If you are going to continue to attend a university
- If you are going to go on to graduate school



**You can continue to be covered by Student Comprehensive Mutual Insurance.**

After filling out the enclosed *application form*, please mail it by around March 20 to be sure that it arrives by the application **deadline of March 31.**

**If your application arrives after the application deadline**

We cannot accept it as a *continuing contract*.

\* Since this would mean that you would have to take out the insurance policy again. If you are continuing with a rental agreement, please be aware that your coverage will expire if you *forget to perform the procedure*.

**Precautions regarding joining a Co-op and investments**

- (1) If you are going on to graduate school at the same university  
You will need to continue your membership in the University Co-op, without the Co-op refunding your investment, when you graduate.
- (2) If you are going on to graduate school at another university  
You will need to pay the investment money at the Co-op of the school you will attend, and become a member there.

**For questions:**

The University Co-operatives Mutual Aid Federation  
Mutual Insurance and Insurance support telephone number

**0120-335-770**

✂ CUT HERE ✂

- If you will not be attending a university because you will be graduating or for another reason
- If you are not a member of a student union
- If you do not want to continue coverage

Please return the *postcard indicating that you will be graduating or that you will not need the documents*. You can also contact us *using the QR code indicating that you will be graduating or that you will not need the documents* below.

✂ CUT HERE ✂

RETURN DEADLINE: JANUARY 31, 2019

POSTCARD CONTAINING INFORMATION ABOUT  
GRADUATION AND INFORMING THAT  
DOCUMENTS DO NOT NEED TO BE SENT



全国大学生協  
共済生活協同組合連合会  
業務部契約業務課 行

差出有効期間  
2020年11月  
30日まで  
(切手不要)



(受取人)  
東京都杉並区高円寺南  
1-12-4

166-8790

郵便はがき