

# HEALTH INSURANCE

## DISCLAIMER

I \_\_\_\_\_, understand that in accordance with Japanese Government regulations that require all foreign residents to apply for either National<sup>国民</sup> Health Insurance, private insurance or Social Insurance<sup>社会 保険</sup> that it is my responsibility to finance my own personal health care requirements.

I certify that I have made provision for my own health coverage and do not wish to join the Global Insurance Plan that has been offered to me by Interac Co., Ltd.

I understand that by declining this offer releases Interac Co., Ltd from any responsibilities that may arise due to sickness, injury or death during my employment.

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Signature

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Date