(Attached Table 1) : Examples of Personal Information Held by Health Insurance Society, etc.

Type of personal information	Contents of information
Application-related	 Insured person number and insured person symbol, name, date of birth, gender, personal number, insured person branch number Date of acquisition/loss of qualification, remuneration/bonus results, presence of dependents, amount of income in the previous year *In the case of a dependent, in addition to the above information,
	information indicating the relationship of maintenance of livelihood with the insured person himself/herself (Relationship, Co-residence, etc.) *you are a voluntary insured person, please provide your address and other contact information in addition to the above.
Insurance Benefits (Benefits-in-kind)	Information on the medical fee statement (receipt) [Date and number of days of medical treatment, name and location of medical institution, name of injury or disease, details of medical treatment, medical expenses, etc.]
Insurance Benefits (Cash benefits)	Medical treatment expenses, transportation expenses [Details of the therapeutic orthosis, the date it was worn, information on the judo therapist, anma, acupuncture, moxibustion, massage therapist, etc., the circumstances and cost of transportation, and other reasons for application, etc.] Injury and illness allowance [Information on the name of the injury or illness, period of inability to work, amount of remuneration during the period of inability to work, amount of pension received, attendance at work, and doctor's opinion] Maternity allowance and lump-sum allowance for childbirth and childcare [Information related to the date of birth, attendance at work, amount of remuneration during the period of remuneration during the period for childbirth
	childbirth] Burial fees (expenses) [Date of death, cost of burial, information related to the claimant]
Health activities services	Health checkups and health guidance (including specific health checkups, specific health guidance, and collaborative health with business offices) [Date of medical checkup, name and location of medical checkup institution, results of medical checkup/interview, results of health guidance]