

Invitation for New  
Membership in FY2024

Subscription starts from Thursday, February 1, 2024

# Traffic Accident Mutual Aid Plan Fire Mutual Aid Plan

Membership Fee:

**600** yen

Per year per person

## Traffic Accident Mutual Aid Plan

- Maximum Death Benefit: **2,000,000** yen
- Maximum Benefit for Medical Treatment: **200,000** yen  
(Outpatient)

### ATTENTION!

Higashiosaka Traffic Accident Mutual Aid Plan is not a mandatory insurance which is required by the Osaka Prefecture Bicycle Ordinance.

Membership Fee:

**600** yen

Per year per share

## Fire Mutual Aid Plan

- Maximum Benefit: **1,500,000** yen
- Maximum Condolence Money: **1,000,000** yen

### ATTENTION!

Fires caused by **earthquakes, typhoons, or other natural disasters** **are not covered** by this plan.

## Online subscription is available!

Please subscribe online if there is no service counter nearby or when there is no time to go there.

### Procedures including subscription and benefit claim are now available by using the city's electronic application system!

\* Registration is required to use the city's electronic application system.

東大阪市民共済 電子申請

検索

FY2024 Enrollment application (Subscription)



\*Only credit card or iD payment is accepted.

\*Deadline for subscription by using the city's electronic application system is Saturday, March 23, 2024.

Other procedures



<Available online procedures>

- Benefit claim
- Notification of change of information on membership card
- Application for reduction of membership fee (for eligible households for school expense allowance)

Insurance Period: From Monday, April 1, 2024 to Monday, March 31, 2025

\*In case of joining the plan in the middle of a period, the effective insurance period is from the following date of enrollment to Monday, March 31, 2025.

**Subscription Period** : From Thursday, February 1, 2024 to Friday, March 29, 2024

Where to apply: ①Administrative Service Center ②General Affairs Division (5F, City Hall) ③Financial institutions in the city ④Online application system(until March 23, 2024)

\*Subscription is not accepted at Resona Bank, Mitsubishi UFJ Bank, Mitsui Sumitomo Bank, Japan Post Bank and post office.

①Each Administrative Service Center and ②General Affairs Division (5F, City Hall) will welcome your application even **after April**.



Higashiosaka City

# Summary of Traffic Accident Mutual Aid Plan

## Eligibility

Any person who is registered as a local resident and reside in Higashiosaka City is eligible for enrollment.

\*Enrollment is not permissible in the following cases:

- Applicant who is not residing in the address filled in the application form.
- Applicant who does not registered in the address filled in the application form.

## Membership fee

The premium charge is 600 yen per person per year and is on a "one share per person." basis. In case of enrollment in the middle of a period, the fee varies depending on the month to which the following date of enrollment belongs.

(Ex. when enrolled in April 30⇒550 yen with effectiveness from May 1)

Month	Apr. or before	May	Jun.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.
Fee (Yen)	600	550	500	450	400	350	300	250	200	150	100	50

\*School student who is qualified for school expense allowance are requested to notify at the time of application in Administrative Service Center or General Affairs Division (5F, City Hall) or apply online for reduction of fee. After the allowance for FY2024 is approved, a notice about the fee reduction by half will be sent out to the applicant. Enrollment within the fiscal year is required.

## Benefit

Segment	Grade	Grade of Accident	Benefit Amount
Benefit	Special 1st	Death of head of family (except single-person household)	2,000,000 yen
	1st	Death of person other than head of family or head of single-person household	1,500,000 yen
	2nd	Injuries requiring treatment for 180 days or more	200,000 yen
	3rd	Injuries requiring treatment for 150 days or more but less than 180 days	120,000 yen
	4th	Injuries requiring treatment for 120 days or more but less than 150 days	100,000 yen
	5th	Injuries requiring treatment for 90 days or more but less than 120 days	80,000 yen
	6th	Injuries requiring treatment for 60 days or more but less than 90 days	60,000 yen
	7th	Injuries requiring treatment for 30 days or more but less than 60 days	40,000 yen
	8th	Injuries requiring treatment for 20 days or more but less than 30 days	30,000 yen
	9th	Injuries requiring treatment for 10 days or more but less than 20 days	20,000 yen
10th	Injuries requiring treatment for less than 10 days	10,000 yen	
Hospital Treatment Additional Benefit	1st	Duration of hospital stay for 90 days or more	30,000 yen
	2nd	Duration of hospital stay for 30 days or more but less than 90 days	20,000 yen
	3rd	Duration of hospital stay for 10 days or more but less than 30 days	10,000 yen

\*Benefit claims shall be made within two years from the date of the accident.

(ex. In the case of accident occurred on April 1, 2024 ⇒ Benefit claim is accepted until April 1, 2026.

\*Only single claim is permitted per accident.

## Claim procedures

A member should carry out the procedure in person, submitting the required documentation listed below (originals). However, if a member delegates the claim procedure to another person as proxy, he/she must prepare a letter of proxy (The designated form is available at each Administrative Service Center or General Affairs Division at 5F, City Hall. When an injured person is a minor, the person with parental authority must complete the procedure.

- (1) Membership authentication and acknowledgement (not required in case of online application)
- (2) Traffic accident certificate in connection with the accident resulting in injury or death issued by the Japan Safe Driving Center
- (3) Certificate from the doctor that contains 1) and 2) below (The designated form is available at each Administrative Service Center or General Affairs Division at 5F, City Hall.

- 1) Actual treatment days and number of days spent in hospital must be explicitly stated
- 2) Treatment by a doctor must be accomplished within seven days after the occurrence of the accident

\*In the case of a benefit claim for Level 10 due to an accident occurred on or after April 1, 2023, receipts or other documents that prove the fact of medical treatment are also acceptable.

- (4) ID document of the person who came to the city hall for claim (ex. My Number Card, Driver's license or health insurance card)

In the case of death, the following documents shall be submitted together with the above (1) (2) and (3):

- (5) Certificate of death or postmortem certificate
- (6) Certification proving the relationship between the claimant and the deceased person. (Ex. a copy of family register or a copy of removed family register)
- (7) Notification of representative for claims for mutual aid benefits, etc.

Please contact General Affairs Division in advance in the following cases:

- Benefit claim because of death
- Self-incurred accident involving a wheelchair for the disabled
- When a member is repeatedly involved in traffic accidents during the treatment period

\* In regards to the necessary documents, originals can be returned to the claimant upon request.

\* Benefit shall be paid by means of bank remittance. Please notify the office of the name of the bank and branch, and account number.

## Where to claim

Subscription is available at each Administrative Service Center, General Affairs Division at 5F, City Hall or by online

## Insurance period

Valid period is from April 1, 2024 to March 31, 2025. When a person joins the plan in the middle of a period, the effective period is from the following date of enrollment to March 31, 2025. Even if a person moves out of Higashiosaka City during the period, membership will survive until March 31, 2025. Please note that cancellation is not permissible.

## Covered accidents

Collisions or falling off while riding in a vehicle including a car, motorcycle or bicycle on the roads as prescribed in Article 2, or being hit or run over while a pedestrian in Japan. Benefit shall be also paid for accidents involving a wheel chair for the disabled. However, the plan does not cover accidents involving trains, planes and ships etc. and accidents outside Japan.

## Cases that the benefit shall not be paid

- (1) Gross negligence or misconduct of a member or a beneficiary;
- (2) Suicide or criminal act of a member;
- (3) Driving a car under the influence of alcohol or without a driver's license;
- (4) Accidents when a member is using a vehicle or wheel chair off the road for the purpose of trial operation, competition, industrial promotion or for practice and;
- (5) When the claimant is found to be disqualified for the membership

Investigation will be conducted if any doubts regarding the qualification of membership or details of accident and claims arise. Your cooperation is appreciated in advance. In case member's cooperation cannot be expected, benefit payment will be delayed or denied.

○Benefit shall be paid in accordance with the actual days spent in the hospital or the actual days requiring regular outpatient treatment (actual treatment days).

○In the case of special 1st and 1st grade for the benefit, benefit shall be payable only when a member dies within 180 days after the occurrence of the accident.

○When a member has a treatment in several hospitals in a same day, actual treatment day is counted as 1 day.

○In the case of hospital treatment additional benefit, benefit shall be paid in accordance with the actual days spent in the hospital only when a member was hospitalized for more than 10 days.

Download of claim form, medical certificate form and proxy letter, etc.



[http://www.city.higashiosaka.lg.jp/soshiki/9-1-0-0-0\\_16.html](http://www.city.higashiosaka.lg.jp/soshiki/9-1-0-0-0_16.html)

**A traffic accident certificate shall be submitted even in the case of self-incurred cycling accident. Please file a report to the police on the day the accident occurs.**

# Summary of Fire Mutual Aid Plan

## Eligibility

Any head of a family who is registered as a local resident and reside in Higashiosaka City is eligible for enrollment.

\*Enrollment is not permissible in the following cases:

- Applicant who is not residing in the address filled in the application form.
- Applicant who does not registered in the address filled in the application form.

## Membership fee

Premium charge is 600 yen per family unit per year and each family unit is eligible for up to three shares. In case of enrollment in the middle of year, the fee varies depending on the month to which the following date of enrollment belongs. (Ex. when enrolled in April 30⇒550 yen as it is effective from May 1)

Month	Apr. or before	May	Jun.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.
Fee (Yen)	600	550	500	450	400	350	300	250	200	150	100	50

## Insurance period

Valid period is from April 1, 2024 to March 31, 2025. When a person joins the plan in the middle of the period, the effective period is from the following date of enrollment to March 31, 2025. If a member moves out of Higashiosaka City during the period, the member shall be disqualified from membership upon such move. Please note that cancellation is not permissible.

## Covered fire-related disasters

Damage or loss of a residential house (irrespective of owned or rented house) in which a member actually resides and is registered as a local resident, caused by fire, thunderbolt, gas explosion etc. In this case, damage to factory, warehouse or store as well as damage or loss of attachment to house including gate, fence, paling, separated catchall or barn, garage, and equipment such as air conditioners or water boilers are not covered in the plan. In the case of a family residing in lodgings or a boarding house, each family's specific living area shall be regarded as covered. However, when a member suffers from damage of all or part of his/her house leased to other(s), such householder shall not be entitled to benefit.

## Cases that the benefit shall not be paid

- (1) Gross negligence or misconduct of a member or other person belonging to the same family unit;
- (2) Insurrection and other incidents
- (3) Earthquake, typhoon or other classed as natural disaster;
- (4) When the claimant is found to be disqualified for the membership

Segment	Grade	Degree of Fire-related disasters	Benefit Amount Per share
Benefit	1 <sup>st</sup>	The extent of destruction or damage by fire is 70% or more of gross floor area.	1,500,000 yen
	2 <sup>nd</sup>	The extent of destruction or damage by fire is 20% or more but less than 70% of gross floor area.	800,000 yen
	3 <sup>rd</sup>	The extent of destruction or damage by fire is 10% or more but less than 20% of gross floor area.	250,000 yen
	4 <sup>th</sup>	The extent of water damage as a result of firefighting is 50% or more of gross floor area.	120,000 yen
	5 <sup>th</sup>	The extent of water damage as a result of firefighting is 20% or more but less than 50% of gross floor area.	50,000 yen
	6 <sup>th</sup>	The extent of destruction or damage by fire is less than 10% of gross floor area.	20,000 yen
Death Benefit		Benefit shall be paid per deceased person (must be a member of this plan or relatives who are registered in the same household)	1,000,000 yen

○When a member participates in two or three shares of the plan, the amount of benefit payable shall be twice or triple that indicated above, respectively.

○When 4th or 5th grade damage is combined with other grade damage, the higher ranked grade shall be adopted for benefit payment.

## Death benefit

Death benefit shall be payable only when a member or the family member living with such member (a person registered in the same family unit) dies within 180 days after the occurrence of the fire-related disaster while residing in the subject house.

**Benefit claims shall be made within one year from the date of fire-related disaster (or the date of death in the case of death).**  
(Ex. In case of damages on April 1, 2024 ⇒ Claim is accepted until April 1, 2025)

## Claim procedures

The head of the family should carry out the procedure in person submitting the required documentation listed below (originals). However, if a member delegates the claim procedure to another person as proxy, he/she must prepare a letter of proxy (The designated form is available at each Administrative Service Center or General Affairs Division at 5F, City Hall.

(1) **Membership authentication and acknowledgement** (not required in case of online application)

(2) **Fire certificate issued by a Director General of Fire Bureau**

In the case of death, the following documents shall be submitted together with the above (1) and (2):

(3) **ID document of the person who came to the City Hall for claim (ex. My Number Card, driver's license or health insurance card)**

In case of death, receipt or other documents that proves the fact of treatment is acceptable.

(4) Certificate of death or postmortem certificate

(5) Certification proving the relationship between the claimant and the deceased person.

(Ex. a copy of family register or a copy of removed family register)

(6) Copy of resident registration (all members)

(7) **Notification of representative for claims for mutual aid benefits, etc.**

\* In the case of death, additional documents may be required. Please ask General Affairs Division for details.

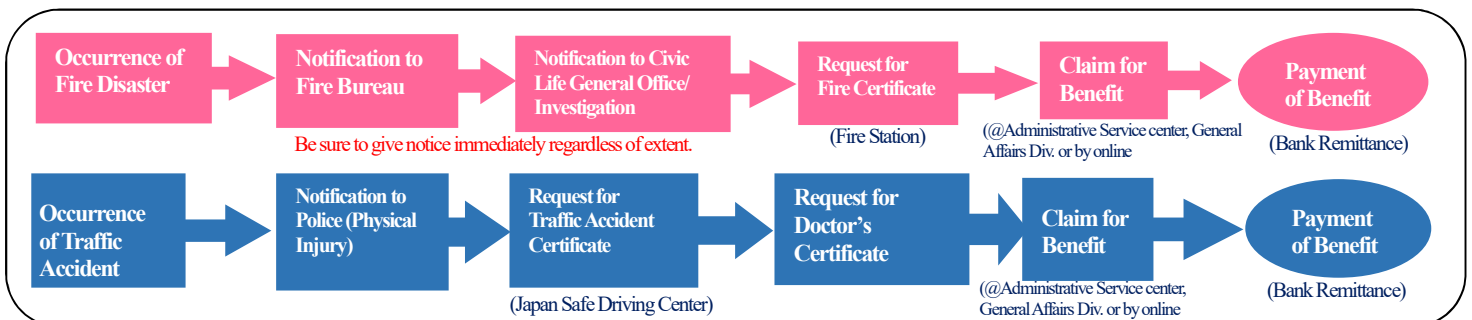
\* In regards to the necessary documents, originals can be returned to the claimant upon request.

\* Benefit shall be paid by means of bank remittance. Please notify the office of the name of the bank and branch, and account number.

Please file a report to the fire bureau on the day regardless of extent in a fire-related disaster happens.

## Where to claim

Subscription is available at each Administrative Service Center, General Affairs Division at 5F, City Hall or by online



\* Benefit shall be payable independently regardless of the claim(s) paid by other insurance companies in the private sector.  
When a member is also assured by other insurance companies, please contact them for details at the time of benefit claim.

## Traffic Accident Mutual Aid Plan Q&A

**Q1:** I fell down riding my bicycle. Is this accident covered by the plan?

**A1:** Yes. Please report the accident to the police at once. If you report it too late, traffic accident certificate may not be issued.

**Q2:** I fell down and broke my leg while walking. Is this injury covered by the plan?

**A2:** No. This insurance only covers traffic accidents.

**Q3:** My son moved out of the city. Will the insurance be cancelled?

**A3:** No. As for traffic accident mutual aid plan, it is valid during the insured period.

**Q4:** I was hit by a parked bicycle while walking and got insured. Is this injury covered by the plan?

**A4:** No. This insurance covers for accidents involved by moving

## Fire Mutual Aid Plan Q&A

**Q1:** I have a store in the city. Are stores covered by the plan?

**A1:** No. Stores are not covered by the plan. However, a dwelling with store in which a member actually resides and is registered as a local resident is eligible for enrollment. In case of fire, benefit shall be paid only for the damage to residential area.

**Q2:** Is the damage to furniture covered by the plan?

**A2:** No. Damage to only furniture is not covered by the plan.

**Q3:** In case of two-household house, is it possible for each household to enroll in the plan?

**A3:** Yes. Enrollment and benefit claim is accepted per household listed in the resident registration. However, benefit shall be paid only to the damaged area where the insured person resides. (including shared area)

**Q4:** Is the damage due to natural disaster such as earthquake or typhoon covered by the plan?

**A4:** No. Damage due to natural disaster is not covered by the plan.

### Common Q & A for Traffic & Fire Mutual Aid Plan

**Q1:** Do I need to present my ID document?

**A1:** ID document is required for all mutual aid plan procedures except enrollment.

**Q2:** Is a copy of required document accepted for benefit claim?

**A2:** Original document or certified copy can be accepted.

## How to fill in the Membership Application Form

① In the space of “住所”, please fill in the address in which your family actually resides and are registered as local residents in Higashiosaka City.

② In the space of “世帯主”, please write in the name of the head of family that is registered as a local resident in Higashiosaka City. \*Please also fill in the name in katakana and birth date.

令和6年度 東大阪市民 交通災害共済 加入申込書

【金融機関又は受付窓口保管用】 No.11111

住所	東大阪 荒本北1丁目1番1号		フリガナ	ヒガシオオサカ タロウ	生年月日	大昭平令 48年 11月 18日
	電話(06)	4309 - 3000	世帯主	東大阪 太郎		

No.	フリガナ		生年月日	会費欄		
	氏名	フリガナ		火災共済	交通災害共済	合計
1	ヒガシオオサカ	タロウ	大昭平令 48年 11月 18日	1口 600円	2口 1,200円	3口 1,800円
2	ヒガシオオサカ	ハナコ	大昭平令 53年 6月 12日	1人 600円	2人 1,200円	3人 1,800円
3	ヒガシオオサカ	ジロウ	大昭平令 12年 2月 17日	4人 2,400円	5人 3,000円	
4	ヒガシオオサカ	ヨシコ	大昭平令 14年 5月 27日	会費合計 4,200円		
5			大昭平令 年 月 日	以下のどちらかに該当する方がいる場合、右にチェックをお願いします。 ◆前年度(令和5年度)未加入 ◆前年度(令和5年度)加入していたか不明		

③ Please select the number of shares of Fire Mutual Aid Plan if you would like to participate in the plan.  
\* If you do not intend to join the Fire Mutual Aid Plan, please do not fill in this section.

④ Please select the number of persons of Traffic Accident Mutual Aid Plan if you would like to participate in the plan.  
\* If you do not intend to join the Traffic Accident Mutual Aid Plan, please do not fill in this section.

⑤ Please write every person's name, name in katakana and birth date that will join the Traffic Accident Mutual Aid Plan.

\* If you do not intend to join the Traffic Accident Mutual Aid Plan, please do not fill in this section.

⑥ Please fill in the total membership fee.

\* Please calculate the total carefully and write in the correct amount without making correction of entry.

⑦ Please check this box if someone who will join the program this time fall into one of the categories below;

- Not enrolled in the previous year.(FY2023)
- Not sure if there is someone who enrolled in the previous year.

\* Please write in ballpoint pen to enable a clear duplicate copy on the third sheet

\* Please fill in the enclosed application form, and submit it together with the payment of membership fee.

### Contact:

General Affairs Division of the Citizens Affairs Department (5F, City Hall)

TEL 06-4309-3158/FAX 06-4309-3812