

FY  
2026

# Traffic Accident Mutual Aid Plan

# Fire Mutual Aid Plan

## Notice

Application period for Traffic Accident Mutual Aid Plan and Fire Mutual Aid Plan will end with FY2026.

Membership Fee:  
**600 yen**  
Per year per person

### Traffic Accident Mutual Aid Plan

#### 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

#### 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.

#### FY2026 Enrollment application (Subscription)



\*Only credit card or iD payment is accepted.  
\*Applications from here will close on Saturday, March 21, 2026.

#### 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)

東大阪市民共済 電子申請

検索



From Wednesday, April 1, 2026 to Wednesday, March 31, 2027.

\*In case of joining the plan in the middle of the period, the effective insurance period starts from the following date of enrollment.

**Subscription Period** : From Monday, February 2, 2026 to Tuesday, March 31, 2026

Where to apply: ①Administrative Service Center ②General Affairs Division (5F, City Hall) ③Financial institutions in the city ④Electronic Application (Until Saturday, March 21, 2026)

\*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 FY2026 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 case of accident occurred on April 1, 2026, benefit claim is accepted until April 1, 2028.)

\*Only single claim is permitted per accident.

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)

## 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 case of a benefit claim for Grade 10, receipts or other documents verifying the facts of medical treatment are also acceptable.

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

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.

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.

## Where to claim

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

# 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   |

## Benefit

| 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            |

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 damage occurred on April 1, 2026, benefit claim is accepted until April 1, 2027.)

## 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 or Driver's license, etc.)**

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.

○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.

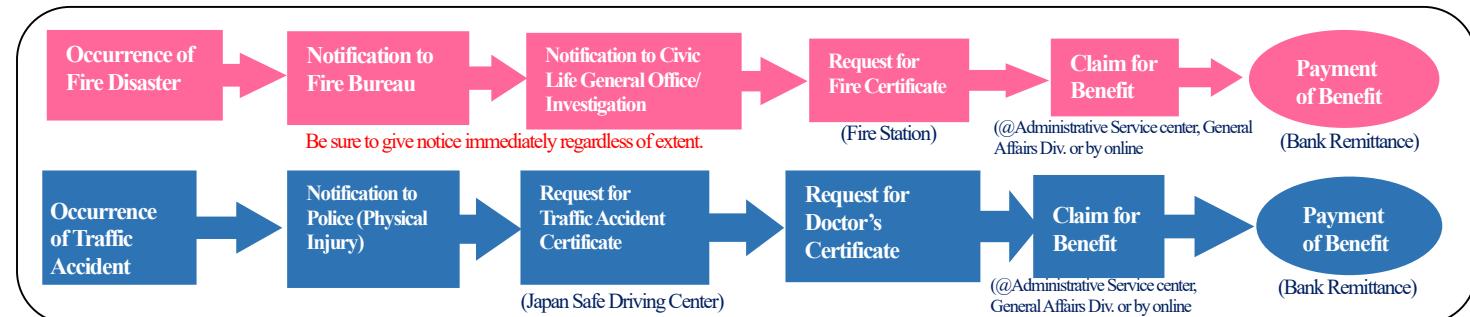
○When 4th or 5th grade damage is combined with other grade damage, the higher ranked grade shall be adopted for benefit payment.

## 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.

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.

