

**GHQ/SCAP Records (RG 331, National Archives and Records Service)**

**Description of contents**

- (1) Box no. **3061**
- (2) Folder title/number: **(3)**  
**417: Social Insurance Reports**

(3) Date: **June 1949 - Aug. 1949**

(4) Subject:

Classification	Type of record
9760	1

(5) Item description and comment:  
**Ehime**

(6) Reproduction:  Yes  No

(7) Film no.

Sheet no.

(Compiled by *National Diet Library*)

GUIDE FOR A REVIEW OF A SOCIETY  
ADMINISTERING HEALTH INSURANCE (Ienko Hoken)

Shiki Shima

1. Identity of Society: - Mikame Branch #10  
 a. Name: SHIKI SHIMA BOSEKI H.I.S. b. Location: Niishi UWA GUN  
 c. Date of Formation: JUNE 144 d. Predecessor: ONIHENPAI H.I.S. (DEC. '26)  
 e. Federation Name, if member: H.I.FED. EHIME BRANCH.

2. Coverage Data:-  
 a. Number of insured members: Male 827 Female 959  
 Total 1186  
 b. Number of dependents: Male 143 Female 257  
 Total 400  
 c. Number of employers: 1  
 d. Number of establishments: 13  
 e. Types of industry or industries covered: TIRE CORDS, TEXTILE, HEMPS, VELVET.

3. Administrative Bodies:-  
 a. Councillors: Number in Office  
 Representing employer: 2  
 Representing employees: 2 G.M. AT OSAKA.  
 b. Directors: Number in Office TOTAL 25-25  
 Representing employer: 1  
 Representing employees: 1 TOTAL 12-12

4. Services and Allowances:-  
 a. Indicate services provided: medical examination , drugs ,  
 appliances , medical treatment , surgical operation ,  
 medical attendance , hospitalization , clinical service ,  
 dental service , nursing service , transportation ,  
 other (specify): SPECIAL allowance for Disable + delivery EXTRA 10%  
 b. Indicate allowances provided: maternity , nursing ,  
 delivery , funeral , medical treatment , sickness and injury ,  
 family treatment expense , other (specify): \_\_\_\_\_

5. Facilities, Personnel, and Service Data:-  
 a. Enter the number of facilities available according to type:  
 hospitals \_\_\_\_\_, Clinics 4, other (specify): 3 DENTIST  
 b. Enter hospital capacity for medical care: Clinic in Factory.  
 in-patients 20, out-patients 50  
 c. What dental facilities are provided? YES ACCORDING TO H.I. Regulation  
 d. What facilities are provided for TB patients? YES AT T.B. Hosp. AT MATSUYAMA  
 e. Enter number of full-time staff personnel: doctors 1, SEIKO RYO  
 nurses 4, dentists \_\_\_\_\_, pharmacists \_\_\_\_\_,  
 clerks \_\_\_\_\_, other 1. Total: 6  
 f. What percent of the service is conducted by full-time doctors?  
82%  
 g. What percent of the service is conducted by insurance doctors?  
18%

Hospitalization allowance 20 YEN 10 for Dependent.  
 Regulation limits to six month for allowance but this co extend for 3 more.  
 " its 200¥ for nursing but they give ¥400  
 Eggs is given to insured who's Hospitalized

h. What percent of the service during the past fiscal year was given to the insured members? 87 %, to their dependents? 13 %

6. Financial Affairs and Operations:-

a. Contributions: enter, employer rate 50 %, employee rate 50 %, and average amount per employee for the last fiscal year ¥ 133542.

b. Enter the total income received during preceding fiscal year ¥ 1696751.41, and the per cent of such total received from employer contributions 49.5 %, employee contributions 49.5 %, government subsidy 1 %, other sources 1 %

c. Enter the total expense for the preceding fiscal year ¥ 1173834.46 and the per cent of such total expended for medical benefit 38.4 %, temporary disability benefit 25.1 %, burial expense 1.7 %, delivery expense 1.3 %, maternity care 2.8 %, child birth allowance 0.8 %, family medical expense 2.8 %, other benefits: 5.8 %, welfare service 19.6 %, administration 1.8 %, other 0.6 %.

d. What percent of the benefits granted during the preceding fiscal year were paid in cash? 33 %.

e. Enter the amount of assets ¥ AT MAIN OFFICE, liabilities ¥ AT MAIN OFFICE, and reserve account ¥ AT MAIN OFFICE of the society at the end of preceding fiscal year.

f. Give last date of periodic audit of society: MAR 131 '49

g. Who conducted the audit? MR. KINOSHITA (D.M.M.) MR. TAMURA (R. INS. SEC.)

h. Have monthly reports been submitted promptly? YES, LATEST JULY 22 1949

7. Payment of Medical Services:-

a. What is the amount allowed per medical fee point? ¥ 4 INSIDE 10 OUTSIDE

b. Does the society utilize the facilities of the Medical Fee Payment Fund in the payment of claims? YES How much does the society owe the Fund? ¥ 69987.50 Will pay end of this month.

c. How much is the monthly salary, including cash allowances, of full-time doctors? 15386 and nurses? 2600 employed by the society. PAID BY C. D.M.O.

d. What other remuneration, if any, is received by full-time doctors? BONUS, nurses? BONUS.

8. Complaints:-

a. Enter the major types of complaints received from members regarding, benefits, allowances, contributions, or other issues: \_\_\_\_\_

b. How many complaints are received during an average month? \_\_\_\_\_

9. Informational Service:-

a. Are copies of the Law, Ordinances, Regulations, and Rules made available to the members? YES.

b. What other methods are used by the society to give information on appeals and benefit rights to the members and their dependents?

BULLETIN, Pamphlet, THRU Public SYSTEM.

6-C. GOVERNMENT Subsidy are forwarded to the MAIN OFFICE IN OSAKI.

10. Contact Information:-

- a. Date of Contact: 22 July '49
- b. Persons contacted and their titles: (Chief H.I.) Mr. H. Miyoshi (GENERAL AFFAIRS SEC) MR. T. SHIURA (Chief THEL. SEC) MR. K. UTAJIMA
- c. Have previous contacts been made with this society? NO  
If so, give dates and pertinent observations.

d. Present contact made by: \_\_\_\_\_  
Date: \_\_\_\_\_

11. What are current problems? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. What changes, if any, are necessary in regulations concerning Health Insurance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

GUIDE FOR A REVIEW OF A SOCIETY  
ADMINISTERING HEALTH INSURANCE (Ienko Hoken)

1. Identity of Society:- KAWANISHI Branch.
  - a. Name: Toyo Basaki H.I. Br. b. Location: Nishi Ueno Gun.
  - c. Date of Formation: June 49 d. Predecessor: \_\_\_\_\_
  - e. Federation Name, & member: H.I. FEDERATION EHIME BRANCH
  
2. Coverage Data:- July '49
  - a. Number of insured members: Male 227 Female 462  
Total 689
  - b. Number of dependents: Male 222 Female 369  
Total 591
  - c. Number of employers: 1
  - d. Number of establishments: 44
  - e. Types of industry or industries covered: CITIZEN TREAD CLOTH
  
3. Administrative Bodies:-
  - a. Councillors:
 

	Number in Office
Representing employer:	<u>1</u>
Representing employees:	<u>1</u>
  - b. Directors:
 

	Number in Office
Representing employer:	<u>1</u>
Representing employees:	<u>0</u>
  
4. Services and Allowances:-
  - a. Indicate services provided: medical examination , drugs ,  
appliances , medical treatment , surgical operation ,  
medical attendance , hospitalization , clinical service ,  
dental service , nursing service , transportation ,  
other (specify): sick allowance, if paid for 3 months (\$1000) for employees only
  - b. Indicate allowances provided: maternity , nursing ,  
delivery , funeral , medical treatment , sickness and injury ,  
 family treatment expense , other (specify): \_\_\_\_\_
  
5. Facilities, Personnel, and Service Data:- ~~to be filled in~~
  - a. Enter the number of facilities available according to type:  
hospitals 3, Clinics 15, other (specify): \_\_\_\_\_
  - b. Enter hospital capacity for medical care:  
in-patients \_\_\_\_\_, out-patients \_\_\_\_\_
  - c. What dental facilities are provided? according to H.I. regulation.
  - d. What facilities are provided for TB patients? National Hospital Matsumoto
  - e. Enter number of full-time staff personnel: doctors 1,  
nurses 5, dentists 1, pharmacists \_\_\_\_\_,  
clerks \_\_\_\_\_, other \_\_\_\_\_. Total: 7
  - f. What percent of the service is conducted by full-time doctors?  
69.8 %
  - g. What percent of the service is conducted by insurance doctors?  
30.2 %

- h. What percent of the service during the past fiscal year was given to the insured members? 87.683%, to their dependents? 12.313%
6. Financial Affairs and Operations:-
- a. Contributions: enter, employer rate <sup>148</sup> 50.545%, employee rate <sup>149</sup> 57.455%, and average amount per employee for the last fiscal year ¥ 62.03
- b. Enter the total income received during preceding fiscal year ¥ 759375.22, and the per cent of such total received from employer contributions 49.979%, employee contributions 49.979%, government subsidy 0.042%, other sources 0.042%
- c. Enter the total expense for the preceding fiscal year ¥ 634358.62 and the per cent of such total expended for medical benefit 61.791%, temporary disability benefit 2.728%, burial expense 2.727%, delivery expense 2.727%, maternity care 2.664%, child birth allowance 0.788%, family medical expense 10.024%, other benefits: 0.788%, welfare service 11.649%, administration 5.055%, other 2.574%
- d. What percent of the benefits granted during the preceding fiscal year were paid in cash? 21.745%
- e. Enter the amount of assets ¥ 29790, liabilities ¥ and reserve account ¥ IN CASH of the society at the end of preceding fiscal year.
- f. Give last date of periodic audit of society: NONE. THEY JUST BEGAIN LAST YEAR.
- g. Who conducted the audit? \_\_\_\_\_
- h. Have monthly reports been submitted promptly? 6 July 49 to Main Office in Osaka.
7. Payment of Medical Services:-
- a. What is the amount allowed per medical fee point? ¥ 12 Per day.
- b. Does the society utilize the facilities of the Medical Fee Payment Fund in the payment of claims? YES. How much does the society owe the Fund? ¥ 10 INS. DEC.
- c. How much is the monthly salary, including cash allowances, of full-time doctors? 107048 and nurses? 65,000 employed by the society. PAID BY CO DITTO
- d. What other remuneration, if any, is received by full-time doctors? \_\_\_\_\_, nurses? \_\_\_\_\_
8. Complaints:-
- a. Enter the major types of complaints received from members regarding, benefits, allowances, contributions, or other issues: \_\_\_\_\_
- b. How many complaints are received during an average month? \_\_\_\_\_
9. Informational Service:-
- a. Are copies of the Law, Ordinances, Regulations, and Rules made available to the members? YES.
- b. What other methods are used by the society to give information on appeals and benefit rights to the members and their dependents? Public hearing + Bulletin

10. Contact Information:-

a. Date of Contact: 9 Aug 49

b. Persons contacted and their titles: Wel. Sec. Chf. - Mr. MORIMOTO  
Plant Manager - Mr. KUNITANI  
H.I. Sec. Chf. - Mr. HARA

c. Have previous contacts been made with this society? No  
If so, give dates and pertinent observations: \_\_\_\_\_

d. Present contact made by: \_\_\_\_\_  
Date: 9 Aug 49

11. What are current problems? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. What changes, if any, are necessary in regulations concerning Health Insurance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

GUIDE FOR A REVIEW OF A SOCIETY  
ADMINISTERING HEALTH INSURANCE (kenko Eoken)

1. Identity of Society:- ~~EMIME BRANCH~~
  - a. Name: Shitoku Hoken H.P.S. Location: MATSUMA CITY
  - c. Date of Formation: Mar 42 d. Predecessor: YOTETSUDO H.I.S. - APR-1930
  - e. Federation Name, if member: EMIME BRANCH N.H.I. FED.
  
2. Coverage Data:-
 

a. Number of insured members:	Male <u>4839</u>	Female <u>275</u>	
	Total <u>5114</u>		
b. Number of dependents:	Male <u>4200</u>	Female <u>3601</u>	
	Total <u>7995</u>		
c. Number of employers:	<u>1</u>		
d. Number of establishments:	<u>5 (165)</u>		
e. Types of industry or industries covered:	<u>Electric Supply</u>		

*This figures includes  
Tokushima, Kochi, Kagawa*
  
3. Administrative Bodies:-
 

a. Councillors:	Number in Office
Representing employer:	<u>17</u>
Representing employees:	<u>19</u>
b. Directors:	Number in Office
Representing employer:	<u>6</u>
Representing employees:	<u>6</u>
  
4. Services and Allowances:-
  - a. Indicate services provided: medical examination , drugs ,  
 appliances , medical treatment , surgical operation ,  
 medical attendance , hospitalization , clinical service ,  
 dental service , nursing service , transportation ,  
 other (specify): \_\_\_\_\_
  - b. Indicate allowances provided: maternity , nursing ,  
 delivery , funeral , medical treatment , sickness and injury  
 family treatment expense , other (specify): MATERNITY & SICKNESS  
& INJURY DONT RECEIVED ANY ALLOWANCE BUT GETS THEIR MONTHLY WAGES.
  
5. Facilities, Personnel, and Service Data:-
  - a. Enter the number of facilities available according to type:  
 hospitals \_\_\_\_\_, Clinics 4, other (specify): All insured Doctors.
  - b. Enter hospital capacity for medical care:  
 in-patients \_\_\_\_\_, out-patients 140
  - c. What dental facilities are provided? Yes
  - d. What facilities are provided for TB patients? EVERYTHING POSSIBLE
  - e. Enter number of full-time staff personnel: doctors 5,  
 nurses 7, dentists \_\_\_\_\_, pharmacists \_\_\_\_\_,  
 clerks \_\_\_\_\_, other 4. Total: 16
  - f. What percent of the service is conducted by full-time doctors?  
13.52%
  - g. What percent of the service is conducted by insurance doctors?  
61.35%



- h. What percent of the service during the past fiscal year was given to the insured members? 64.37%, to their dependents? 35.63%
6. Financial Affairs and Operations:-
- a. Contributions: enter, employer rate 83.33%, employee rate 16.67%, and average amount per employee for the last fiscal year ¥ (445) ~~27501.2734.91~~
- b. Enter the total income received during preceding fiscal year ¥ 13831784.06, and the per cent of such total received from employee contributions 82.78%, employee contributions 16.56%, government subsidy 0.38%, other sources 0.28%
- c. Enter the total expense for the preceding fiscal year ¥ 13682343.50, and the per cent of such total expended for medical benefit 56.93%, temporary disability benefit           %, burial expense 1.12%, delivery expense 0.19%, maternity care           %, child birth allowance 2.91%, family medical expense 25.91%, other benefits: 5.24%, welfare service 7.67%, administration 0.36%, other 0.57%.
- d. What percent of the benefits granted during the preceding fiscal year were paid in cash? 39.86%.
- e. Enter the amount of assets ¥ 283163.47, liabilities ¥ and reserve account ¥ of the society at the end of preceding fiscal year.
- f. Give last date of periodic audit of society: 9 July '47
- g. Who conducted the audit? Official - Bel. Ministry MR. NAKAMURA Official - Inspector MR. MATSUURA
- h. Have monthly reports been submitted promptly? Yes
7. Payment of Medical Services:-
- a. What is the amount allowed per medical fee point? ¥ 6 - ce Clinic  
10 - outside
- b. Does the society utilize the facilities of the Medical Fee Payment Fund in the payment of claims? YES. How much does the society owe the Fund? ¥ NONE.
- c. How much is the monthly salary, including cash allowances, of full-time doctors? 12,972 and nurses? 5,583 employed by the SOCIETY COMPANY.
- d. What other remuneration, if any, is received by full-time doctors? ¥ 700 PER MONTH, nurses? SAME
8. Complaints:-
- a. Enter the major types of complaints received from members regarding, benefits, allowances, contributions, or other issues: NONE
- b. How many complaints are received during an average month?
9. Informational Service:-
- a. Are copies of the Law, Ordinances, Regulations, and Rules made available to the members? YES.
- b. What other methods are used by the society to give information on appeals and benefit rights to the members and their dependents? Leaflets OR PHAMPHLETS & Bulletin

10. Contact Information:-

- a. Date of Contact: 2 July 1949
- b. Persons contacted and their titles: Director of H.I.S. Chief of Labore Dept. - Mr. I. Suzuki  
Director of H.I.S. Chief of H.I. Mr. N. Kanai
- c. Have previous contacts been made with this society? No.  
If so, give dates and pertinent observations: \_\_\_\_\_
- d. Present contact made by: \_\_\_\_\_  
Date: \_\_\_\_\_

11. What are current problems? If THE MED. FEE PAYMENT FUND could pay THE DOCTORS quicker, THINKS THE DOCTORS will give BETTER SERVICE - HOPE THAT THE GOVT. would CONTROL THE MED. ~~FEES~~ ~~SO~~ THE DOCTORS CAN'T COMPLAINT about (HIGH PRICE) MED. + CHARGE EXTRA POINTS

12. What changes, if any, are necessary in regulations concerning Health Insurance?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Shikoku HAIDEN HEALTH INSURANCE SOCIETY includes ALL Prefecture  
in Shikoku

for Sept.

GUIDE FOR A REVIEW OF A SOCIETY  
ADMINISTERING HEALTH INSURANCE (Kenko Hoken)

1. Identity of Society:-

- a. Name: Sakuroku H.I.S.
- b. Location: YANIGATAHAMA
- c. Date of Formation: June '48
- d. Predecessor: GOVERNMENT MANAGED.
- e. Federation Name, if member: H.I. FEDERATION EHIME BRANCH.

2. Coverage Data:-

- a. Number of insured members: Male 1368 Female 568  
Total 1936
- b. Number of dependents: Male 455 Female 682  
Total 1137
- c. Number of employers: 2
- d. Number of establishments: 13
- e. Types of industry or industries covered: TEXTILE, MANUFACTURE, SOCKS, TOWEL & DYING, MAN. SATE.

3. Administrative Bodies:-

- a. Councillors:
 

	Number in Office
Representing employer:	<u>15</u>
Representing employees:	<u>15</u>
- b. Directors:
 

	Number in Office
Representing employer:	<u>5</u>
Representing employees:	<u>5</u>

4. Services and Allowances:-

- a. Indicate services provided: medical examination , drugs ,  
appliances , medical treatment , surgical operation ,  
medical attendance , hospitalization , clinical service ,  
dental service , nursing service , transportation ,  
other (specify): \_\_\_\_\_
- b. Indicate allowances provided: maternity , nursing ,  
delivery , funeral , medical treatment , sickness and injury ,  
family treatment expense , other (specify):  
extra \$100 for nursing & delivery of ea. Dept too.

5. Facilities, Personnel, and Service Data:- All insured Hosp. & Clinics

- a. Enter the number of facilities available according to type:  
hospitals \_\_\_\_\_, Clinics \_\_\_\_\_, other (specify): 30 Hosp & Clinics
- b. Enter hospital capacity for medical care:  
in-patients \_\_\_\_\_, out-patients \_\_\_\_\_
- c. What dental facilities are provided? \_\_\_\_\_
- d. What facilities are provided for TB patients? \_\_\_\_\_
- e. Enter number of full-time staff personnel: doctors \_\_\_\_\_,  
nurses \_\_\_\_\_, dentists \_\_\_\_\_, pharmacists \_\_\_\_\_,  
clerks \_\_\_\_\_, other \_\_\_\_\_. Total: \_\_\_\_\_
- f. What percent of the service is conducted by full-time doctors?  
%
- g. What percent of the service is conducted by insurance doctors?  
100. %

h. What percent of the service during the past fiscal year was given to the insured members? 90%, to their dependents? 10%

6. Financial Affairs and Operations:-

a. Contributions: enter, employer rate 60%, employee rate 40%, and average amount per employee for the last fiscal year ₹ 140.22.

b. Enter the total income received during preceding fiscal year ₹ 3671710.92, and the per cent of such total received from employer contributions 40%, employee contributions 59.1%, government subsidy 0.1%, other sources 0%

c. Enter the total expense for the preceding fiscal year ₹ 3236533.73 and the per cent of such total expended for medical benefit 71.5%, temporary disability benefit 14.4%, burial expense 0.4%, delivery expense 0.5%, maternity care 0.6%, child birth allowance 1.1%, family medical expense 4.7%, other benefits: 2.2%, welfare service 2.1%, administration 1.2%, other 1.3%.

d. What percent of the benefits granted during the preceding fiscal year were paid in cash? 21%.

e. Enter the amount of assets ₹ 3000, liabilities ₹ 154500 and reserve account ₹ 154500 of the society at the end of preceding fiscal year.

f. Give last date of periodic audit of society: None.

g. Who conducted the audit?

h. Have monthly reports been submitted promptly? Yes 5. July. 49

7. Payment of Medical Services:-

a. What is the amount allowed per medical fee point? ₹ 10

b. Does the society utilize the facilities of the Medical Fee Payment Fund in the payment of claims? Yes. How much does the society owe the Fund? ₹

c. How much is the monthly salary, including cash allowances, of full-time doctors? None, and nurses? 3500 employed by the society. Co

d. What other remuneration, if any, is received by full-time doctors? None, nurses? 3500 YEAR PAID BY CO

8. Complaints:-

a. Enter the major types of complaints received from members regarding, benefits, allowances, contributions, or other issues: None.

b. How many complaints are received during an average month? None

9. Informational Service:-

a. Are copies of the Law, Ordinances, Regulations, and Rules made available to the members? Yes.

b. What other methods are used by the society to give information on appeals and benefit rights to the members and their dependents? THRU THE COMMITTEE, BULLETINS, & PAMPHLETS

10. Contact Information:-

- a. Date of Contact: 29 Aug. 1979
- b. Persons contacted and their titles: Chief GEN OFFICE Sec. Mr. T. UTSUNOMIYA  
" of DIRECTORS " S. HIRATA  
CHIEF of Labour SEC. Mr. Y. NINOMIYA. Hil. Sec. Clerk. Mr. UEMOTO
- c. Have previous contacts been made with this society? No  
 If so, give dates and pertinent observations: \_\_\_\_\_
- d. Present contact made by: \_\_\_\_\_  
 Date: \_\_\_\_\_

11. What are current problems? THE DOCTOR DON'T SAY WHAT KIND of Med. is GIVEN TO THE PATIENTS

12. What changes, if any, are necessary in regulations concerning Health Insurance? If possible to collect after tax deduction instead of the BASIC PAY TO TAKE TAX after Health Insurance and Welfare Pension instead of the BASIC Deduction.

GUIDE FOR A REVIEW OF A SOCIETY  
ADMINISTERING HEALTH INSURANCE (Ienko Hoken)

1. Identity of Society: - KAWANOE Branch.
  - a. Name: FUJI ROSEKI H.I. SOCIETY b. Location: UMA-GUN.
  - c. Date of Formation: APR. 141 d. Predecessor: MEISEI ROSEKI H.I. SOCIETY
  - e. Federation Name, if member: EHIME BRANCH.
  
2. Coverage Data:-
  - a. Number of insured members: Male 216 Female 1082  
Total 1298
  - b. Number of dependents: Male 509 Female 7  
Total 516
  - c. Number of employers: 1
  - d. Number of establishments: 13
  - e. Types of industry or industries covered: CLOTH. COTTON RAYON. STAPLE fibers
  
3. Administrative Bodies:-
  - a. Councillors:
 

	Number in Office	
Representing employer:	<u>3</u>	
Representing employees:	<u>3</u>	
  - b. Directors:
 

	Number in Office	
Representing employer:	<u>1</u>	MEETINGS held AT Tokyo MAIN OFFICE.
Representing employees:	<u>1</u>	
  
4. Services and Allowances:-
  - a. Indicate services provided: medical examination , drugs ,  
appliances , medical treatment , surgical operation ,  
medical attendance , hospitalization , clinical service ,  
dental service , nursing service , transportation ,  
other (specify): \_\_\_\_\_
  - b. Indicate allowances provided: maternity , nursing ,  
delivery , funeral , medical treatment , sickness and injury  
, family treatment expense , other (specify) CASH ALLOWANCE IN  
CASE OF DEATH (INSURED & dependant.)
  
5. Facilities, Personnel, and Service Data:- All Hosp & Clinic under H.I. INSURED DOCTORS.
  - a. Enter the number of facilities available according to type:  
hospitals 1, Clinics \_\_\_\_\_, other (specify): \_\_\_\_\_
  - b. Enter hospital capacity for medical care:  
in-patients \_\_\_\_\_, out-patients \_\_\_\_\_
  - c. What dental facilities are provided? YES. EVERYTHING according to H.I.
  - d. What facilities are provided for TB patients? ALL THEY CAN.
  - e. Enter number of full-time staff personnel: doctors 1,  
nurses 7, dentists 1, pharmacists \_\_\_\_\_,  
clerks 3, other 12. Total: \_\_\_\_\_
  - f. What percent of the service is conducted by full-time doctors?  
68.8%
  - g. What percent of the service is conducted by insurance doctors?  
31.2%

co-clinic

h. What percent of the service during the past fiscal year was given to the insured members? 95%, to their dependents? 5%

6. Financial Affairs and Operations:-

a. Contributions: enter, employer rate 60%, employee rate 40%, and average amount per employee for the last fiscal year ¥ 65480.

b. Enter the total income received during preceding fiscal year 1,951,601 ¥ 1,951,601, and the per cent of such total received from employer contributions 60%, employee contributions 40%, government subsidy \_\_\_\_\_%, other sources \_\_\_\_\_%

c. Enter the total expense for the preceding fiscal year ¥ 1,400,565 and the per cent of such total expended for medical benefit 67.5%, temporary disability benefit 13.5%, burial expense 0.7%, delivery expense \_\_\_\_\_%, maternity care \_\_\_\_\_%, child birth allowance \_\_\_\_\_%, family medical expense 2.3%, other benefits: 1.7%, welfare service 8.7%, administration 3.9%, other 1.5%.

d. What percent of the benefits granted during the preceding fiscal year were paid in cash? 20%.

e. Enter the amount of assets ¥ 600,000, liabilities ¥ \_\_\_\_\_, and reserve account ¥ in Tokyo of the society at the end of preceding fiscal year.

f. Give last date of periodic audit of society: 25 FEB. '49

g. Who conducted the audit? MR. KINOSHITA (MINISTRY OF WAR) MR. TOMOCHIKA (KEN)

h. Have monthly reports been submitted promptly? YES.

7. Payment of Medical Services:-

a. What is the amount allowed per medical fee point? ¥ 6 in clinic 10 outside.

b. Does the society utilize the facilities of the Medical Fee Payment Fund in the payment of claims? YES. How much does the society owe the Fund? ¥ 100,000

c. How much is the monthly salary, including cash allowances, of full-time doctors? 15900 and nurses? 3600 employed by the society.

d. What other remuneration, if any, is received by full-time doctors? \_\_\_\_\_, nurses? OVERTIME

8. Complaints:-

a. Enter the major types of complaints received from members regarding, benefits, allowances, contributions, or other issues: \_\_\_\_\_

b. How many complaints are received during an average month? 1 or 2 a YEAR  
INSURED DOCTORS NOT GIVEN GOOD TREATMENT (MINOR)

9. Informational Service:-

a. Are copies of the Law, Ordinances, Regulations, and Rules made available to the members? YES.

b. What other methods are used by the society to give information on appeals and benefit rights to the members and their dependents?

Phon/lets Bulletins MEETINGS

10. Contact Information:-

a. Date of Contact: 24 June '49

b. Persons contacted and their titles: Atty. Clerk Mr. T. ISHIKAWA

Chief of Labor Section Mr. S. HIRAZAKI Plant Manager Mr. K. NEMOTO

c. Have previous contacts been made with this society? No

If so, give dates and pertinent observations.

d. Present contact made by.

Date:

11. What are current problems?

12. What changes, if any, are necessary in regulations concerning Health Insurance?

WANT THE FUNERAL EXPENSE RAISE FROM ¥7000 TO ¥5000 SAID THAT CAN'T HAVE A DECENT FUNERAL.



file

GUIDE FOR A REVIEW OF A SOCIETY  
ADMINISTERING HEALTH INSURANCE (Kenko Hoken)

1. Identity of Society:-

a. Name: BEISHI KOGYO H. Ins b. Location: NIHAMA-CITY  
 c. Date of Formation: FEB '40 d. Predecessor: SUMITOMO-NIHAMA H.INS. SOCIETY  
 e. Federation Name, if member: EHIME BRANCH of H. INS. FED. 126

2. Coverage Data:-

a. Number of insured members: Male 6133 Female 1899  
 Total 7832  
 b. Number of dependents: Male \_\_\_\_\_ Female \_\_\_\_\_  
 Total 15000  
 c. Number of employers: 3  
 d. Number of establishments: 13  
 e. Types of industry or industries covered: \_\_\_\_\_

3. Administrative Bodies:-

a. Councillors: Number in Office  
 Representing employer: 20  
 Representing employees: 20  
 b. Directors: Number in Office  
 Representing employer: 7  
 Representing employees: 7

4. Services and Allowances:-

a. Indicate services provided: medical examination , drugs ,  
 appliances , medical treatment , surgical operation ,  
 medical attendance , hospitalization , clinical service ,  
 dental service , nursing service , transportation ,  
 other (specify): \_\_\_\_\_  
 b. Indicate allowances provided: maternity , nursing ,  
 delivery , funeral , medical treatment , sickness and injury  
, family treatment expense , other (specify): \_\_\_\_\_

5. Facilities, Personnel, and Service Data:-

a. Enter the number of facilities available according to type:  
 hospitals 4, Clinics 7, other (specify): NATIONAL Hosp. Public Hosp. SANATORIUM BANY Doc. under H.I.  
 b. Enter hospital capacity for medical care:  
 in-patients 358, out-patients 1700  
 c. What dental facilities are provided? EVERYTHING  
 d. What facilities are provided for TB patients? "  
 e. Enter number of full-time staff personnel: doctors 40,  
 nurses 200, dentists 9, pharmacists 9,  
 clerks 104, other 123. Total: 498  
 f. What percent of the service is conducted by full-time doctors? 41  
90% 18  
 g. What percent of the service is conducted by insurance doctors? 212  
123  
104  
498

h. What percent of the service during the past fiscal year was given to the insured members? 50%, to their dependents? 50%

6. Financial Affairs and Operations:-

a. Contributions: enter, employer rate 70%, employee rate 30%, and average amount per employee for the last fiscal year ¥ 900

b. Enter the total income received during preceding fiscal year ¥ 875,009.86, and the per cent of such total received from employer contributions 80%, employee contributions 20%, government subsidy         %, other sources         %

c. Enter the total expense for the preceding fiscal year ¥ 7162688.60 and the per cent of such total expended for medical benefit 78%, temporary disability benefit 7.7%, burial expense 0.8%, delivery expense 0.01%, maternity care 0.1%, child birth allowance 2.        %, family medical expense 0.9%, other benefits: 1.95%, welfare service 0.95%, administration 1.15%, other 0.43%.

d. What percent of the benefits granted during the preceding fiscal year were paid in cash? 6%.

e. Enter the amount of assets ¥ 614295, liabilities          and reserve account ¥ 551922.56 of the society at the end of preceding fiscal year 1947

f. Give last date of periodic audit of society: 22 APRIL 1948

g. Who conducted the audit? KEN INS. OFFICIALS MR MATSUSUE MR TOMOCHIKU

h. Have monthly reports been submitted promptly? YES. 10 APRIL 1949

7. Payment of Medical Services:-

a. What is the amount allowed per medical fee point? ¥ 10

b. Does the society utilize the facilities of the Medical Fee Payment Fund in the payment of claims? YES. How much does the society owe the Fund?          ¥

Paid by THE Hosp. c. How much is the monthly salary, including cash allowances, of full-time doctors? ¥ 15000 and nurses? ¥ 4000 employed by the society.

Twice Yearly BONUS. d. What other remuneration, if any, is received by full-time doctors? MONTHLY WAGES, nurses? half of their wage.

8. Complaints:-

a. Enter the major types of complaints received from members regarding, benefits, allowances, contributions, or other issues:         

b. How many complaints are received during an average month?         

9. Informational Service:-

a. Are copies of the Law, Ordinances, Regulations, and Rules made available to the members? YES.

b. What other methods are used by the society to give information on appeals and benefit rights to the members and their dependents?

THRU PHAMLET. EACH SECTION WILL GIVE INFO TO EMPLOYEES + they give to their Dep.

CO

10. Contact Information:-

a. Date of Contact: 7 MAY '49

b. Persons contacted and their titles: MR. TAKESHI ISHIMURA Chief  
MR. ATSUSHI Uchida H.I. Director MR. KENJI OTAKI H.I. Director

c. Have previous contacts been made with this society? No.  
If so, give dates and pertinent observations.

d. Present contact made by: Cpl. RYOZO UEHARA  
Date: 7 MAY '49

11. What are current problems?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. What changes, if any, are necessary in regulations concerning Health Insurance?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

file

GUIDE FOR A REVIEW OF A SOCIETY  
ADMINISTERING HEALTH INSURANCE (Kenko Hoken)

1. Identity of Society:-
  - a. Name: GUANZEI H.I.S. b. Location: UWAJIMA-#2. NAKANO MACHI
  - c. Date of Formation: 1 AUG 1946 d. Predecessor: NIKKEN SANSHI H.I.S.
  - e. Federation Name, if member: JAPAN H.I. FED. EHIME BRANCH.
  
2. Coverage Data:-
  - a. Number of insured members: Male 29 Female 116  
Total 140
  - b. Number of dependents: Male 30 Female 40  
Total 70
  - c. Number of employers: 1
  - d. Number of establishments: 1
  - e. Types of industry or industries covered: TEXTILE
  
3. Administrative Bodies:-
  - a. Councillors:
 

	Number in Office
Representing employer:	<u>1</u>
Representing employees:	<u>1</u>
  - b. Directors:
 

	Number in Office
Representing employer:	<u>1</u>
Representing employees:	<u>1</u>
  
4. Services and Allowances:-
  - a. Indicate services provided: medical examination , drugs ,  
appliances , medical treatment , surgical operation ,  
medical attendance , hospitalization , clinical service ,  
dental service , nursing service , transportation ,  
other (specify): \_\_\_\_\_
  - b. Indicate allowances provided: maternity , nursing ,  
delivery , funeral , medical treatment , sickness and injury ,  
family treatment expense , other (specify): \_\_\_\_\_
  
5. Facilities, Personnel, and Service Data:-
  - a. Enter the number of facilities available according to type:  
hospitals 2, Clinics 4, other (specify): DENTIST-3
  - b. Enter hospital capacity for medical care:  
in-patients \_\_\_\_\_, out-patients \_\_\_\_\_
  - c. What dental facilities are provided? EVERYTHING-
  - d. What facilities are provided for TB patients? \_\_\_\_\_
  - e. Enter number of full-time staff personnel: doctors \_\_\_\_\_,  
nurses 1, dentists \_\_\_\_\_, pharmacists \_\_\_\_\_,  
clerks 1, other \_\_\_\_\_. Total: 2
  - f. What percent of the service is conducted by full-time doctors?  
%
  - g. What percent of the service is conducted by insurance doctors?  
20 %

h. What percent of the service during the past fiscal year was given to the insured members? \_\_\_\_\_%, to their dependents? \_\_\_\_\_%

6. Financial Affairs and Operations:-

a. Contributions: enter, employer rate 3%, employee rate 2%, and average amount per employee for the last fiscal year ¥ 579.

b. Enter the total income received during preceding fiscal year ¥ 375,700.00, and the per cent of such total received from employer contributions 44%, employee contributions 20%, government subsidy 2%, other sources 34%.

c. Enter the total expense for the preceding fiscal year ¥ 295,204.12 and the per cent of such total expended for medical benefit 68%, temporary disability benefit 13%, burial expense 0.3%, delivery expense 0.2%, maternity care 0.2%, child birth allowance \_\_\_\_\_%, family medical expense 8%, other benefits: \_\_\_\_\_%, welfare service 3.7%, administration 1.5%, other 3.7%.

d. What percent of the benefits granted during the preceding fiscal year were paid in cash? 37%.

e. Enter the amount of assets ¥ \_\_\_\_\_, liabilities ¥ \_\_\_\_\_ and reserve account ¥ 36264 of the society at the end of preceding fiscal year.

f. Give last date of periodic audit of society: MAY 14 8

g. Who conducted the audit? Directors from Kyoto Maid office & Prefecture

h. Have monthly reports been submitted promptly? YES.

7. Payment of Medical Services:-

a. What is the amount allowed per medical fee point? ¥ 10

b. Does the society utilize the facilities of the Medical Fee Payment Fund in the payment of claims? YES. How much does the society owe the Fund? ¥ 0

c. How much is the monthly salary, including cash allowances, of full-time doctors? \_\_\_\_\_ and nurses? 2500.00 employed by the society. PAID BY THE CO.

d. What other remuneration, if any, is received by full-time doctors? \_\_\_\_\_, nurses? \_\_\_\_\_

8. Complaints:-

a. Enter the major types of complaints received from members regarding, benefits, allowances, contributions, or other issues: \_\_\_\_\_

b. How many complaints are received during an average month? \_\_\_\_\_

9. Informational Service:-

a. Are copies of the Law, Ordinances, Regulations, and Rules made available to the members? YES

b. What other methods are used by the society to give information on appeals and benefit rights to the members and their dependents? THRU MEETING DISCUSSIONS

10. Contact Information:-

- a. Date of Contact: 12 MAY '49
- b. Persons contacted and their titles: Co. Wel. Sec. Chisf. Mr. Takeshi Kuti  
Hl. Wel. Pers. Clerk Miss Matoko Dai MANAGER Buhei Nakawishi
- c. Have previous contacts been made with this society? No  
If so, give dates and pertinent observations: \_\_\_\_\_
- d. Present contact made by: \_\_\_\_\_  
Date: 12 MAY '49

11. What are current problems? None.

\_\_\_\_\_

\_\_\_\_\_

12. What changes, if any, are necessary in regulations concerning Health Insurance? None.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REMARKS. GUNZEI TEXTILE CO LTD. HAS 48 BRANCHES. THE ADMINISTRATIVE BODY IS IN KYOTO. COUNCILLORS + DIRECTORS WHO IS REPRESENTING THIS CO GOES TO KYOTO FOR MEETING. INFORMATION IS GIVEN TO THE INSURED THRU MEETING + ~~lets~~ /lets.

file

GUIDE FOR A REVIEW OF A SOCIETY  
ADMINISTERING HEALTH INSURANCE (Kenko Hoken)

1. Identity of Society: HOJO Branch office
  - a. Name: KUMABO H.I. SOCIETY b. Location: HOJO
  - c. Date of Formation: DEC 26 d. Predecessor: \_\_\_\_\_
  - e. Federation Name, if member: EHIME BRANCH of the H.I. FEDERATION
  
2. Coverage Data:-
  - a. Number of insured members: Male 1306 Female 302  
Total 1608
  - b. Number of dependents: Male 150 Female 290  
Total 440
  - c. Number of employers: 1
  - d. Number of establishments: 15
  - e. Types of industry or industries covered: TEXTILE
  
3. Administrative Bodies:-
  - a. Councillors:
 

	Number in Office
Representing employer:	<u>3</u>
Representing employees:	<u>5</u>
  - b. Directors:
 

	Number in Office
Representing employer:	<u>1</u>
Representing employees:	<u>1</u>
  
4. Services and Allowances:- ALL
  - a. Indicate services provided: medical examination \_\_, drugs \_\_, appliances \_\_, medical treatment \_\_, surgical operation \_\_, medical attendance \_\_, hospitalization \_\_, clinical service \_\_, dental service \_\_, nursing service \_\_, transportation \_\_, other (specify): \_\_\_\_\_
  - b. Indicate allowances provided: maternity \_\_, nursing \_\_, delivery \_\_, funeral \_\_, medical treatment \_\_, sickness and injury \_\_, family treatment expense \_\_, other (specify): \_\_\_\_\_  
\$50 EXTRA IS PROVIDED FOR NURSING AFTER BIRTH  
\$300 EVERY 3 MONTHS FOR DISABILITY
  
5. Facilities, Personnel, and Service Data:- ALL Hosp & clinics under H.I.
  - a. Enter the number of facilities available according to type: hospitals \_\_, Clinics 7, other (specify): \_\_\_\_\_
  - b. Enter hospital capacity for medical care: in-patients \_\_, out-patients \_\_\_\_\_
  - c. What dental facilities are provided? \_\_\_\_\_
  - d. What facilities are provided for TB patients? \_\_\_\_\_
  - e. Enter number of full-time staff personnel: doctors \_\_, nurses \_\_, dentists \_\_, pharmacists \_\_, clerks \_\_, other \_\_. Total: \_\_\_\_\_
  - f. What percent of the service is conducted by full-time doctors? 23%
  - g. What percent of the service is conducted by insurance doctors? 27%

- h. What percent of the service during the past fiscal year was given to the insured members? 94 %, to their dependents? 6 %
6. Financial Affairs and Operations:-
- a. Contributions: enter, employer rate 60 %, employee rate 40 %, and average amount per employee for the last fiscal year ¥ 550.81
- b. Enter the total income received during preceding fiscal year 2339170 ~~¥ 23390171~~, and the per cent of such total received from employer contributions 60.1 %, employee contributions 39.8 %, government subsidy      %, other sources 0.1 %
- c. Enter the total expense for the preceding fiscal year ¥ 1476868.35, and the per cent of such total expended for medical benefit 59.7 %, temporary disability benefit 17.2 %, burial expense 0.5 %, delivery expense 0.1 %, maternity care 0.3 %, child birth allowance 0.8 %, family medical expense 3.7 %, other benefits: 2 %, welfare service 9.6 %, administration 3.1 %, other 3 %.
- d. What percent of the benefits granted during the preceding fiscal year were paid in cash? 24.6 %.
- e. Enter the amount of assets ¥     , liabilities ¥     , and reserve account ¥      of the society at the end of preceding fiscal year. All at the MAIN office in OKAYAMA Pref.
- f. Give last date of periodic audit of society: 28 FEB. '49
- g. Who conducted the audit? MR. KINOSHITA (WEL. ADMINSTR)
- h. Have monthly reports been submitted promptly? YES
7. Payment of Medical Services:-
- a. What is the amount allowed per medical fee point? ¥ 10 Co clinic ¥1
- b. Does the society utilize the facilities of the Medical Fee Payment Fund in the payment of claims? YES. How much does the society owe the Fund? ¥ NONE
- c. How much is the monthly salary, including cash allowances, of full-time doctors? 13500 and nurses? 5000 employed by the COMPANY society.
- d. What other remuneration, if any, is received by full-time doctors? NONE, nurses? NONE
8. Complaints:-
- a. Enter the major types of complaints received from members regarding, benefits, allowances, contributions, or other issues: NONE
- b. How many complaints are received during an average month? NONE
9. Informational Service:-
- a. Are copies of the Law, Ordinances, Regulations, and Rules made available to the members? YES
- b. What other methods are used by the society to give information on appeals and benefit rights to the members and their dependents? PAMPHLETS, MASS MEETINGS



10. Contact Information:-

a. Date of Contact: 20 MAY 1949

b. Persons contacted and their titles: Mr. Hayao Kiguchi - Clerk of Labor section

c. Have previous contacts been made with this society? No  
If so, give dates and pertinent observations.

d. Present contact made by: \_\_\_\_\_  
Date: \_\_\_\_\_

11. What are current problems? Would like to get some serum for Small Pox and Typhoid

12. What changes, if any, are necessary in regulations concerning Health Insurance?

GUIDE FOR A REVIEW OF A SOCIETY  
ADMINISTERING HEALTH INSURANCE (Ienko Hoken)

1. Identity of Society:-
  - a. Name: Teoyo Boseki H.L.S. Imabari Branch Location: IMABARI CITY
  - c. Date of Formation: MAR. '31 d. Predecessor: \_\_\_\_\_
  - e. Federation Name, if member: EHIME H.L. FEDERATION
2. Coverage Data:-
  - a. Number of insured members: Male 377 Female 1029  
Total 1406
  - b. Number of dependents: Male 375 Female 284  
Total 659
  - c. Number of employers: 1
  - d. Number of establishments: (47) 32-FACTORY 15-OFFICE
  - e. Types of industry or industries covered: TEXTILE - COTTON Wool RAYON
3. Administrative Bodies:-
  - a. Councillors:
 

	Number in Office
Representing employer:	<u>1</u>
Representing employees:	<u>1</u>
  - b. Directors:
 

	Number in Office
Representing employer:	<u>1</u>
Representing employees:	<u>1</u>
4. Services and Allowances:-
  - a. Indicate services provided: medical examination , drugs ,  
appliances , medical treatment , surgical operation ,  
medical attendance , hospitalization , clinical service ,  
dental service , nursing service , transportation ,  
other (specify): \_\_\_\_\_
  - b. Indicate allowances provided: maternity , nursing ,  
delivery , funeral , medical treatment , sickness and injury ,  
family treatment expense , other (specify): \_\_\_\_\_
5. Facilities, Personnel, and Service Data:- ALL IN IMABARI CITY.
  - a. Enter the number of facilities available according to type:  
hospitals \_\_\_\_\_, Clinics \_\_\_\_\_, other (specify): \_\_\_\_\_
  - b. Enter hospital capacity for medical care: ce. Hosp.  
in-patients 22, out-patients 110
  - c. What dental facilities are provided? ALL according to H.L. Regulation
  - d. What facilities are provided for TB patients? YES.
  - e. Enter number of full-time staff personnel: doctors \_\_\_\_\_,  
nurses 6, dentists \_\_\_\_\_, pharmacists 1,  
clerks \_\_\_\_\_, other 2 PHARMACEUTICALS Total: 10
  - f. What percent of the service is conducted by full-time doctors?  
79.00%
  - g. What percent of the service is conducted by insurance doctors?  
20.58%

- h. What percent of the service during the past fiscal year was given to the insured members? 84.25%, to their dependents? 15.75%
6. Financial Affairs and Operations:-
- a. Contributions: enter, employer rate 50%, employee rate 50%, and average amount per employee for the last fiscal year ¥ 50.02 MONTHLY.
- b. Enter the total income received during preceding fiscal year ¥ 220,443.70, and the per cent of such total received from employer contributions 49.9%, employee contributions 49.9%, government subsidy 0.02%, other sources 0.02%.
- c. Enter the total expense for the preceding fiscal year ¥ 1462,347.56 and the per cent of such total expended for medical benefit 58.03%, temporary disability benefit 3.84%, burial expense 1.07%, delivery expense 0.09%, maternity care 0.02%, child birth allowance 1.98%, family medical expense 7.20%, other benefits: 0.26%, welfare service 2.70%, administration 1.62%, other 0.75%. 1.39 FAMILY DELIVERY EXPENSE
- d. What percent of the benefits granted during the preceding fiscal year were paid in cash? 27.19%.
- e. Enter the amount of assets ¥ 15,814.02, liabilities ¥ and reserve account ¥ AT THE MAIN OFFICE of the society at the end of preceding fiscal year.
- f. Give last date of periodic audit of society: 27 FEB '49
- g. Who conducted the audit? MR. T. KINOSHITA (WELFARE MINISTRY)
- h. Have monthly reports been submitted promptly? YES.
7. Payment of Medical Services:-
- a. What is the amount allowed per medical fee point? ¥ 10 PATIENTS ¥ 12 DAILY
- b. Does the society utilize the facilities of the Medical Fee Payment Fund in the payment of claims? YES. How much does the society owe the Fund? ¥ NONE
- c. How much is the monthly salary, including cash allowances, of full-time doctors? ¥ 21,343 and nurses? ¥ 5,935 employed by the society.
- d. What other remuneration, if any, is received by full-time doctors? \_\_\_\_\_, nurses? \_\_\_\_\_
8. Complaints:-
- a. Enter the major types of complaints received from members regarding, benefits, allowances, contributions, or other issues: NONE.
- b. How many complaints are received during an average month? NONE.
9. Informational Service:-
- a. Are copies of the Law, Ordinances, Regulations, and Rules made available to the members? YES.
- b. What other methods are used by the society to give information on appeals and benefit rights to the members and their dependents? BULLETINS, LEAFLETS, MEETINGS

10. Contact Information:-

a. Date of Contact: 20 June '49

b. Persons contacted and their titles: Chief of Labour Sect Mr. M. Nakamura

WILLIAMS, Mrs. A. P. Ass. Chief of Plant Mr. T. Iwata, Plant Manager, Mrs. Kurokawa

c. Have previous contacts been made with this society? No  
If so, give dates and pertinent observations: \_\_\_\_\_

d. Present contact made by: \_\_\_\_\_

Date: 20 June '49

11. What are current problems? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. What changes, if any, are necessary in regulations concerning Health Insurance?

¥40 FEE FOR THE FIRST VISIT TO DOCTORS. WANT TO DO AWAY WITH IT. (THE BIGGEST COMPLAINTS FROM THE INSURED) MINOR  
\_\_\_\_\_  
\_\_\_\_\_

Ken Woodwork Co.

550 employed

54 cases under Health Ins: last six MONTH PERIOD

33 " MATERNITY AID  
1 CASE DEATH.

FEES: INSURANCE FEES ARE deducted according to their pay.

EX: If 50 yen is the Ins. fee than Co pay 25 yen AND the Ins. Sec. PAY 25 yen. Goes to Ken Ins. Sec.

Health Insurance covers

Injured at off duty or illness

In case of death it's covered by W.P.

MATERNITY aid.

Nursing after birth for 6 month.

Medical aids are free to employees + 50% for dep: although they have company doctor they could go to any doctor they please. The doctors are paid by the Ken Ins. Sec. Doctor submits the application to the Ken Ins. Sec. THAN THE KEN INS. BOARD INVESTIGATES before approval of payments to the Doctor.

If injured or becomes ill than compensation is given for indefinite period providing the individual gets a doctors slip. 60% of Ind. average payments

are paid by the ~~the~~ Gen Ins. Sec. AND 20% EXTRA  
is paid by this Company. (co policy)

Health Insurance is much publicized, Posted on  
the bulletin board and a leaflet was issued to every  
individual.

In case of death, dependents ~~is~~ <sup>is</sup> paid by the  
Welfare Pension Ins: Two months wages plus  
\$2400<sup>00</sup> for each child under 16 yrs of age. payments  
are made according to the dependents wish, lump  
sum or.

\$500 is given for MATERNITY AID AND \$100  
a MONTH for 6 MONTHS for NURSING.

TOYO SEISHI K.K. MATSUYAMA KAIYO

HEALTH INSURANCE: MR SAKO, MASAYUKI (ex. 9 yrs)

No of Employees: 62 M. 34 F. = 96.

JUNE - NOV. - 48 (LAST SIX MONTHS)

2 WOMEN - NO RECORDS.

NO RECORDS KEPT OF DEPENDANTS WHO VISITED DOCTORS WITH MEDICAL COUPONS.

INSURANCE FEES DEDUCTED ACCORDING TO THEIR PAY.

50% CO & 50% EMPLOYEES.

FOR DEPENDANTS, HALF OF THE DOCTORS BILL IS PAID BY THE KEN INSURANCE SEC.

IT WAS EXPLAINED TO THE EMPLOYEES PERIODICALLY WHEN THIS LAW WAS EFFECTED, AND WHENEVER THE CHANGES ARE MADE.

EMPLOYEES WITH THE CO LESS THAN THREE YRS. WILL NOT BE AIDED BY THE WELFARE PENSION.

HE FIRST SAID THAT ONLY FUNERAL AID WILL BE GIVEN TO THE FAMILY IN CASE OF DEATH.

FOR MATERNITY AID 500 YEN FOR DEPENDANTS & 1000 YEN FOR EMPLOYEES. ADDITIONAL 100 YEN A MONTH IS GIVEN FOR SIX MONTHS FOR NURSING.

PAYMENTS OF CASH BENEFITS, PRIVATE SICKNESS ONLY.

PAID DIRECTLY TO DOCTORS BY KEN. INS. SEC.: KEN. INS SEC. BOARD INVESTIGATES.