

**Application form for comprehensive medical checkup (Ningen dock)
and lifestyle-related disease medical examination for year 2025
by UD Trucks Health Insurance Association for English supported medical institutions**

<Where to apply> Benefit One Inc. To Medical Checkup Reservation Reception Center

FAX 0800-9199-030

24 Hours
reception

Please refer to the booklet titled
"Information on various Health Checkups" the back side.

Code

000668

2

Mailing address

2-8-8 Fujiwara, Matsuyama, Ehime 790-0035

[Application reception period] Till 2026/2/28
[Consultation period] Till 2026/3/31

Regarding purpose of use of personal information

Please apply after agreeing that personal information entered by you will be provided to medical institutions, transportation facilities and third parties for the work that has been outsourced by UD Trucks Health Insurance Association.

Regarding consultation for medical checkup

Limited to those who are qualified as UD Trucks Health Insurance Association insured / dependent on the day of the consultation. Please note that consultation after the loss of qualification will be at your own expense.

● Please fill out necessary items in the following boxes and fax or mail.

Date of sending	2	0			Year			Month			Day	
Please input Code number of health insurance certificate, from right side						Code				Number		
Name of examinee	Surname							Name				
Birth date					Year			Month		Day	Sex	
											<input type="checkbox"/> Male	<input type="checkbox"/> Female
Address	Zip code										Relationship with insured	
											Self	
											Dependent	
* If you wish to send it to your employer, please include your department name also.												
Examination course	<input type="checkbox"/> Comprehensive medical checkup (Ningen dock) <input type="checkbox"/> Lifestyle-related disease medical examination * Please choose either one.											
Checkup options	<input type="checkbox"/> Brain dock <input type="checkbox"/> Colon cancer <input type="checkbox"/> Stomach cancer (X ray) <input type="checkbox"/> Gastroscope change (<input type="checkbox"/> Oral <input type="checkbox"/> Nasal) *Only for comprehensive medical checkup (Ningen dock) <input type="checkbox"/> ABC checkup <input type="checkbox"/> CA19-9 checkup for men <input type="checkbox"/> PSA checkup for women <input type="checkbox"/> Pap smear <input type="checkbox"/> Breast echo <input type="checkbox"/> Breast mammography <input type="checkbox"/> 3D Breast mammography											
Appointed medical institution <small>*Please select from medical institution list at the website of the UD Trucks Health Insurance Association</small>	Code							Name of medical institution				
Consultation date	Please apply such that the desired date is at least 3 weeks ahead of the application date.											
	Year			Month			Day					

* When sending the application, check the fax number before sending.

In addition, please keep the completed medical checkup application form for faxing and mailing.

* One application per one application form.

* Same course will be consulted once a year.

* Regarding optional checkup, please note that some medical institution may not support it.

* Notification of the consultation date will be sent by sending the confirmation letter.