

平成 30 年 公益社団法人 大阪市工業会連合会『グループ保険』中途加入者用パンフレット読み替え表

意向確認【ご加入前のご確認】

ご加入の内容等に関する重要な事項のうち、特にご確認いただきたい事項を【契約概要】、ご加入に際して特にご注意いただきたい事項を【注意喚起情報】に記載していますので、ご加入前に必ずお読みください。また、各事項の詳細につきましては本パンフレットの該当箇所を必ずご参照ください。ご加入にあたっては、【契約概要】【注意喚起情報】および本パンフレットの内容とあわせて、保障内容・保険金額・保険料等がご意向に沿った内容となっているか、ご確認のうえお申込み（新規加入）ください。

| 頁 | 項目 | 本更新パンフレット記載内容 | | 中途加入時の読み替え内容 | | | |
|---------------------|-----------------|---------------|----------------|----------------|-----------------|-----------------|-------------|
| | | 表紙 | 責任開始期 (加入日) | 申込締切日 | 責任開始期(加入日) | 申込締切日 | 責任開始期(加入日) |
| 平成 29 年 9 月 25 日(月) | 平成 30 年 1 月 1 日 | | | 平成 29 年 12 月末日 | 平成 30 年 2 月 1 日 | 平成 30 年 1 月 | |
| 申込締切日 | | | | | 平成 30 年 1 月末日 | 平成 30 年 3 月 1 日 | 平成 30 年 2 月 |
| | | | | | 平成 30 年 2 月末日 | 平成 30 年 4 月 1 日 | 平成 30 年 3 月 |
| | | | | | 平成 30 年 3 月末日 | 平成 30 年 5 月 1 日 | 平成 30 年 4 月 |
| | | | | | 平成 30 年 4 月末日 | 平成 30 年 6 月 1 日 | 平成 30 年 5 月 |
| | | | | | 平成 30 年 5 月末日 | 平成 30 年 7 月 1 日 | 平成 30 年 6 月 |
| | | | | | 平成 30 年 6 月末日 | 平成 30 年 8 月 1 日 | 平成 30 年 7 月 |
| | | | | | 平成 30 年 7 月末日 | 平成 30 年 9 月 1 日 | 平成 30 年 8 月 |

詳細は本更新時のパンフレットをご覧ください。

平成 30 年 公益社団法人 大阪市工業会連合会『グループ保険』中途加入者用パンフレット読み替え表

| 頁 | 項目 | 本更新パンフレット記載内容 | 中途加入時の読み替え内容 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------|--------------|---|---|---|--|--|--|--|--|--|--|---|--|--|--------|---|----|----|----|----|---|--------|-------|-------|-------|----------|--------|--------|-------|-------|-------|----------|--------|--------|-------|-------|-------|----------|-------|--------|-------|-------|-------|----------|-------|-------|-------|-------|-------|----------|-------|-------|-------|-------|-------|----------|-------|-------|-----|-------|-------|----------|-------|-------|-----|-------|-------|----------|-------|-------|-----|-------|-------|----------|-------|-------|-----|-----|-----|----------|-------|-------|-----|-----|-----|----------|-------|-------|-----|-----|-----|----------|-------|-------|-----|-----|-----|----------|-------|-------|-----|-----|-----|---------|-------|-----|-------|-----|-----|-----|----------|-------|--|-------|-----|-----|-----|---------|-------|--|------|------|------|--|--|--|--|--|--|---|--|--|--------|---|----|----|----|----|---|--------|-------|-------|-------|----------|--------|--------|-------|-------|-------|----------|--------|--------|-------|-------|-------|----------|-------|--------|-------|-------|-------|----------|-------|-------|-------|-------|-------|----------|-------|-------|-------|-------|-------|----------|-------|-------|-----|-------|-------|----------|-------|-------|-----|-------|-------|----------|-------|-------|-----|-------|-------|----------|-------|-------|-----|-----|-----|----------|-------|-------|-----|-----|-----|----------|-------|-------|-----|-----|-----|----------|-------|-------|-----|-----|-----|----------|-------|-------|-----|-----|-----|---------|-------|-----|-------|-----|-----|-----|----------|-------|--|-------|-----|-----|-----|---------|-------|
| 1 | 掛金と保障額 | <table border="1"> <thead> <tr> <th rowspan="2">加入区分</th> <th rowspan="2">月額掛金 (概算)</th> <th colspan="5">申込金額</th> </tr> <tr> <th>一般の死亡 または 高度障害 【死亡・ 高度障害保険金】</th> <th>不慮の事故による死亡 または 特定感染症による死亡 【死亡保険金 + 災害保険金】</th> <th>不慮の事故による 高度障害 【高度障害保険金+ 障害給付金 【給付割合表第1級】】</th> <th>不慮の事故による 身体障害 (程度により) 【障害給付金 【給付割合表 第2級～第6級】】</th> <th>不慮の事故による 5日以上の入院 (120日を限度として) 【入院給付金】</th> </tr> </thead> <tbody> <tr> <td rowspan="15">本 人</td> <td>円</td> <td>万円</td> <td>万円</td> <td>万円</td> <td>万円</td> <td>円</td> </tr> <tr> <td>12,975</td> <td>1,500</td> <td>2,250</td> <td>2,250</td> <td>75 ~ 525</td> <td>11,250</td> </tr> <tr> <td>12,110</td> <td>1,400</td> <td>2,100</td> <td>2,100</td> <td>70 ~ 490</td> <td>10,500</td> </tr> <tr> <td>11,245</td> <td>1,300</td> <td>1,950</td> <td>1,950</td> <td>65 ~ 455</td> <td>9,750</td> </tr> <tr> <td>10,380</td> <td>1,200</td> <td>1,800</td> <td>1,800</td> <td>60 ~ 420</td> <td>9,000</td> </tr> <tr> <td>9,515</td> <td>1,100</td> <td>1,650</td> <td>1,650</td> 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315 | 6,750 | 6,920 | 800 | 1,200 | 1,200 | 40 ~ 280 | 6,000 | 6,055 | 700 | 1,050 | 1,050 | 35 ~ 245 | 5,250 | 5,190 | 600 | 900 | 900 | 30 ~ 210 | 4,500 | 4,325 | 500 | 750 | 750 | 25 ~ 175 | 3,750 | 3,460 | 400 | 600 | 600 | 20 ~ 140 | 3,000 | 2,595 | 300 | 450 | 450 | 15 ~ 105 | 2,250 | 1,730 | 200 | 300 | 300 | 10 ~ 70 | 1,500 | 配偶者 | 2,595 | 300 | 450 | 450 | 15 ~ 105 | 2,250 | | 1,730 | 200 | 300 | 300 | 10 ~ 70 | 1,500 | <table border="1"> <thead> <tr> <th rowspan="2">加入区分</th> <th rowspan="2">月額掛金</th> <th colspan="5">申込金額</th> </tr> <tr> <th>一般の死亡 または 高度障害 【死亡・ 高度障害保険金】</th> <th>不慮の事故による死亡 または 特定感染症による死亡 【死亡保険金 + 災害保険金】</th> <th>不慮の事故による 高度障害 【高度障害保険金+ 障害給付金 【給付割合表第1級】】</th> <th>不慮の事故による 身体障害 (程度により) 【障害給付金 【給付割合表 第2級～第6級】】</th> <th>不慮の事故による 5日以上の入院 (120日を限度として) 【入院給付金】</th> </tr> </thead> <tbody> <tr> <td rowspan="15">本 人</td> <td>円</td> <td>万円</td> <td>万円</td> <td>万円</td> <td>万円</td> <td>円</td> </tr> <tr> <td>12,825</td> <td>1,500</td> <td>2,250</td> <td>2,250</td> <td>75 ~ 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| 円 | 12,825 | 1,500 | 2,250 | 2,250 | 75 ~ 525 | 11,250 | 11,970 | 1,400 | 2,100 | 2,100 | 70 ~ 490 | 10,500 | 11,115 | 1,300 | 1,950 | 1,950 | 65 ~ 455 | 9,750 | 10,260 | 1,200 | 1,800 | 1,800 | 60 ~ 420 | 9,000 | 9,405 | 1,100 | 1,650 | 1,650 | 55 ~ 385 | 8,250 | 8,550 | 1,000 | 1,500 | 1,500 | 50 ~ 350 | 7,500 | 7,695 | 900 | 1,350 | 1,350 | 45 ~ 315 | 6,750 | 6,840 | 800 | 1,200 | 1,200 | 40 ~ 280 | 6,000 | 5,985 | 700 | 1,050 | 1,050 | 35 ~ 245 | 5,250 | 5,130 | 600 | 900 | 900 | 30 ~ 210 | 4,500 | 4,275 | 500 | 750 | 750 | 25 ~ 175 | 3,750 | 3,420 | 400 | 600 | 600 | 20 ~ 140 | 3,000 | 2,565 | 300 | 450 | 450 | 15 ~ 105 | 2,250 | 1,710 | 200 | 300 | 300 | 10 ~ 70 | 1,500 | 配偶者 | 2,565 | 300 | 450 | 450 | 15 ~ 105 | 2,250 | | 1,710 | 200 | 300 | 300 | 10 ~ 70 | 1,500 |
| 加入区分 | 月額掛金 (概算) | 申込金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 本 人 | 円 | 万円 | 万円 | 万円 | 万円 | 円 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 12,975 | 1,500 | 2,250 | 2,250 | 75 ~ 525 | 11,250 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 12,110 | 1,400 | 2,100 | 2,100 | 70 ~ 490 | 10,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 11,245 | 1,300 | 1,950 | 1,950 | 65 ~ 455 | 9,750 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 10,380 | 1,200 | 1,800 | 1,800 | 60 ~ 420 | 9,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 9,515 | 1,100 | 1,650 | 1,650 | 55 ~ 385 | 8,250 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 8,650 | 1,000 | 1,500 | 1,500 | 50 ~ 350 | 7,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 7,785 | 900 | 1,350 | 1,350 | 45 ~ 315 | 6,750 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 6,920 | 800 | 1,200 | 1,200 | 40 ~ 280 | 6,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 6,055 | 700 | 1,050 | 1,050 | 35 ~ 245 | 5,250 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 5,190 | 600 | 900 | 900 | 30 ~ 210 | 4,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 4,325 | 500 | 750 | 750 | 25 ~ 175 | 3,750 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3,460 | 400 | 600 | 600 | 20 ~ 140 | 3,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2,595 | 300 | 450 | 450 | 15 ~ 105 | 2,250 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1,730 | 200 | 300 | 300 | 10 ~ 70 | 1,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 配偶者 | 2,595 | 300 | 450 | 450 | 15 ~ 105 | 2,250 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1,730 | 200 | 300 | 300 | 10 ~ 70 | 1,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 加入区分 | 月額掛金 | 申込金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 一般の死亡 または 高度障害 【死亡・ 高度障害保険金】 | 不慮の事故による死亡 または 特定感染症による死亡 【死亡保険金 + 災害保険金】 | 不慮の事故による 高度障害 【高度障害保険金+ 障害給付金 【給付割合表第1級】】 | 不慮の事故による 身体障害 (程度により) 【障害給付金 【給付割合表 第2級～第6級】】 | 不慮の事故による 5日以上の入院 (120日を限度として) 【入院給付金】 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本 人 | 円 | 万円 | 万円 | 万円 | 万円 | 円 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 12,825 | 1,500 | 2,250 | 2,250 | 75 ~ 525 | 11,250 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 11,970 | 1,400 | 2,100 | 2,100 | 70 ~ 490 | 10,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 11,115 | 1,300 | 1,950 | 1,950 | 65 ~ 455 | 9,750 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 10,260 | 1,200 | 1,800 | 1,800 | 60 ~ 420 | 9,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 9,405 | 1,100 | 1,650 | 1,650 | 55 ~ 385 | 8,250 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 8,550 | 1,000 | 1,500 | 1,500 | 50 ~ 350 | 7,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 7,695 | 900 | 1,350 | 1,350 | 45 ~ 315 | 6,750 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 6,840 | 800 | 1,200 | 1,200 | 40 ~ 280 | 6,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 5,985 | 700 | 1,050 | 1,050 | 35 ~ 245 | 5,250 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 5,130 | 600 | 900 | 900 | 30 ~ 210 | 4,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 4,275 | 500 | 750 | 750 | 25 ~ 175 | 3,750 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3,420 | 400 | 600 | 600 | 20 ~ 140 | 3,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2,565 | 300 | 450 | 450 | 15 ~ 105 | 2,250 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1,710 | 200 | 300 | 300 | 10 ~ 70 | 1,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 配偶者 | 2,565 | 300 | 450 | 450 | 15 ~ 105 | 2,250 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1,710 | 200 | 300 | 300 | 10 ~ 70 | 1,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 加入取扱いに関する注意 | <ul style="list-style-type: none"> ● (省略) ● (省略) ● (省略) | <ul style="list-style-type: none"> ● (省略) ● (省略) ● (省略) <p>既に本制度に加入している方(配偶者を含みます)のコース変更はできません。配偶者は本人と同時に中途加入することができますが、本人が既に加入している場合は配偶者のみが追加で中途加入することはできませんので、ご注意ください。</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

詳細は本更新時のパンフレットをご覧ください。

平成 30 年 公益社団法人 大阪市工業会連合会『グループ保険』中途加入者用パンフレット読み替え表

| 頁 | 項目 | 本更新パンフレット記載内容 | 中途加入時の読み替え内容 | | | | | | | | | | | | | | | | | | |
|----------------|-----------------|---|--|-------|------------|----------------|-----------------|---------------|-----------------|---------------|-----------------|---------------|-----------------|---------------|-----------------|---------------|-----------------|---------------|-----------------|---------------|-----------------|
| 2 | 申込方法 | 所定の申込書に必要事項を記入・押印の上、1枚目を事務局宛ご提出ください。(掛金を法人負担とする場合と個人負担とする場合で、申込書が異なりますので、ご注意願います) <u>継続する場合は、自動更新となりますので手続きは不要です。申込書のご提出がない場合は現在と同額継続となります。</u> | 所定の申込書に必要事項を記入、押印の上、1枚目を事務局宛ご提出ください。(掛金を法人負担とする場合と個人負担とする場合で、申込書が異なりますので、ご注意願います) | | | | | | | | | | | | | | | | | | |
| 2 | 申込締切日 | 平成 29 年 9 月 25 日(月)事務局必着 | <table border="1"> <thead> <tr> <th>申込締切日</th> <th>責任開始期(加入日)</th> </tr> </thead> <tbody> <tr> <td>平成 29 年 12 月末日</td> <td>平成 30 年 2 月 1 日</td> </tr> <tr> <td>平成 30 年 1 月末日</td> <td>平成 30 年 3 月 1 日</td> </tr> <tr> <td>平成 30 年 2 月末日</td> <td>平成 30 年 4 月 1 日</td> </tr> <tr> <td>平成 30 年 3 月末日</td> <td>平成 30 年 5 月 1 日</td> </tr> <tr> <td>平成 30 年 4 月末日</td> <td>平成 30 年 6 月 1 日</td> </tr> <tr> <td>平成 30 年 5 月末日</td> <td>平成 30 年 7 月 1 日</td> </tr> <tr> <td>平成 30 年 6 月末日</td> <td>平成 30 年 8 月 1 日</td> </tr> <tr> <td>平成 30 年 7 月末日</td> <td>平成 30 年 9 月 1 日</td> </tr> </tbody> </table> | 申込締切日 | 責任開始期(加入日) | 平成 29 年 12 月末日 | 平成 30 年 2 月 1 日 | 平成 30 年 1 月末日 | 平成 30 年 3 月 1 日 | 平成 30 年 2 月末日 | 平成 30 年 4 月 1 日 | 平成 30 年 3 月末日 | 平成 30 年 5 月 1 日 | 平成 30 年 4 月末日 | 平成 30 年 6 月 1 日 | 平成 30 年 5 月末日 | 平成 30 年 7 月 1 日 | 平成 30 年 6 月末日 | 平成 30 年 8 月 1 日 | 平成 30 年 7 月末日 | 平成 30 年 9 月 1 日 |
| 申込締切日 | 責任開始期(加入日) | | | | | | | | | | | | | | | | | | | | |
| 平成 29 年 12 月末日 | 平成 30 年 2 月 1 日 | | | | | | | | | | | | | | | | | | | | |
| 平成 30 年 1 月末日 | 平成 30 年 3 月 1 日 | | | | | | | | | | | | | | | | | | | | |
| 平成 30 年 2 月末日 | 平成 30 年 4 月 1 日 | | | | | | | | | | | | | | | | | | | | |
| 平成 30 年 3 月末日 | 平成 30 年 5 月 1 日 | | | | | | | | | | | | | | | | | | | | |
| 平成 30 年 4 月末日 | 平成 30 年 6 月 1 日 | | | | | | | | | | | | | | | | | | | | |
| 平成 30 年 5 月末日 | 平成 30 年 7 月 1 日 | | | | | | | | | | | | | | | | | | | | |
| 平成 30 年 6 月末日 | 平成 30 年 8 月 1 日 | | | | | | | | | | | | | | | | | | | | |
| 平成 30 年 7 月末日 | 平成 30 年 9 月 1 日 | | | | | | | | | | | | | | | | | | | | |
| 2 | 保険期間 | <u>1年間(平成 30 年1月1日～平成 30 年 12 月 31 日)で以後毎年更新します。</u> (以下省略) | 責任開始期(加入日)より平成 30 年 12 月 31 日までとし、以後毎年 1 年ごとに更新します。 (以下省略) | | | | | | | | | | | | | | | | | | |

詳細は本更新時のパンフレットをご覧ください。

平成30年 公益社団法人 大阪市工業会連合会『グループ保険』中途加入者用パンフレット読み替え表

| 頁 | 項目 | 本更新パンフレット記載内容 | 中途加入時の読み替え内容 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------|--------------|--|---|------|----|----------|----|---------|----|---------|----|-------|----|--------|-----|--|--|--|---------|-------|----|--------|---------|-------|----|--------|--------|-------|----|--------|--------|-------|----|--------|----|--|-----|---------|--|--|------|----|------|----|---------|----|---------|----|-------|----|--------|-----|--|--|--|---------|-------|----|--------|---------|-------|----|--------|--------|-------|----|--------|--------|-------|----|--------|----|--|-----|---------|
| 2 | 配当金 | この保険は1年ごとに収支計算を行い、剰余金が生じた場合は配当金としてお返ししますので実質掛金は軽減されます。 (以下省略) | 中途加入の場合は、その責任開始期(加入日)から平成30年12月31日までの間で収支計算を行い、剰余金が生じた場合は配当金としてお返ししますので実質掛金は軽減されます。 (以下省略) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | ポイント④ | 1年ごとに収支計算し、剰余金が生じた場合、配当金としてお支払いします | 責任開始期(加入日)から平成30年12月31日までの間で収支計算し、剰余金が生じた場合、配当金としてお支払いします | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | A企業(10名)の加入例 | <p>A企業(10名)の加入例</p> <table border="1"> <thead> <tr> <th></th> <th>保険金額</th> <th>人数</th> <th>月額掛金(概算)</th> </tr> </thead> <tbody> <tr> <td>社長</td> <td>1,500万円</td> <td>1名</td> <td>12,975円</td> </tr> <tr> <td>役員</td> <td>700万円</td> <td>1名</td> <td>6,055円</td> </tr> <tr> <td>従業員</td> <td></td> <td></td> <td></td> </tr> <tr> <td>(20年以上)</td> <td>500万円</td> <td>1名</td> <td>4,325円</td> </tr> <tr> <td>(10年以上)</td> <td>400万円</td> <td>1名</td> <td>3,460円</td> </tr> <tr> <td>(2年以上)</td> <td>300万円</td> <td>3名</td> <td>7,785円</td> </tr> <tr> <td>(2年未満)</td> <td>200万円</td> <td>3名</td> <td>5,190円</td> </tr> <tr> <td>合計</td> <td></td> <td>10名</td> <td>39,790円</td> </tr> </tbody> </table> | | 保険金額 | 人数 | 月額掛金(概算) | 社長 | 1,500万円 | 1名 | 12,975円 | 役員 | 700万円 | 1名 | 6,055円 | 従業員 | | | | (20年以上) | 500万円 | 1名 | 4,325円 | (10年以上) | 400万円 | 1名 | 3,460円 | (2年以上) | 300万円 | 3名 | 7,785円 | (2年未満) | 200万円 | 3名 | 5,190円 | 合計 | | 10名 | 39,790円 | <p>A企業(10名)の加入例</p> <table border="1"> <thead> <tr> <th></th> <th>保険金額</th> <th>人数</th> <th>月額掛金</th> </tr> </thead> <tbody> <tr> <td>社長</td> <td>1,500万円</td> <td>1名</td> <td>12,825円</td> </tr> <tr> <td>役員</td> <td>700万円</td> <td>1名</td> <td>5,985円</td> </tr> <tr> <td>従業員</td> <td></td> <td></td> <td></td> </tr> <tr> <td>(20年以上)</td> <td>500万円</td> <td>1名</td> <td>4,275円</td> </tr> <tr> <td>(10年以上)</td> <td>400万円</td> <td>1名</td> <td>3,420円</td> </tr> <tr> <td>(2年以上)</td> <td>300万円</td> <td>3名</td> <td>7,695円</td> </tr> <tr> <td>(2年未満)</td> <td>200万円</td> <td>3名</td> <td>5,130円</td> </tr> <tr> <td>合計</td> <td></td> <td>10名</td> <td>39,330円</td> </tr> </tbody> </table> | | 保険金額 | 人数 | 月額掛金 | 社長 | 1,500万円 | 1名 | 12,825円 | 役員 | 700万円 | 1名 | 5,985円 | 従業員 | | | | (20年以上) | 500万円 | 1名 | 4,275円 | (10年以上) | 400万円 | 1名 | 3,420円 | (2年以上) | 300万円 | 3名 | 7,695円 | (2年未満) | 200万円 | 3名 | 5,130円 | 合計 | | 10名 | 39,330円 |
| | 保険金額 | 人数 | 月額掛金(概算) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 社長 | 1,500万円 | 1名 | 12,975円 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 役員 | 700万円 | 1名 | 6,055円 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 従業員 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (20年以上) | 500万円 | 1名 | 4,325円 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (10年以上) | 400万円 | 1名 | 3,460円 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (2年以上) | 300万円 | 3名 | 7,785円 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (2年未満) | 200万円 | 3名 | 5,190円 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 合計 | | 10名 | 39,790円 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 保険金額 | 人数 | 月額掛金 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 社長 | 1,500万円 | 1名 | 12,825円 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 役員 | 700万円 | 1名 | 5,985円 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 従業員 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (20年以上) | 500万円 | 1名 | 4,275円 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (10年以上) | 400万円 | 1名 | 3,420円 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (2年以上) | 300万円 | 3名 | 7,695円 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (2年未満) | 200万円 | 3名 | 5,130円 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 合計 | | 10名 | 39,330円 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | ポイント① | お手頃な掛金！ 死亡保険金200万円あたりの月額掛金(概算)は1,730円とお手頃。 (以下省略) | お手頃な掛金！ 死亡保険金200万円あたり月額掛金は1,710円とお手頃。 (以下省略) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | ポイント③ | 1年ごとに収支計算し、剰余金が発生した場合、配当金をお支払い。 (中略) この保険は1年ごとに収支計算を行い、剰余金が生じた場合は配当金としてお支払いします。(以下省略) | 責任開始期(加入日)から平成30年12月31日までの間で収支計算し、剰余金が発生した場合、配当金をお支払い。 (中略) この保険は責任開始期(加入日)から平成30年12月31日までの間で収支計算を行い、剰余金が生じた場合は配当金としてお支払いします。(以下省略) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

詳細は本更新時のパンフレットをご覧ください。