



Japan Educational Exchanges and Services

Application for Comprehensive Insurance for Students Lives coupled with "Gakkensai" (Futai Gakuso)

[About using the site](#)

Japanese

University

Name of university

大学

※ Please check the university name is the one you enrolled.

Year

Year of enrollment

2021Year

2022Year

※ Please select the year you want to join. Please be careful not to select the wrong one in-between season such as the end and start of the fiscal year.

Select the year 2026

*If this is not showing, go to the next

Advanced registration completed

The URL for the application has been sent to the e-mail address you entered. Please check the e-mail and apply. Please understand that depending on the conditions, you may not be able to apply through this website, and we may ask you to contact the Inquiry contact.

If you input the wrong email address, you will not receive the notification email confirming that you registration had been completed. If you have not received the notification e-mail, please register again after confirming your email address.

E-mail address

E-mail address ※Half-width alphabets and numbers

Required

gakuso@web-tac.co.jp

※ 1 The application URL will be sent to your email address you keyed in. If you receive the domain specified emails, please change the setting to be able to receive "tmnf.jp".

※ 2 If you change or discard the email address, the messages sent after your application cannot be received.

Submit

Service hours (Except New Year holidays)
8:00-22:00



Applying for Comprehensive Insurance for Students Lives Coupled with PAS.

For those who wish to enrol.

Thank you for considering the Comprehensive Insurance for Students Lives Coupled with PAS.
You can complete the application procedure through the URL provided below.

<https://jpn01.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftokiomarine.secure.force.com%2Ffutaigakuso%2FFGW030Page%3Fid%3DvbrwrRtM%2FyP0Geo%2Fp1Ug%3D%3D&data=04%7C01%7Cgakuso%40web-tac.co.jp%7C334aa31f92114ef2e78308d9d9be1cf1f%7C983cb3e694624644b0b7f3b724122250%7C0%7C0%7C637782585153518378%7CUnknown%7CTWFpbGZsb3d8eyJWljojMC4wLjAwMDAiLCJQIjoiV2luMzliLCJBTiI6IklhaWwiLCJXVCi6Mn0%3D%7C3000&data=iFs8MhHsSDU93G0p7h3V3RlqMmC1aaWY%2FM%2Bt6Spid1w%3D&reserved=0>

This URL is valid for one hour, so please complete the procedure within that time.

You may not be able to enrol through this website depending on the specified conditions, and we may request you to contact our inquiry contact. Please understand in advance.

This service is provided from 8:00 to 22:00 (excluding the year-end and the beginning of the year period).

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Japan Educational Exchanges and Services

<https://jpn01.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.jees.or.jp%2Fgakkensai%2Fopt-gakuso.htm&data=04%7C01%7Cgakuso%40web-tac.co.jp%7C334aa31f92114ef2e78308d9d9be1cf1f%7C983cb3e694624644b0b7f3b724122250%7C0%7C0%7C637782585153518378%7CUnknown%7CTWFpbGZsb3d8eyJWljojMC4wLjAwMDAiLCJQIjoiV2luMzliLCJBTiI6IklhaWwiLCJXVCi6Mn0%3D%7C3000&data=xbXDMq%2BRikUHR2pmtvJDxHdep8I36%2FWgxNE0Un%2F2sY%3D&reserved=0>

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*We will not be able to respond if you reply to this message since this is a send only e-mail address. Thank you for your understanding.



Attention

Items that are marked with ★ or ☆ are important matters (Announcements) concerning the enrollment. If these presentations are different from the facts or if you did not include the facts then your enrollment will be cancelled. In addition, if a change occurs with regards to the contents marked with ☆, please contact us without delay. Please be aware that the insurance benefit you receive may be reduced if you fail to contact us.

System Terms of Use

When using the system, you must agree to the system terms of use below.

[System Terms of Use](#)

I agree to the above

Disclosure Statement etc.

Brochures, Summary of Benefits & Coverage, and Disclosure Statement (hereinafter referred to as "Disclosure Statement etc.") include important details that must be understood prior your subscription. Especially, reviewing points that may be disadvantageous to you when subscribing is essential. Such as main situations in which insurance benefits will not be paid out or in case of cancellation.

Please print out or download the "Disclosure Statement etc." from the posted link below.

If you wish to obtain the hard copy of the "Disclosure Statement etc.", and/or the terms and conditions describing the details of the contract, please contact us to request them, then apply for a subscription after reviewing the content carefully.

[Disclosure Statement](#) [Handling of personal information](#)

- ①The above link details of the Disclosure Statement, Brochures, and Summary of Benefits & Coverage.
- ②About printing or downloading of the "Disclosure Statement etc."

I agree to the above

Disclosure items

Name of university

■■■■大学

Enrollment/verification of identity Required

Will the student (or person eligible for insurance) enroll in the university mentioned above, or is this person already enrolled in the university?

Yes

Enrollment to Gakkensai(Personal Accident Insurance for Students Pursuing Education and Research)

Required

[What is Gakkensai](#)

To join the Futai Gakuso, you must enrol to the Gakkensai. If all members of the university is enrolled under the Gakkensai, this item will be checked in advance.

Already applied / Planning to apply

★Other insurance Required [Precaution](#)

No Yes

Insurance name

☆Occupation and duties that students are engaged continuously

Required

No Yes

Occupation / Duties

☆Public medical insurance system Required

Already enrolled in JPHI

JPHI(Japanese Public Health Insurance) is as follows below.

- Union - managed health insurance
- National health insurance
- Seamen's insurance
- Mutual aid association
- Medical care system for the retired
- National health insurance association-managed health insurance

Insurance period

The starting month and year of studying abroad

Required

2022 / 4

2026/4

The completion month and year of studying abroad

Required

2023 / 3

IPLA :2026/8
JYPE:2026/9
COLABS:2026/9
DEEP:2026/9 or 2027/3
DD:2026/9
*Refer to your Acceptance letter

Starting date of insurance

If the person is already enrolled in the university, please place a check to select the insurance starting month and year.

Enrolled in the university

2022 / 4

2026/4

If you do not pay the insurance premium by the end of previous month of the insurance starting month, your insurance starts on the next day of the payment.

Insurance period

1 year(s)

Enrollment type

[Overview of compensation](#)

*Please note that this is an insurance with a lump sum enrollment up until graduation.

- Please note that if the public health insurance system is incorrectly selected, you may not be able to receive insurance benefits.

- If you are staying in Japan (studying abroad) for over three months, you must enroll in health insurance. If you chose "not enrolled in health insurance" under the public medical insurance system, please verify the content of your selection. If you have not enrolled in the health insurance, please go through the procedure and consider enrolling in our insurance.

I have reviewed the explanation on whether or not to enroll in health insurance, and thereby agree.

Address based for commuting to school **Required**

Home Living Alone

The type of plan you can subscribe to will change depending on your selection for "Residence that will serve as your commuting base". If you live with family members, please select "Home". If you do not live with family members, please select "Living Alone". Even if you are "Living Alone", you may still be able to subscribe to the "Home" type of plan.

Enrollment type **Required**

A type
Insurance premium (For 2 year(s))

B type detail
Insurance premium (For 2 year(s)) **23,340 yen**

Select E type
6months: **10,480** yen or 1year: **14,970**yen
For IPLA Students (5months):**9,740** yen

For students in faculty of Science
Select I type
6 months:**10,280**yen

Payment method

Payment for the insurance premium is to be made via a convenience store.
Please pay the premium before the due date.
Some convenience stores accept only cash payment.
If the insurance premium and the convenience store's service charge exceeds 900,000 yen, you will not be able to pay through the convenience store, and therefore, you will not be able to enrol from this website.
We are sorry, but please contact the "Inquiry contact" displayed at the bottom left of the screen.

Payment method **Required**

Convenience store

Payment deadline

2025/1/25

Please be careful if the payment deadline is approaching.
If you want the coverage period to start on the start date listed in the brochure, you are required to make the payment by the start date regardless of the payment deadline.
For mid-term enrollment, please note that the insurance coverage will start the following day after the payment date.

[Payment deadline and insurance start date](#)

Please read through the "Payment Deadline and Insurance Start Date" section to the end and agree to the details explained.

Agree

Student information (person eligible for insurance)

Student's name (English) Required

Last name

S M I T H

First name

J A N E

If you have a middle name, please write that in the last name column.

Student's name (Kanji)

Last name

ex. Tokai

First name

ex. Ichiro

If you have a middle name, please write that in the last name column.

Sex Required

Male Female

★ Date of birth of the student Required

2000 / 1 / 1

Student's telephone number

*Half-width numbers and hyphen

090-0000-0000

Student number

A B C 1 2 3 4

Student's email address

*Half-width alphabets and numbers

ex. gakkensai@tmnf.jp

Subscriber's information

The subscriber is the person who will pay the insurance premium. If the dependent pays the insurance premium, please provide the information of the dependent in the subscribers name column.

 Same as student

Subscriber's name (English) **Required**

Last name

First name

If you have a middle name, please write that in the last name column.

Subscriber's name (Kanji)

Last name

First name

If you have a middle name, please write that in the last name column.

Subscriber's postal code *Half-width numbers **Required**

 -

Subscriber's address **Required**

A subscriber's certificate will be sent to the address entered in the "subscriber's address" column.

Please enter the address of your residence in Japan. It will take at least 1 month for the membership card to be sent. If the period of the overseas study program is less than 3 months, please consult with the person in charge at the university and enter the address of the university office.

Subscriber's phone number *Half-width numbers and hyphen

UH Sanjo, Daiichikaikan and Dainikaikan:981-0935
UH Aobayama:980-8572

UH Sanjo and Daiichikaikan :
19-1 Sanjocho, Aobaku, Sendai
Dainikaikan:
10-15 Sanjocho, Aobaku, Sendai
UH Aobayama:
468-1 Aramakiyaza Aoba, Aobaku, Sendai
*Please make sure to fill in your room number as well. You will not receive your insurance card if there are any omissions or incorrect information entered.

Those who has not got a phone number in Japan, enter the phone number of Incoming Student Exchange Section office :022-795-3775

Supporter's information

[Who can be designated as a supporter?](#)

Same as subscriber

Relation to the student Required

Him/Herself

Supporter's name (English) Required

Last name

First name

If you have a middle name, please write that in the last name column.

Supporter's name (Kanji)

Last name

First name

If you have a middle name, please write that in the last name column.

Subcontract insurance company

Tokio Marine & Nichido Fire Insurance Co., Ltd.
(Branch office of the section in charge) 公務第二部文教公務室
TEL : 03-3515-4133
Reception hours(Weekdays 9 : 00 – 17 : 00)

NEXT

The content you entered has already been registered.
 If you proceed you will duplicate your enrollment.

Disclosure Statement

Agreement with the disclosure statement
Agree

Disclosure items

Name of university

■■■■大学

Enrollment/verification of identity

We were able to verify that the student (person eligible for insurance) is planning to enroll or is currently enrolled to the universities listed above.

Enrollment to Gakkensai(Personal Accident Insurance for Students Pursuing Education and Research)

Already applied / Planning to apply

★ Other insurance

No

☆ Occupation and duties that students are engaged continuously

No

☆ Public medical insurance system

Already enrolled in JPHI

Insurance period

The starting month and year of studying abroad

2022/4

The completion month and year of studying abroad

2023/3

Starting date of insurance

2022/4

Insurance period

1 year(s)

Enrollment type

Address based for commuting to school
live alone

Enrollment type

Insurance premium (For 1 year(s))

Atype **11,500yen**

| Insurance amount | |
|------------------------------------|--|
| Personal liability | Domestic 100 million yen Overseas 100 million yen |
| Death/Residual disability (Injury) | 1,000,000 yen |
| Coverage for Natural Disasters | Yes |
| Treatment costs | Actual cost |
| Rescue costs etc. | 3,000,000 yen |

System service charge

330yen

Payment method

Payment method

Convenience store

Payment deadline

2022/3/21

Agreement with payment deadline and insurance start date

Agree

Student information (person eligible for insurance)

Student's name (English)

SMITH JANE

Student's name (Kanji)

SMITH JANE

Sex

Female

Date of birth of the student

2000/1/1

Student's telephone number

090-0000-0000

Student number

A B C 1 2 3 4

Student's email address

Subscriber's information

Subscriber's name (English)

SMITH JANE

Subscriber's name (Kanji)

SMITH JANE

Subscriber's postal code

100-0001

Subscriber's address

Tokyo-to, Chiyoda-ku, Chiyoda, 1-1-2-707

Subscriber's phone number

090-0000-0000

Supporter's information

Relation to the student

Him/Herself

Supporter's name (English)

SMITH JANE

Supporter's name (Kanji)

SMITH JANE

The application procedure has not been completed. Please press the following "NEXT" button and proceed to application completed.

Please press the "Back" button to correct the contents of the application.
 To make a payment please press the "NEXT" button.

Back

NEXT



Payment at Convenience Store

Payment Amount

11,830 JPY

Select the convenience store



Seven-Eleven

FamilyMart

LAWSON

Lawson



MINISTOP

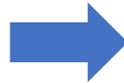
Seicomart

Seicomart



Daily Yamazaki

Cancel



Payment at Convenience Store

Payment Amount

11,830 JPY

Selected store



Payment slip number

7230343366386

Payment slip

<https://payment.sei.co.jp/od/hi.asp?516032303433663864f6590bcdac440a>

The Number Expiry Date

2022/03/21

- ❗ Be sure to write down the above information because it will be needed to make payment.
- ❗ Payment should be cash only.(Credit card payments not accepted)

Completed

Payment at Seven-Eleven

Please present the payment slip displayed on your smart phone to the cashier of the convenience store and pay in cash. A handling fee will be added separately at the time of



Japan Educational Exchanges and Services

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(Futai Gakuso)

[About using the site](#)

[Japanese](#)

Enter >> Confirm >> Payment >> Complete

Application complete

Thank you for your enrollment.
The details of the enrollment have been sent to your
registered e-mail address, so please check.
Also, please check the payment due date that is shown.



Notice of completion of enrollment request acceptance

Dear S M I T H J A N E

Thank you for using Sai-chan's Student Insurance website.
The enrollment request (Membership number : 00216CY2200002) for Comprehensive Insurance for Students Lives Coupled with PAS (Futaigakuso) has been accepted.

Please bring the number below to a designated convenience store and make the payment of the prescribed amount within the due date.

*This e-mail is not an enrollment procedure completion notice.

*The enrollment request will be cancelled automatically and payment cannot be made thereafter if the payment is not made within the due date. The insurance coverage will not start. Please note that all the registered information will be deleted.

■ Enrollment application request details

Enrollment type : A type

Total payment amount : 11,830 yen
Breakdown
Insurance premium : 11,500 yen
System usage fee : 330 yen

Designated convenience store : Seven-Eleven

Payment deadline : 2022/3/21

Payment receipt number : 7230343366386

Phone number : *****0000

The phone number is hidden except the last four digits because it is a personal information.

The phone number was registered with the application for the ID.

(Please bring this number to the convenience store.)

*The registered phone number with the application ID is required if Lawson, Ministop or Seicomart are designated.

Method for making payment at convenience store

Seven-Eleven

https://jpn01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.metaps-payment.com%2Fservice%2Fguide%2Fseven_en.html&data=04%7C01%7Cgakuso%40web-tac.co.jp%7C634905b5e4204dff17108d9dbf4bb68%7C983cb3e694624644b0b7f3b724122250%7C0%7C1%7C637782666438005577%7CUnknown%7CTWFpbGZsb3d8eyJWljiMC4wljAwMDAiLCJQIjoiV2luMzliLjB1IiI6Ikl1haWwiLCJXVCI6Mn0%3D%7C2000&data=FM54b9tV%2F82y6j9w1WTF34COmOHxg7sfu2xvdKAr5Q%3D&reserved=0

The payment deadline is the deadline for paying insurance premiums.

If the payment is not received by the payment deadline, the application will be canceled, and the entry will be deleted automatically.

Furthermore, the insurance contract effective date (the date when the compensation becomes effective) will be the 1st of April if you pay the premium before 31st of March which is before the start of enrollment year.

If you make the payment on or after 1st of April of the enrollment year, it will start on the following day of your payment regardless of payment due date.

■ Confirmation of enrollment details

Please send an e-mail to the address below for inquiries regarding enrollment.
(Japanese or English only)
futaigakuso.inbound@tmnf.jp

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Japan Educational Exchanges and Services

After paying the Inbound Futai-Gakuso premium at a convenience store, please submit the receipt for Incoming Student Exchange Section office within the specified deadline via Googleform.