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| 課長 | 課長補佐 | 係長 | 係 |  | □　運転免許証  □　身分証明書  □　公務員（役場等）の証明  氏名　　　　　　　　　　　　　印 |
|  |  |  |  |
| 下記のとおり再交付してよろしいか伺います。 | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **介護保険　被保険者証等再交付申請書**  　高畠町長　髙梨　忠博　殿  　次のとおり申請します。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | 申請年月日 | | | | | 令和　　年　　月　　日 | | | | | | | | |  |
| 申請者氏名 | |  | | | | | | | | | | | | | 本人との関係 | | | | |  | | | | | | | | |
| 申請者住所 | | 〒  電話番号 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ※　申請者が被保険者本人の場合、申請者住所・電話番号は記載不要 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 被　保　険　者 | 被保険者番号 | |  |  |  |  |  |  |  |  |  | |  | 個人番号 | |  |  |  |  | |  |  |  |  |  |  |  |  |  |
| フリガナ | |  | | | | | | | | | | | | | 生年月日 | | | | 明治  大正　　　年　　月　　日  昭和 | | | | | | | | |
| 氏名 | |  | | | | | | | | | | | | | 性別 | | | | 男　・　女 | | | | | | | | |
| 住所 | | 〒  電話番号 | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | 再交付する証明書 | | １　被保険者証  ２　資格者証  ３　受給資格証明書  ４　負担割合証 | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 申請の理由 | | １　紛失・焼失　　２　破損・汚損　　３　その他（　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ２号被保険者（40歳から64歳の医療保険加入者）のみ記入 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 医療保険者名 | |  | | | | | | | | | | 医療保険被保険者証記号番号 | | | | | | | |  | | | | | | | | |  |
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　備考　用紙の寸法は、日本工業規格Ａ列４とする。