様式第４号（第２条関係）

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| 介護保険被保険者証等再交付申請書    吉田町長　　　　　　　様 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 次のとおり申請します。 | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | |  |
| 申請年月日 | | | | | | 令和　 年　月　日 | | | | | | | | |
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| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 被  保  険  者 | 被保険者番号 | | |  |  |  |  |  |  |  | |  |  |  | | 個 人 番 号 |  | |  | |  |  |  | |  | |  |  |  |  |  |  |  |  | |
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| 被保険者氏名 | | |  | | | | | | | | | | | |
| 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　社会福祉法人等利用者負担減免確認証  ５　介護保険負担限度額認定証  ６　負担割合証 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 申請の理由 | | | １　紛失・焼失　　２　破損・汚損 ３　その他（　　　　　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ２号被保険者（４０歳から６４歳の医療保険加入者）のみ記入 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 医療保険者名 | | |  | | | | | | | | 医療保険被保険者証記号番号 | | | | | | | | |  | | | | | | | | | | | | |
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| **わたしは、介護保険被保険者証等を受領しました。**　　　　　　（受領者氏名） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |