様式第１号(第９条関係)

鉾田市長　様

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 国民健康保険資格 | | | | | | | | | | | | | | | | | 取得  喪失  変更 | | | | | | | | | 届出書 | | | | | | | | | | | | | |
| 届出 | * ・ | | | 異動 | | * ・ | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| 世　帯　主 | 住所 |  | | | | | | | | | | | | 世帯主の国保資格  有　・　無  被保険者証番号 | | | | | | | | | | | | | | 届　出　人 | | 住所 | | |  | | | | | | | | | | | | | | | | | | | | | | | | 世帯主との関係 | | | | | | | | | | |
| 氏名 |  | | | | | | | | | | | | 電話番号 | | | | | | | | | | | | | | 氏名 | | |  | | | | | | | | | | | | | | | | | | | | | | | | 電話番号 | | | | | | | | | | |
| 個人番号 | | | |  | |  |  | | |  |  |  | |  | | |  |  | |  | | |  |  | | | 個人番号 | | | | | | | | | | | |  | | | |  | |  | | |  | |  | |  |  | |  |  | | | |  |  | |  | |
| ふ　り　が　な | | | | | | | | | 生年月日 | | | | | | | | 性別 | | | 続柄 | | | 社保 | | | | 職業 | | | | | 個　人　番　号 | | | | | | | | | | | | | | | | | | | | 被保険者証  番号 | | | | | 旧勤務先 | | | |  | | | | | | |
| 氏　　　　名 | | | | | | | | | 名称  電話 | | | | | | | | | | |
| 1 |  | | | | | | | | 明大昭平   * ・ | | | | | | | |  | | |  | | | 本・扶 | | | |  | | | | |  | |  |  | |  |  |  | |  | |  | |  | |  | |  |  | |  | | | | |
|  | | | | | | | |
| 2 |  | | | | | | | | 明大昭平   * ・ | | | | | | | |  | | |  | | | 本・扶 | | | |  | | | | |  | |  |  | |  |  |  | |  | |  | |  | |  | |  |  | |  | | | | | 新勤務先 | | | |  | | | | | | |
|  | | | | | | | | 名称  電話 | | | | | | | | | | |
| 3 |  | | | | | | | | 明大昭平   * ・ | | | | | | | |  | | |  | | | 本・扶 | | | |  | | | | |  | |  |  | |  |  |  | |  | |  | |  | |  | |  |  | |  | | | | | 他保険者 | | | |  | | | | | | |
|  | | | | | | | | 保険者番号  保険者名  記号・番号 | | | |
| 4 |  | | | | | | | | 明大昭平   * ・ | | | | | | | |  | | |  | | | 本・扶 | | | |  | | | | |  | |  |  | |  |  |  | |  | |  | |  | |  | |  |  | |  | | | | |
|  | | | | | | | |
| 5 |  | | | | | | | | 明大昭平   * ・ | | | | | | | |  | | |  | | | 本・扶 | | | |  | | | | |  | |  |  | |  |  |  | |  | |  | |  | |  | |  |  | |  | | | | |
|  | | | | | | | |
| 備考 | | | | | | | | | | | | | | | | | | | | | | | | | | 本年1月1日時点の住所 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 喪失後受診 | | | | | あり・なし | | | | | |
| 受診日  病院名 | | | | |
| 区　　分 | | | 被保険者証 | | | | | | | 高齢受給者証 | | | | | | 取　　得 | | | | | | 喪　　失 | | | | | | | 変　　更 | | | | | | | 住登外 | | | | | | | | 本人確認 | | | | | | | | | | | | | 国保番号 | | | | | | | | | | |
| 新規  追加 | | | 交付  ．　　．  回収  （全部・一部）  ．　　． | | | | | | | 交付  ．　　．  回収  （全部・一部）  ．　　． | | | | | | 社保離脱  出　生  生保廃止  職権記載  その他  （　　　　） | | | | | | 社保加入  死　亡  生保開始  障害認定  その他  （　　　　） | | | | | | | 氏名  その他 | | | | | | | 学  遠  住 | | | | | | | | 免許証  保険証  証明書等  その他  （　　　　　　　　　） | | | | | | | | | | | | |  | | | | | | | | | | |
| 課長 | | | 国保 | | | | | 年金・マル福 | | |
|  | | |  | | | | |  | | |

※世帯主が届出人の場合は届出人の住所・氏名・印・電話番号の記載は省略してよいこととする。