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| 介護保険　被保険者証等再交付申請書  福島市長  　次のとおり申請します。   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | | | | | | | | | 申請年月日 | | | | | 年　　　月　　　日 | | | | | | | | | | | 申請者 | □ | | 本　人 | | | | | | | | | | | | | | | | | | | | | | □ | | 親族の方（氏名等を記入してください。） | | | | | | | | | | | | | | | | | | | | | |  | | フリガナ | |  | | | 被保険者との  関係 | | | | |  | | | | | | | | | | | | 氏名 | |  | | | | 住所 | | 〒  電話番号　　　　　（　　　　　） | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | 被保険者 | | フリガナ | |  | | | 被保険者番号 | | | | |  | | |  |  |  |  |  |  |  |  |  | | 氏名 | |  | | | | 個人番号 | | |  |  |  | | |  |  |  |  |  |  |  |  |  | | 生年月日 | | □明治　□大正　□昭和　　　　　年　　　　月　　　　日 | | | | | | | | | | | | | | | | | | | | | 住所 | | 〒  電話番号　　　　　（　　　　　） | | | | | | | | | | | | | | | | | | | | | 再交付する証明書 | | | | １　被保険者証  ２　負担割合証 | | | | | | ３　負担限度額認定証  ４　特定負担限度額認定証 | | | | | | | | | | | | | | | 申請理由 | | | | １　紛失・焼失 | | ２　破損・汚損 | | | | ３　その他（　　　　　　　） | | | | | | | | | | | | | |   第２号被保険者（４０歳から６４歳までの医療保険加入者）の方は、下欄にご記入ください。   |  |  | | --- | --- | | 医療保険者名 |  | | 医療保険被保険者  証記号番号 |  |      |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | 保険者使用欄 | | | | | | | 受付年月日 | 年　　　月　　　日 | データ入力 |  | | | | 本人確認欄 | 個人番号カード | | | 添付書類 | 委任状 | | 通知カード　・免　保　パ　在　身　その他（　　　　　） | | | その他  （　　　　　） | |