様式第5号（第10条関係）

介護保険　被保険者証等再交付申請書

かすみがうら市長　様

　　次のとおり申請します。

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | | | | | | | | | | | | | | | 申請年月日 | | | | | 年　　月　　日 | | | | | | | | | | | | |
| 届出者氏名 | | |  | | | | | | | | | | | | 本人との関係 | | | | |  | | | | | | | | | | | | |
| 申請者住所 | | | 〒  ＴＥＬ　　　　（　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ※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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 被保険者番号 | |  | |  | |  |  |  |  |  |  |  | |  | | 個人番号 | |  |  | |  |  | |  |  |  |  |  |  |  |  | | |
| ﾌﾘｶﾞﾅ | |  | | | | | | | | | | | | | |
| 被保険者氏名 | |  | | | | | | | | | | | | | | 生年月日 | | 明・大・昭　　年　　月　　日生 | | | | | | | | | | | | | | | |
| 性別 | | 男・女 | | | | | | | | | | | | | | | |
| 住所 | | 〒　　　　－  ＴＥＬ　　　　　（　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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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　負担限度額認定証  ５　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）のみ記載** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 医療保険者名 |  | | | | | | | | | | | | 医療保険被保険者証記号番号 | | | | | | | | | |  | | | | | | | | |