様式第4号(第5条、第9条、第25条関係)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 介護保険被保険者証等再交付申請書  　　(宛先)白岡市長  　　次のとおり介護保険被保険者証等の再交付を申請します。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | 申請年月日 | | | | | | 年　　月　　日 | | | | | | | | | | | | | | | | | | |  |
|  | 申請者 | 氏名 | |  | | | | | | | | | | | | | 被保険者との関係 | | | | | | 1　本人　　2　家族  3 その他( 　　　) | | | | | | | | | | | | | | | | | | |
| 住所 | | 〒  電話番号　　　(　　) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ＊申請者が被保険者本人の場合には、「住所」の欄は記載不要 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 被保険者 | 被保険者番号 | |  |  |  |  |  |  |  | |  |  | |  | 個人番号 | | |  |  | |  | | | |  | |  |  | |  | |  | |  | |  | |  | |  |  |
| フリガナ | |  | | | | | | | | | | | | 生年月日 | | | 明･大･昭　 　年　 　月 　日 | | | | | | | | | | | | | | | | | | | | | | |
| 氏名 | |  | | | | | | | | | | | |  |
| 性別 | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 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　負担限度額認定証  5　負担割合証 6　その他 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 申請の理由 | | 1　失った　2　破った・汚した　3　その他(　　　) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2号被保険者(40歳から64歳までの医療保険加入者)のみ記入 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 医療保険者名 | | |  | | | | | | | | | | 医療保険保険者番号 | | | | | | |  | | | |  | |  | | |  | |  | |  | |  | |  | |  | | |
| 医療保険被保険者証記号番号 | | | | | | | | | | 記号 | | | | | |  | 番号 | | | | | |  | | | | | | | | | | | | | | | |
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注　1　被保険者証等を破り、又は汚した場合には、被保険者証等を添付すること。

　　2　身分を確認できる書類を提示すること。

市記入欄(身分確認書類に○をつける。)

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| 申請者身分確認区分 | 1　運転免許証　2　パスポート　3　各種被保険者証  4　その他(　　　　　　　　　) |