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| 介護保険　被保険者証等再交付申請書  　浪江町長  　次のとおり申請します。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | 申請年月日 | | | | | | 年　　月　　日 | | | | | | | |  |
|  | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 被　保　険　者 | 被保険者番号 | | |  |  |  |  |  |  |  |  | |  |  |  | | | | | | | | | | | | | | | | | |
| フリガナ | | |  |  |  |  |  |  |  |  | |  |  |  | 個人番号 | | |  |  | |  |  |  |  |  |  |  |  |  |  |  |
| 被保険者氏名 | | |  | | | | | | | | | | | | 生年月日 | | | 明･大･昭　 　年　 　月　 　日 | | | | | | | | | | | | |  |
| 性別 | | | 男　　・　　女 | | | | | | | | | | | | |
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|  | 再交付する  証明書  該当する数字を○で囲ってください。 | | | １　被保険者証  ２　資格者証  ３　受給資格証明書  ４　利用者負担額減額・免除認定証 | | | | | | | | | | | | | | ５　負担限度額認定証  ６　特定負担限度額認定証  ７　要介護等認定結果通知書  ８　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）のみ記入 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 医療保険者名 | | |  | | | | | | | | | 医療保険被保険者証記号番号 | | | | | | | | |  | | | | | | | | | | |  |
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　避難先(送付先)住所