様式第１号（第３条関係）

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| 介護保険料等減免申請書  　　四條畷市長　あて  　　　今年度分四條畷市介護保険料等の減免を四條畷市介護保険条例第９条第３項及び第11条の規定により、次のとおり申請します。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 申請者氏名 | | | | |  | | | | | | | 申請年月日 | | | | | | | | | 年　　月　　日 | | | | | | | | |  |
| 被保険者との関係 | | | | | | | | |  | | | | | | | | |
| 申請者住所 | | | | | 〒　　　－  電話番号　　　（　　） | | | | | | | | | | | | | | | | | | | | | | | | |
| ※申請者が被保険者本人の場合、申請者の住所及び電話番号は、記載不要 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 被保険者 | | フリガナ | | | |  | | | | | | | 被保険者番号 | | | | |  |  |  |  |  | |  |  | |  |  |  |  |
| 被保険者氏名 | | | |  | | | | | | |
| 生年月日 | | | | 年　 月　 日 | | | | | | | 個人番号 | | |  |  |  |  |  |  |  | |  |  | |  |  |  |
| 性別 | | | | 男　・　女 | | | | | | |
| 住所 | | | | 〒　　　－  電話番号　　　（　　） | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | 世帯構成員氏名 | | | | | | | 続柄 | | 年齢 | | 職業 | | 世帯構成員氏名 | | | | | | | 続柄 | | | 年齢 | | | 職業 | | | |  |
| １ |  | | | | | | 本人 | |  | |  | | ４ |  | | | | | |  | | |  | | |  | | | |
| ２ |  | | | | | |  | |  | |  | | ５ |  | | | | | |  | | |  | | |  | | | |
| ３ |  | | | | | |  | |  | |  | | ６ |  | | | | | |  | | |  | | |  | | | |
| 主たる生計維持者（又は生計維持者であった者） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 氏名 | | |  | | | | | | | | | | 個人番号 | | |  |  |  |  |  |  |  | |  |  | |  |  |  |  |
| ※り災による減免申請の場合は記載不要 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 申請理由 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| 申請区分 | | | □条例第９条第３項　□条例第11条第１項第１号　□同第２号　□同第３号  □同第４号　□同第５号　□その他 | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | 減免 | | | 第　　　　号　から　第　　　　号 | | | | | | | | | | | |  | | | | | 収受欄 | | | | | | | | | |  |
| 申請を受理し、決定してよろしいか。 | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  |
|  | 課長 | | | | 課長代理 | | | | 主任 | | 担当者 | | 決裁年月日 | | | | | | | |  |
|  | | | |  | | | |  | |  | | 年　月　日 | | | | | | | |
| 通知年月日 | | | | | | | |
| 年　月　日 | | | | | | | |
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