様式第２号（第７条関係）

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| 介護保険料減免理由消滅届出書  　　四條畷市長　あて  　　　次のとおり　　　年度分四條畷市介護保険料の減免理由が消滅しましたので四條畷市介護保険条例第11条第４項の規定により届け出ます。 | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | 届出年月日 | | | 年　　月　　日 | |  |
| 申請者氏名 | | |  | | | | | | | | | | | | | | | | 本人との関係 | | |  | |
| 申請者住所 | | | 〒　　　－  電話番号　　　（　　） | | | | | | | | | | | | | | | | | | | | |
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|  | 被保険者番号 | | | | |  | |  | |  |  |  |  | |  |  |  | |  | |  | | | |  |
| 被保険者 | | フリガナ | | |  | | | | | | | | | | | | | | | 生年月日 | 年　 月　 日 | | |
| 被保険者氏名 | | |  | | | | | | | | | | | | | | | 性　　別 | 男　・　女 | | |
| 住　　　所 | | | 〒　　　－  電話番号　　　（　　） | | | | | | | | | | | | | | | | | | |
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|  | 申請時の理由 | | | | | |  | | | | | | | | | | | | | | | | | |  |
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| 理由消滅年月日 | | | | | | 年　　　月　　　日 | | | | | | | | | | |  | | | | | | |
| 消滅の理由 | | | | | |  | | | | | | | | | | | | | | | | | |
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| 届出を受理し、決定してよろしいか。 | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 課長 | | | 課長代理 | | | | 主任 | | | | | 担当者 | | | | | 年　 月　 日　受付 | | | | |  | |
|  | | |  | | | |  | | | | |  | | | | |
| 年　 月　 日　決裁 | | | | |
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