|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 国民健康保険被保険者一部・包括資格喪失届 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| １ | 被保険者番号 | | | | | | |  | | | | | | | | | | | | ２ | | 資格喪失年月日 | | | | | | | | 人員 | | | | 氏名番号 | | |
| ・　　・ | | | | | | | | 人 | | | |  | | |
| ３ | 氏名  番号 | | 資格喪失者氏名 | | | | | | 世帯主との続柄 | | | | | 生年月日 | | | 摘要 | | |
| 個人番号 | | | | | | ・　　・ | | | | | | | | 人 | | | |  | | |
| １ | |  | | | | | |  | | | | |  | | |  | | |
|  | | | | | | ・　　・ | | | | | | | | 人 | | | |  | | |
| ２ | |  | | | | | |  | | | | |  | | |  | | |
|  | | | | | | ４ | | 資格喪失の理由 | | | | | | | | | | | | | 氏名番号 | |
| ３ | |  | | | | | |  | | | | |  | | |  | | |
|  | | | | | | １ | | | 社保加入 | | | | | | | | | |  | |
| ４ | |  | | | | | |  | | | | |  | | |  | | |
|  | | | | | | ２ | | | 転出 | | | | | | | | | |  | |
| ５ | |  | | | | | |  | | | | |  | | |  | | |
|  | | | | | | ３ | | | 生活保護開始 | | | | | | | | | |  | |
| ６ | |  | | | | | |  | | | | |  | | |  | | |
|  | | | | | | ４ | | | 死亡 | | | | | | | | | |  | |
| ７ | |  | | | | | |  | | | | |  | | |  | | |
|  | | | | | | ５ | | | その他 | | | | | | | | | |  | |
| ５ | 転出先、社会保険の記号、番号、事業所の所在地、事業所名 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 記号 | | |  | | | | | 番号 | | | | | |  | | | | | 事業 所名 | | | |  | | | | | | | | | | | | |
| 資格取得  年月日 | | | ・　　・ | | | | | 被扶養者 認定年月日 | | | | | | ・　　・ | | | | |
| 事業所所在地 | | | |  | | | | | | | | | | | | |
| 氏名番号 | | |  | | | | | 氏名番号 | | | | | |  | | | | |
| ６ | 記号 | | |  | | | | | 番号 | | | | | |  | | | | | 事業 所名 | | | |  | | | | | | | | | | | | |
| 資格取得  年月日 | | | ・　　・ | | | | | 被扶養者 認定年月日 | | | | | | ・　　・ | | | | |
| 事業所所在地 | | | |  | | | | | | | | | | | | |
| 氏名番号 | | |  | | | | | 氏名番号 | | | | | |  | | | | |
| ７ | 転出先 | | | | １ | |  | | | | | | | | | | | | | | | | | | | | | | 氏名 番号 | | | | |  | | |
| ２ | |  | | | | | | | | | | | | | | | | | | | | | | 氏名 番号 | | | | |  | | |
| ８ | 生活保護 開始年月日 | | | | ・　　・ | | | | | | 氏名  番号 | |  | | | | | ９ | 死亡 年月日 | | | | ・ 　・ | | | | | | | | 氏名  番号 | | |  | | |
| 上記のとおり届けます。  　　令和　　　年　　　月　　　日  　日出町長　　　　　　　　　　　様 | | | | | | | | | | | | | | | | | | | | | | | | | |  | | 世帯区分 | | | | | | | | |
| 普通世帯 | | | | | | 擬制世帯 | | |
| 世帯 | | | | 人員 | | 世帯 | | 人員 |
| 減 | |  | | | |  | |  | |  |
|  | | | | | | | | | | |
|  | | | | 世帯主 | | | | 住所 | | | | 日出町 | | | | | | | | | | | | | | | | | | | | | | | | |
| 氏名 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 電話番号 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 個人番号 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 代理届出者住所　　　　　　　　　　　　　　　 　　 　　電話番号  氏名　　　　　　　　　　　　　　　　　　 　　　　（続柄） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | 課税台帳 | | | | 電算 | | | | 被保険者  台　　帳 | | | | | | 異動一覧表 | | | | | 異動整理簿 | | | | | | 葬祭費  支給済 | | | | | | 被保険者証  交付、追加記入 | | | |
|  | | | |  | | | |  | | | | | |  | | | | |  | | | | | |  | | | | | |  | | | |

本人確認書類　　　□マイナンバーカード　　□免許証　　　　　□その他（　　　　　　　　　　　　）