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| 国民健康保険被保険者資格取得届 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| １ | 被保険者番号 | | | | | | | | | | ２ | | 年　月　日 | | | | | | | 人員 | | | | 氏名番号 | | | | | | | | | | | | | | 資格取得 理由 | | | | | | | | | | | |
| ・　　・ | | | | | | | 人 | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | |
| ・　　・ | | | | | | | 人 | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | |
| ３ | 前住所  （転入の場合記入する。） | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 資格取得届の属する月の年  の１月１日現在の住所 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ４ | 加入区分 | | | １　新　規　　　　２　追　加 | | | | | | | | | | | | | ５ | | 世帯区分 | | | | | | | | | １　普通世帯　　２　擬制世帯 | | | | | | | | | | | | | | | | | | | | | |
| ６ | 番号 | 被保険者となる者の氏名 | | | | | | 世帯主との続柄 | | | | | | 生年月日 | | | | | | | | | 個人番号 | | | | | | | | | | | | | | | | | | | | | | | | 備考 | | |
| １ |  | | | | | |  | | | | | |  | | | | | | | | |  | |  | |  | |  | | |  |  | |  | |  | |  | | |  |  | | |  |  | | |
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| ４ |  | | | | | |  | | | | | |  | | | | | | | | |  | |  | |  | |  | | |  |  | |  | |  | |  | | |  |  | | |  |  | | |
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| ６ |  | | | | | |  | | | | | |  | | | | | | | | |  | |  | |  | |  | | |  |  | |  | |  | |  | | |  |  | | |  |  | | |
| ７ |  | | | | | |  | | | | | |  | | | | | | | | |  | |  | |  | |  | | |  |  | |  | |  | |  | | |  |  | | |  |  | | |
| ７ | 摘要 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 世　　帯　　区　　分 | | | | | | | | | | | | | | | | | | | |
|  | | | | 普通世帯 | | | | | | | | | | 擬制世帯 | | | | | |
|  | | | | 世帯 | | | | 人員 | | | | | | 世帯 | | | | 人員 | |
| 増 | | | |  | | | |  | | | | | |  | | | |  | |
| 上記のとおり届けます。  　令和　　　年　　月　　日  　日出町長　　　　　　　　　様 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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）  代理の理由 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ８ | 課税台帳 | | 電算 | | | 被保険者 台帳 | | | | 異動一覧表 | | | | | | 異動整理簿 | | | | | 支所照合 | | | | | | | | | 助産費 支給済 | | | | | | | | | | | 被保険者証 交付、追加記入 | | | | | | | | |
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本人確認書類　□マイナンバーカード　□免許証　□その他（　　　　　　　　　）　□聴き取り

交付種別　　　□資格確認書　　□資格情報のお知らせ