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| 介護保険料減免・徴収猶予申請書 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | （宛先）茂原市長  　　次のとおり令和元年度分介護保険料の減免・徴収猶予を申請します。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | **※太枠の部分については必ずご記入ください。** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | 被　保　険　者（対象者） | | 被保険者  番号 | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | 個人番号 | | | | |  | |  |  |  |  |  |  |  |  |  |  |  |  |
|  | フリガナ | | | | |  | | | | | | | | | | | | | | | | | | | | 生年月日 | | | | | 明･大･昭　　　年 　月 　日 | | | | | | | | | | | | |  |
|  | 被保険者  氏名 | | | | |  | | | | | | | | | | | | | | | | | | | |  |
| 性　別 | | | | | 男　・　女 | | | | | | | | | | | | |
|  | 住　　所 | | | | | 〒  　　　　　　　　　　　　　　　電話番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | 申請理由 | | | | | | 令和元年１０月２５日の大雨災害により、床上浸水したため。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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