第50号様式(別表第3関係)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 介護保険被保険者証等再交付申請書  　（宛先）  　　戸田市長 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 次のとおり申請します。 | | | | | | | | | | | | | | | | 申請年月日 | | | | 年　　月　　日 | | | | | | | | | | | |  |
|  | 申請者氏名 | |  | | | | | | | | | | | | | 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、申請者住所・電話番号は記載不要 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 被保険者 | 被保険者番号 | | |  |  |  |  |  |  |  |  | |  |  | | 個人番号 |  |  | |  | |  |  |  |  |  |  |  |  |  |  |
| フリガナ | | |  | | | | | | | | | | | | 生年月日 | 年　　月　　日 | | | | | | | | | | | | | |
| 被保険者氏名 | | |  | | | | | | | | | | | |  |
| 性別 |  | | | | | | | | | | | | | |
| 住所 | | | 〒  電話番号 | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | 再交付する証明書 | | 1　被保険者証　　　　　　4　負担割合証  2　資格者証　　　　　　5　負担限度額認定証  3　受給資格証明書 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 申請の理由 | | 1　紛失・焼失　　2　破損・汚損　　3　その他(　　　　　　　) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2号被保険者(40歳から64歳の医療保険加入者)のみ記入 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 医療保険者名 | | |  | | | | | | | | | 医療保険被保険者証記号番号 | | | | | | | | |  | | | | | | | | | |  |
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| 事務所使用欄 | | | | |
| 交付 | 即時交付　／　郵送 （送付先変更　あり・なし） | | | |
| 本人確認 | □免許証　　　　□介護支援専門員証 | | | |
| □その他（　　　　　　　　　　　　　　　　） | | | |
| 決裁 | 課長 | 主幹 | 副主幹 | 担当 |
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