別記様式第48号（第30条第1項・第31条第1項関係）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 介護保険料減免・徴収猶予申請書  和　寒　町　長  様  次のとおり　　　　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 |  | 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   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 被保険者番号 |  |  |  |  |  |  |  |  |  |  |  | | | | | | フリガナ |  | | | | | | | | | | | 生年月日 | 年　 月 　日 | 性 別 | 男・女 | | 被保険者氏名 |  | | | | | | | | | | | | 住　　所 | 〒  電話番号 | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | 申請理由 |  | | | | | | | | | | | | | | |   注意：罹災証明書・被災者名簿等必要書類を添付して下さい。 |