**介護保険　被保険者証等再交付申請書**

**上里町長　様**

**次のとおり申請します。**

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| **申請年月日** | **令和　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**

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| **被　保　険　者** | **被保険者番号** |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| **個人番号** |  |  | |  | |  | |  | |  |  |  | |  | |  | |  | |  | |
| **フリガナ** |  | | | | | | | | | | | | | | | | | | | | | |
| **被保険者氏名** |  | | | | | | | | | | | | | | | | | | | | | | **生年月日** | **明・大・昭　　　年　　　月　　　日** |
| **性　　別** | **男　　　・　　　女** |
| **住　所** | **〒**  **電話番号** | | | | | | | | | | | | | | | | | | | | | | | |

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| **再交付する**  **証明書** | **１　被保険者証**  **２　資格者証**  **３　受給資格証明書**  **４　負担割合証** |
| **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**

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| **医療保険者名** |  | **医療保険被保険者証記号番号** |  |