様式第3号(第5条、第12条関係)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ひとり親家庭等医療に関する申請(届出)書  　　年　　月　　日  　永平寺町長　　　　様 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申請者  (届出者) | | | | | | | | | | | | | 住所  氏名  電話 | | | | | | | | | | | | | | | | | | | | |
| 次のとおり申請(届出)します。  1欄(受給者証再交付申請) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 再交付理由 | | | 破損・亡失 | | | | | | | 番号 | | | |  |  | | |  |  | |  |  | |  |  | | |  |  | |  |  |
| 受給資格者 | | | 氏名 |  | | | | | | 性別 | | | | 男・女 | | | | | | | | | | | | | | | | | |
| 住所 | 永平寺町 | | | | | | 生年月日 | | | | | | | 年　月　日 | | | | | | | | | | | | | | |
| 2欄(資格喪失届出) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 資格喪失者 | 氏名　　　　　　(男・女)　年　月　日生 | | | | | | | | | 番号 | | | |  |  | | |  |  | |  |  | |  |  | | |  |  | |  |  |
| 氏名　　　　　　(男・女)　年　月　日生 | | | | | | | | | 番号 | | | |  |  | | |  |  | |  |  | |  |  | | |  |  | |  |
| 氏名　　　　　　(男・女)　年　月　日生 | | | | | | | | | 番号 | | | |  |  | | |  |  | |  |  | |  |  | | |  |  | |  |
| 氏名　　　　　　(男・女)　年　月　日生 | | | | | | | | | 番号 | | | |  |  | | |  |  | |  |  | |  |  | | |  |  | |  |
| 氏名　　　　　　(男・女)　年　月　日生 | | | | | | | | | 番号 | | | |  |  | | |  |  | |  |  | |  |  | | |  |  | |  |
| 理由 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 喪失年月日 | | | 年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3欄(登録事項変更届出) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 対象者氏名 | | |  | | | | | | | 番号 | | | |  |  | | |  |  | |  |  | |  |  | | |  |  | |  |  |
| 変更年月日 | | | 年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 変更事項 | 対象者 | 氏名 | | |  | | | | | 性別 | | | |  | | | | | | | | | | | | | | | | | |
| 個人番号 | | |  |  |  |  |  | |  | |  | | |  | | | |  | | |  | | |  | | | |  | |
| 住所 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 生年月日 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 受給者 | 氏名 | | |  | | | | | 生年月日 | | | | | | |  | | | | | | | | | | | | | | |
| 個人番号 | | |  |  |  |  |  | |  | |  | | |  | | | |  | | |  | | |  | | | |  | |
| 住所 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 加入保険 | 世帯主・被保険者又は組合員氏名 | | |  | | | | | 性別 | | | | 男・女 | | | | | | 対象者との続柄 | | | | | | |  | | | | |
| 住所 | | |  | | | | | 生年月日 | | | | | | | 年　月　日 | | | | | | | | | | | | | | |
| 名称 | | |  | | | | | 記号番号 | | | | | | |  | | | | | | | | | | | | | | |
| 所在地 | | |  | | | | | 附加給付 | | | | | | | 無・有(　　　　　　) | | | | | | | | | | | | | | |
| 口座 | 金融機関名 | | |  | | | | | 口座番号 | | | | | | |  | | | | | | | | | | | | | | |
| 支店名 | | |  | | | | | 名義 | | | | | | |  | | | | | | | | | | | | | | |
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