別記様式第1号(第2条関係)

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| 介護保険住所地特例(開始・変更・終了)届出書  　聖籠町長　　　　様  　次のとおり住所地特例(開始・変更・終了)について届け出ます。  　　※　(　)内は以下の基準により該当するものに○をつけてください。  　　　　　在宅→適用：開始　施設→施設：変更　施設→在宅：終了 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | 届出年月日 | | | | | | | 年　　月　　日 | | | | | | | | |  |
| 届出人氏名 | | | |  | | | | | | | | | | | | | | | 本人との関係 | | | | | | |  | | | | | | | | |
| 届出人住所 | | | | 〒  電話番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 届出人が被保険者本人の場合は、届出人の氏名のみ記入してください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 被保険者 | 被保険者番号 | | | |  |  |  | |  |  |  |  |  | |  |  |  | | | | | | |  | | | | | | | | | | |  |
| フリガナ | | | |  | | | | | | | | | | | | 個人番号 | | |  |  | |  | |  | |  |  |  |  |  |  |  |  |  |
| 氏名 | | | |  | | | | | | | | | | | | 生年月日 | | | 年　　月　　日 | | | | | | | | | | | | | | |  |
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|  | 世帯主 | 氏名 | |  | | | | | | | | | | | 世帯主との続柄 | | | |  | | | | | | | | | | | | | | | | |  |
|  | | | | 生年月日 | | | | 年　　月　　日 | | | | | | | | | | | | |
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|  | 異動前住所 | 従前の住所 | | | 〒  電話番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| ＊異動前住所が施設の場合は、以下も記入してください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 施設 | 名称 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ＊異動後住所が施設の場合は、以下も記入してください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 施設 | 名称 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
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