別記様式5－18

介護保険利用者負担額減額・免除申請書

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | フリガナ | |  | 保険者番号 | | |  | | | | | | | | 013342 | | | | | | | | | | | |  |
| 被保険者氏名 | |  |
| 被保険者番号 | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| 個人番号 | | |  |  | |  | |  | |  | |  |  |  | |  | |  | |  | |  |
| 生年月日 | | 明・大・昭　　　年　　　月　　　日生 | 性別 | | 男　・　女 | | | | | | | | | | | | | | | | | | | | |
| 住所 | | 〒  電話番号 | | | | | | | | | | | | | | | | | | | | | | | |
| 利用者負担額減免申請理由 | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 木古内町長　様  　上記のとおり関係書類を添えて利用者負担額に係る減額・免除を申請します。  　　　　　　　年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申請者 | 住所　　木古内町字  氏名 | | | 電話番号 | | | | | | | | | | | | | | | | | | | | | |
| 木古内町記入欄 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 交付年月日 | | 備考 | | | | | | | | | | | | | | | | | | | | | | | |  |
| 年　月　日 | | (所得分布の状況等を把握) | | | | | | | | | | | | | | | | | | | | | | | |
| 適用年月日 | |
| 年　月　日から | |
| 有効期限 | |
| 年　月　日まで | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |