様式第44号

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| 介護保険料減免申請書 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 年　　月　　日  (宛先)箕面市長  　　　　　次のとおり　　年度分介護保険料の減免を申請します。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (申請者) | | | | | | | | | | | | | | | 住所  氏名  電話番号　　　　　　(　　) | | | | | | | | | | | | | | | | | |
| 被保険者 | 被保険者番号 | | | | |  | | |  | |  | |  | | |  | |  | |  | |  | |  | |  | | 生年月日 | | 年　　月　　日 | |
| 個人番号 | |  |  | | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |
| 被保険者氏名 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 住所 | | | | | 電話番号　　　　(　　) | | | | | | | | | | | | | | | | | | | | | | | | | |
| 生計中心者 | 個人番号 | |  | |  | | |  | |  | |  | |  | | |  | |  | |  | |  | |  |  | 被保険者との続柄 | | |  | |
| 生計中心者  氏名 | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 住所 | | | | | 電話番号　　　　(　　) | | | | | | | | | | | | | | | | | | | | | | | | | |
| 減免を申請する保険料額 | | | | | | 円 | | | | | | | | | | | | | | | | | | | | | 減免を申請する納期等 | | |  | |
| 申請理由 |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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