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| **介護保険被保険者証等再交付申請書**  (あて先)  **旭　川　市　長**  次のとおり証明書の再交付を申請します。   |  |  |  |  | | --- | --- | --- | --- | |  | | 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   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 被  保  険  者 | 被保険者番号 |  |  |  |  |  |  |  |  |  |  | 個　人　番　号 | | | | | | | | | | | | | フリガナ |  | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  | | 氏　　　名 |  | | | | | | | | | | 生年月日 | | | | 明・大・昭　　 年 　　月 　　日 | | | | | | | | | 性別 | | | | 男　　 ・　 　女 | | | | | | | | | 住所 | 〒  　　　　　　　　　　　　　　　　　　　　　　　　　　 電話番号 | | | | | | | | | | | | | | | | | | | | | |  |  |  | | --- | --- | | 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  ５　負担限度額認定証 | | ６　その他（　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　 　） | | 申請の理由 | １　紛失・焼失　　 ２　破損・汚損　　 ３　その他（　　　　　　　　 　　　　　　　） |   ※申請者が被保険者本人以外の場合、委任状が必要。（但し「１　被保険者証」は、世帯を一にする同居家族からの申請に限り不要。）  第２号被保険者（40歳から64歳の医療保険加入者）のみ記入   |  |  |  |  | | --- | --- | --- | --- | | 医療保険者名 |  | 医療保険被保険者証  記号番号 |  | |

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| 備 考 欄  (旭川市記入) | 被保険者証の取り扱い（いずれかに○印）  (1) 再交付のみ  (2) 要介護認定等申請のため |  |