第４号様式（第６条関係）

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| 介護保険住所地特例（適用・変更・終了）届　　　南さつま市長　　殿　　次のとおり住所地特例（適用・変更・終了）について届け出ます。（在宅→施設：適用　　施設→施設：変更　　施設→在宅：終了）

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|  | 申請年月日 | 　　年　　月　　日 |
| 申請者氏名 | 印　 | 本人との関係 |  |
| 申請者住所 | 〒　　　　　　　　　　　　　電　話　　　　　（　　）　　　 |

　※　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

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| 被 保 険 者 | 被保険者番号 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 個人番号 |  |  |  |  |  |  |  |  |  |  |  |  |
| フリガナ |  |  |  |
| 被保険者氏名 |  | 生年月日 | 　　年　　月　　日 |
| 性別 | 男　・　女 |

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| 世　帯　主 | 個人番号 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 氏名 |  | 世帯主との続柄 | 生年月日 | 　　年　　月　　日 |
|  | 性別 | 男　・　女 |

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| 異 動 前 情 報 | 従前の住所 | 〒　　　　　　　　　　電　話　　　　　（　　）　　　 |
| ＊異動前住所が施設の場合、以下も記入のこと。 |
| 施設 | 名称 |  |
| 退所年月日 | 　　　　年　　　　月　　　　日 |

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| 異 動 後 情 報 | 現住所 | 〒　　　　　　　　　　電　話　　　　　（　　）　　　 |
| ＊異動後居住地が施設の場合、以下も記入のこと。 |
| 施設 | 名称 |  |
| 入所年月日 | 　　　　年　　　　月　　　　日 |

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