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）   |  |  |  |  | | --- | --- | --- | --- | |  | | 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   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 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 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 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 |  |  |  |  |  | | --- | --- | --- | --- | | 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 |  |  |  |  |  | | --- | --- | --- | --- | | 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 | |