様式第2号(第4条関係)

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| 介護保険住所地特例適用・変更・終了届  　阿久比町長　　　　殿  　次のとおり住所地特例(適用・変更・終了)について届出ます。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | ＊上記(適用・変更・終了)より該当するものに丸をつける  在宅→施設：適用　施設→施設：変更  施設→在宅：終了 | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | 届出年月日 | | | 年　月　日 | | | | | | | | | | | | | |  | |
|  | 届出人氏名 | | |  | | | | | | | | | | | | | 本人との関係 | | | | |  | | | | | | | | | | | |
| 届出人住所 | | | 〒  　　　　　　　　　　　　　　　電話番号(　)　― | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ＊届出人が被保険者本人の場合、届出者住所、電話番号は記載不要 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 被保険者 | 被保険者番号 | | |  | |  |  |  |  |  |  |  | |  |  | |  | | | | | | | | | | | | | | | | | |
| フリガナ | | |  | | | | | | | | | | | | | 個人番号 |  | |  | |  |  | |  |  |  |  |  |  |  |  | |  |
| 氏名 | | |  | | | | | | | | | | | | | 生年月日 | 年　月　日 | | | | | | | | | | | | | | | |
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|  | 世帯主 | フリガナ | | |  | | | | | | | | | | | | | 被保険者との続柄 | | | | | | |  | | | | | | | | |  | |
| 氏名 | | |  | | | | | | | | | | | | | 生年月日 | 年　月　日 | | | | | | | | | | | | | | |
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|  | 異動前情報 | 従前の住所 | | | 〒  　　　　　　　　　　　電話番号(　)　― | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| ＊異動前住所が施設の場合、以下も記入のこと | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 施設 | 名称 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | 異動後情報 | 現住所 | | | 〒  　　　　　　　　　　　電話番号(　)　― | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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