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| 介護保険住所地特例適用・変更・終了届 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （宛先）栃木市長 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ＊上記（適用・変更・終了）から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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ＊届出者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 | | | |  |  | |  | |  |  |  |  |  |  |  | 個人番号 | | |  |  |  |  | |  |  |  |  |  |  |  |  |  |
| フリガナ | | | |  | | | | | | | | | | | | 生年月日 | | | 年　　月　　日 | | | | | | | | | | | | |  |
| 氏　　　　名 | | | |  | | | | | | | | | | | |
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|  | 世　帯　主 | 氏　名 | | |  | | | | | | | | | | | | | | 被保険者  との続柄 | |  | | | | | | | | | | | | |  |
| 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 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 退所年月日 | | | | | | | 年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | | |
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|  | 異 動 後 情 報 | 現住所 | | | | | | **〒**  電話番号 | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| ＊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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別記様式第２５号（第２９条関係）