様式第1-3号

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 介護保険　被保険者証等再交付申請書  　(宛先)松本市長  　次のとおり申請します。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | 申請年月日 | | | | 年　　月　　日 | | | | | | | | | | | |  |
| 申請者氏名 | | □申請者は被保険者欄のとおり | | | | | | | | | | | | | | | 本人との関係 | | | |  | | | | | | | | | | | |
| 申請者住所 | | 〒  電話番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 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 | | | | | | | | | | | | | |  |
| 被保険者氏名 | | | |  | | | | | | | | | | | |
| 住所 | | | | 〒    　　　　　　　　　　　　　電話番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 再交付する証明書 | | | 1　被保険者証  2　負担割合証  3　負担限度額認定証  4　その他(　　　　　　　　　　　　　　) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 申請の理由 | | | 1　紛失・焼失　　2　破損・汚損　 3　住所・氏名変更  4　その他(　　　　　　　　) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | |  | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

事務処理欄

|  |  |
| --- | --- |
| 申請者本人確認 | 担当 |
| マイナンバーカード / 運転免許証 / 障害者手帳 / 健康保険証 / 介護支援専門員証 / その他（　　　　　　） |  |