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| **介護保険　住所地特例（ 適用 ・ 変更 ・ 終了 ）届**  　　瀬戸内市長　様  　　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 | | | | | | | 0 | | 0 | | 0 | | 0 | |  | |  | |  | |  | |  | | |  | |  | | | | |
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| フリガナ | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| 氏名 | | | |  | | | | | | | | | | | | | | | | | | | | | 生年月日 | | | | | 明・大・昭　 年　 月 日 | |  |
| 性別 | | | | | 男・女 | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | 世帯主 | 氏名 |  | 被保険者との続柄 |  | | 生年月日 | 明・大・昭 　年 　月　　日 | | 性別 | 男・女 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | 異動後情報 | 現住所 | | | | | | | 〒  電話番号 | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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