様式第５号

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 介護保険料減免申請書  　摂津市長　様  　次のとおり介護保険料の減免を申請します。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | 申請年月日 | | | | | 年　　月　　日 | | | | | | | | |  | |
|  | 申請者氏名 | | | |  | | | | | | | | | | | | | | | | 本人との関係 | | | | |  | | | | | | | | |
| 申請者住所 | | | | 〒  電話番号　　　　(　　　) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ※申請者が被保険者本人の場合は、申請者住所・電話番号の記載は不要です。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 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 | | | |  | | | | | | | | | | | | | | |
| 住所 | | | | 電話番号　　　　(　　　) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 減免申請理由 | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ※注意事項  　・保険料の減免の申請理由を証明する書類を添付してください。(例：申請理由が火事の場合は罹災証明等)  　・保険料の減免の対象は、申請月(申請事由が災害の場合は、減免事由が発生した月)分の保険料からになります(遡って保険料を減免することはできません。)。  　・上記の減免の申請理由がなくなったときは、直ちにその旨を市長に届け出てください。  　・資力が回復して(収入が回復する、保険金が入る等)減免を行うことが適当でなくなったり、不正な理由で減免を受けた場合は、減免が取り消される場合がありますのでご注意ください。  ※以下市役所使用欄 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 減免 |  | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |