様式第12号(法施行規則第26条第2項関係)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 介護保険被保険者証交付申請書  　会津美里町長  　次のとおり申請します。 | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | 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、申請者住所・電話番号は記載不要 | | | | | | | | | | | | | | | | | | | | | | | |
|  | 被保険者 | フリガナ | | |  | | 個人番号 |  |  | |  |  | |  |  |  |  |  |  |  |  |  | |
| 被保険者氏名 | | |  | | 生年月日 | 年　月　日 | | | | | | | | | | | | | | |  |
| 性別 | 男　・　女 | | | | | | | | | | | | | | |
| 住所 | | | 〒  電話番号 | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
|  | 医療保険者名 | | |  | | 医療保険被保険者証記号番号 | | | | | | |  | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | |

＊2号被保険者の被保険者証交付申請用