国民健康保険資格確認書等（再）交付申請書

（宛先）厚木市長

次のとおり申請します。

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| 記　号 | | １３ | | | 番　号 | | | | |  | | | | | | | |  | | | | | |
| 発　行  希望欄 | 個人番号 | | | | | | | | | 氏名 | | | | | | | | 生年月日 | | | 個番確認 | | |
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| 発行書類 | | | * 資格確認書 | | | | | | | | | | 申請理由 | | | * 紛失・盗難のため（警察への届出　済　未届） | | | | | | | |
|  | | | * 資格情報のお知らせ | | | | | | | | | |  | | | * マイナンバーカード返納予定のため | | | | | | | |
|  | | | * 被保険者証明書 | | | | | | | | | |  | | | * マイナンバーカードでの受診が困難なため | | | | | | | |
|  | | | * 負担区分連絡票 | | | | | | | | | |  | | | * 未着のため　　　　□郵送のため | | | | | | | |
|  | | | * 加入期間証明書 | | | | | | | | | |  | | | * その他（　　　　　　　　　　　　） | | | | | | | |
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| 申請者 | | | |  | | | | | | | | | | | | | | | | | | |  |
|  | | | | 住所 | | | | | | | | | | | | | | | | | | |  |
|  | | | | 世帯主氏名 | | | | | | | | | | | | | | | | | | |  |
|  | | | | 世帯主個人番号 | | | | | | | | | | | | | | | | | | |  |
|  | | | | 来庁者氏名　　　　　　　　　　　　　　　　　　　　　　世帯主との続柄 | | | | | | | | | | | | | | | | | | |  |
|  | | | | 電話番号 | | | | | | | | | | | | | | | | | | |  |
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| 事　務　処　理　欄 | | | | | | | | | | | | | | | | | | | | | | | |
| ※本人確認 | | | □ 運転免許証 | | | | | □ 個人番号カード | | | | | □ 在留カード | | | | | | | ※（再）交付の資格確認書等 | | | | |
|  | | | □ パスポート | | | | | □ 障害者手帳 | | | | | □ 住基カード(写真付き) | | | | | | | 負担割合（　　割） | | | | |
|  | | | □その他（　　　　　　　　　　　　　　） | | | | | | | | | | | | | | | | | 交付・郵送（　　/　　） | | | | |
| ※個番確認 | | | □個人 | | | □住基 | | | □ | | □代理権 | | | | □納付案内 | | □届出指導 | | | 証明書（　　/　　まで） | | | | |
| 課長 | | | 係長 | | | | 担当 | | | | | 国保年金課国保給付係 | | | | | | | | 分類 | | ５・２・２ | |
|  | | |  | | | |  | | | | | 起案 | |  | | | | | | 決裁  区分 | | E | |
| 決裁 | |  | | | | | |
| 施行 | |  | | | | | | 保存 | | ３年 | |
| 本件、上記申請のとおり処理してよろしいか。  なお、この申請書をもって台帳とします。 | | | | | | | | | | | | | | | | | | | | | | | |