別記様式第50号（第32条、第34条関係）

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| 介護保険料減免・徴収猶予申請書 | | | | | | | | | | | | | | | | | | | | | |
| （申請先）標茶町長 | | | | | | | | | | | | | | | | | | | | | |
| 次のとおり、　　　　年度分介護保険料の減免・徴収猶予を申請します。 | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | 申請年月日 | | | | 年　　　月　　　日 | | |
| 申請人氏名 | | 印 | | | | | | | | | | | | | | | 本人との関係 | | | |  |
| 申請人住所 | | 〒 | | | | | | | | | | | | | | | | | | 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 | 被保険者番号 | | |  |  |  |  |  |  |  |  |  |  |  |  |  | | | | | |
| 個人番号 | | |  |  |  |  |  |  |  |  |  |  |  |  |
| フリガナ | |  | | | | | | | | | | | | |  | | | | | |
| 氏名 | |  | | | | | | | | | | | | | 生年月日 | | 年　　　　月　　　　日 | | | |
|  | | | | | | | | | | | | | 性別 | | 男　　・　　女 | | | |
| 住所 | | 〒 | | | | | | | | | | | | | 電話番号 | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| 申請の理由 | |  | | | | | | | | | | | | | | | | | | | |