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| 健康保険被保険者証 | | | | | | | 介護保険適用除外 | | | | | | | | | | | | | | | | | | | | | 該当  不該当 | | | | | 届 | |  | | |  | | |  | | | | |  | | | | | |  | | | |
| 記号 | | 番号 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | 常務理事 | | | 事務長 | | | 担当者 | | | | | | | | | | | | | | |
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| 被保険者の氏名 | | | | 性別 | | | | 生　年　月　日 | | | | | | | | | | | | | | | | | | 被扶養者の氏名 | | | | | | | | | 性別 | | 続柄 | | | 生　年　月　日 | | | | | | | | | | | | | |
| （氏） | （名） | | | 男  ・  女 | | | | 昭  ・  平 | |  | | | 年 | | |  | | | 月 | | |  | | 日 | | （氏） | | | | | | （名） | | | 男  ・  女 | |  | | | 昭  ・  平 |  | | 年 | | | |  | | 月 | |  | 日 | |
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| 被保険者  の住所 | 〒　 － | | | | | | | | | | | | | | | | | | | 被扶養者  の住所 | | | | | | | 〒　 － | | | | | | | | | | | | | 備　考 | | | | | | | |  | | | | | | | |
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| 適用除外の事由 | | | 該当  不該当 | | の別 |  | | | | | 該当  不該当 | | | | の年月日 | | | | | | 被扶養  者番号 | | | | 作成  原因 | | | |
| 国外住居者　　　　　　　 1  身体障害者療養施設入所者 2  在留資格一年未満の外国人 3 | | | 該当  ・  不該当 | | | 平成 | | | 年 | | |  | | 月 | | |  | 日 | | |  | |  | |  | | | | 入居施設  の所在地  電話 | | | | | 〒　　　－ | | | | | | | | | | | | | | | | | | | |
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| 事業所所在地  事業所名称  事業主氏名  電話 | | | 〒　　　－ | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | 令和　 年　 月　 日　提出 | | | | | | | | | | | | | | | | | |  | | | | |  |
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