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| 介護保険　資格取得・異動・喪失届  　　飛騨市長　あて  次のとおり届出ます。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 届出年月日 | | | | | | | | 年　月　日 | | | |  |
| 届出人氏名 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | 本人との関係 | | | | | | | |  | | | |
| 届出人住所 | | | 〒  電話番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ＊届出者が被保険者本人の場合、届出者住所・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 | | | | | | |  | |
| 住所 | | | 〒  　　　　　　　　　電話番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | 異動年月日 | | | | | | 年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  |
| 届出事由 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | 要介護認定 | | | | | | | 有　・　無 | | | | | | | | | | | | | | | | 介護保険施設入所 | | | | | | | | | | | | | | 有　・　無 | | | | |  |
| ＜飛騨市記入欄＞ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 資格異動年月日 | | | | | | | | 取得事由 | | | | | | | | | | | | | | | | 喪失事由 | | | | | | | | | | | | | 異動事由 | | | | |  |
| 年　　月　　日 | | | | | | | | ・外国人異動  ・その他取得  （適用除外施設退所） | | | | | | | | | | | | | | | | ・死亡  ・その他喪失  （適用除外施設入所） | | | | | | | | | | | | | ・氏名変更  ・その他異動  （　　　　　　　） | | | | |
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|  | 課長 | | 課長補佐 | | | | | | | 係長 | | | | | | | 係 | | | | | | | | | 振興事務所 | | | | | | | | | 受　　付 | | | | | 備考 | | |  |
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