別記第１号様式(第２条関係)

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| 介護保険住所地特例(適用・変更・終了)届  　（宛先）阿久根市長  　次のとおり住所地特例(適用・変更・終了)について届け出ます。  ※上記(適用・変更・終了)より該当するものに○をつける。  【在宅→施設】適用　【施設→施設】変更　【施設→在宅】終了 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | 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 | | | | | | | | | | | | | | | | | | | | | | | | | |
| ※届出人が被保険者本人の場合、届出人住所及び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 | | |  | | | | | | | | | | | 世帯主との続柄 | |  | | | | | | | | | | | |
| 氏名 | | |  | | | | | | | | | | | 生年月日 | | 年　　月　　日 | | | | | | | | | | | |
| 性別 | | 男　・　女 | | | | | | | | | | | |
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|  | 世帯主 | 氏名 | | |  | | | | | | | | | | | 生年月日 | | 年　　月　　日 | | | | | | | | | | | |  |
| 性別 | | 男　・　女 | | | | | | | | | | | |
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|  | 異動前情報 | 従前の住所 | | | 〒  電話番号 | | | | | | | | | | | | | | | | | | | | | | | | |  |
| ※異動前住所が施設の場合、以下も記入のこと | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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