別記様式第40号(第25条関係)

介護保険支払方法変更(償還払い化)終了申請書

　後志広域連合長　様

　次のとおり、支払方法変更(償還払い)終了を申請します。

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|  | | 申請年月日 | 年　月　日 | |
| 申請者氏名 |  | 本人との関係 | |  |
| 申請者住所 | 〒　　　―  電話番号　　　― | | | |

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| 被保険者番号 |  |  |  |  |  |  |  |  |  |  | 個人番号 | |  | |  |  |  | |  |  |  |  |  |  |  |  |
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| 被保険者氏名 |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 生年月日 | 年　　月　　日 | | | | | | | | | | | 性別 | | 男・女 | | | |  | | | | | | | | |
| 住所 | 〒　　　―  電話番号　　　― | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申請の理由 | 1　公費負担医療の受給　2　災害　3　重大な障害又は長期入院　4　その他 | | | | | | | | | | | | | | | | | | | | | | | | | |
| ※著しい減少の場合は、4　その他を選択、完納の場合は選択不要 | | | | | | | | | | | | | | | | | | | | | | | | | |
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