様式第１号（第８条関係）

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 桶川市長  ＊＊＊国保用＊＊＊ | | 国民健康保険異動届 | | | | | |  | 届出人  1　世帯主  2　その他 | 氏名 | 個人番号 |
|  | | | | | |
| 異動事由 | 国保世帯 | | 退単 | 退退 | 異動年月日 | 届出年月日 |  | | 住所(代理人のみ) | TEL |
| 喪失 |  | |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 町字世帯 |  | 住所 |  | 世帯主 |  |
| 記号・番号 |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NO | 氏名(フリガナ) | | 生年月日 | | 性別 | 続柄 | | | 外 | 除 | 国保 | | | | | | 退職 | | 資格証 | | | 食事減額認定 | | 特定疾病認定 | | 個人番号 |
| 1 |  | |  | |  |  | | |  |  |  |  | |  |  | |  |  |  | |  |  |  |  |  |  |
| 国年番号 |  | 得喪日 |  | | | 届区 |  | 異事 |  | | | 保区 | | |  | | 医助 | |  | | 職業 |  | | |
| 種別 |  | | | 児手 | | |  | | 住民日 | |  | |
| 2 |  | |  | |  |  | | |  |  |  |  | |  |  | |  |  |  | |  |  |  |  |  |  |
| 国年番号 |  | 得喪日 |  | | | 届区 |  | 異事 |  | | | 保区 | | |  | | 医助 | |  | | 職業 |  | | |
| 種別 |  | | | 児手 | | |  | | 住民日 | |  | |
| 3 |  | |  | |  |  | | |  |  |  |  | |  |  | |  |  |  | |  |  |  |  |  |  |
| 国年番号 |  | 得喪日 | 届区 | | |  | 異事 |  | 保区 | | |  | | | 医助 | |  | | 職業 | |  |  | | |
| 種別 |  | | | 児手 | | |  | | 住民日 | |  | |
| 4 |  | |  | |  |  | | |  |  |  |  | |  |  | |  |  |  | |  |  |  |  |  |  |
| 国年番号 |  | 得喪日 |  | | | 届区 |  | 異事 |  | | | 保区 | | |  | | 医助 | |  | | 職業 |  | | |
| 種別 |  | | | 児手 | | |  | | 住民日 | |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 起票者 |  | | | | | | | | | | | | 記事 |  | | | | | |
| 関連確認 |  | 国保 | | | | | | | 例外 | | 特例 | | 後期 | 福医 | 児消 | 退該 | 年金 | 記事 |  |
| 国 | 退 | 資 | 食 | 特 | 高 | 写 | 特 | 学 | 住 | 施 |
| 交 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 返 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 変 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 認 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |