様式第２９号(第２３条、第２３条の２関係)

介護保険料減免・徴収猶予申請書

　　小鹿野町長　様

　　次のとおり　　　　年度分介護保険料の減免・徴収猶予を申請します。

　　なお、申請した年度に係る延滞金についての免除を併せて申請します。

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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 | | |

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| フリガナ  被保険者氏名 |  | 保険者番号 | | | 1 | | | | 1 | | | | 3 | | | 6 | | | | 5 | | | | | 4 | | |
| 被保険者番号 | | |  | |  | | |  | |  | |  | |  | |  | | |  | |  | | |  | |
| 個人番号 |  |  | |  | |  | | |  | |  | |  | |  | |  | | |  | |  | | |  |
| 生年月日 | 年　　月　　日　　　　　歳　　　　男・女 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 住所 | 〒　　　　　　　　　　　　　　　　電話 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申請の理由 |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
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　保険者記入欄

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