様式第１号（第５条関係）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 介護保険料減免申請書（新型コロナウイルス感染症）  大子町長　　様  次のとおり介護保険料の減免を申請します。   |  |  |  |  | | --- | --- | --- | --- | |  | | 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 | | |   ※　申請者が被保険者本人の場合，申請者住所・電話番号は記載不要   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 被　保　険　者 | 被保険者番号 |  |  |  |  |  |  |  |  | |  |  |  | | フリガナ |  | | | | | | | | 生年月日 | | | 明治・大正・昭和 | | 氏　　名 |  | | | | | | | | 年　　月　　日 | | 性　別 | | | 男・女 | | 住　　所 | 電話番号 | | | | | | | | | | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | 生計維持者 | 氏　名 |  | 本人との関係 |  |  |  |  | | --- | --- | | 申請理由 | □　(1)　新型コロナウイルス感染症の影響により，主たる生計維持者が死亡し，又は重篤な傷病を負った  □　(2)　新型コロナウイルス感染症の影響により，主たる生計維持者の令和２年の事業収入等のいずれかが，令和元年の当該事業収入等と比べて３割以上の減少が見込まれる | |  |
|  |
|  | |