様式第49号(第39条，第41条関係)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 介護保険料減免・徴収猶予申請書  　　宇土市長　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。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | 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 | | |  |  |  |  |  |  |  |  |  |  | | 個人番号 |  |  |  | |  |  |  |  |  |  |  |  |  |  |
| フリガナ | | |  | | | | | | | | | | | 生年月日 | 明・大・昭  　　年　　月　　日 | | | | | | | | | | | | |
| 氏名 | | |  | | | | | | | | | | |
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|  | 申請理由 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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