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| 届出コード | | | 処理区分 | | |  |  | 常務理事 |  |  |  | 係 |
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| **正** | | | | | |  |  |

**健康保険育児休業取得者終了届**

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| ① 事業所の記号 | | | | | | | ②被保険者の番号 | | (ア)　年金手帳の基礎年金番号 | | | | | | | | | | | | | ③ 生年月日 | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| * 記入方法は裏面に書いてありますからよく読んでください。 * 「※」印欄は記入しないでください。 | |  |  | |  |  |  | |  | | | | |  | | | | | | | | 昭5  平7 | | | | 年 | | | 月 | | | | 日 | | | |  | | | | | | | | | | | | | | | |
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| ※ |  |  | | | | | | | | | | | | | | | |
| (イ) 　被　保　険　者　の　氏　名 | | | | | | | | | | | | (ウ) 性別 | | | (エ) 養 育 す る 子 の 氏 名 | | | | | | | | | | | | | | | | | | | | | | (オ)　養育する子の生年月日 | | | | | | | | | | | | (カ)養育する子の区分 | | | |
| (ﾌﾘｶﾞﾅ) | | | | | | | |  | | | | 男 1  ・  女 2 | | | (ﾌﾘｶﾞﾅ) | | | | | | | | |  | | | | | | | | | | | | | 令和9 | 年 | | | 月 | | | | | 日 | | | 実　子 　1  ・  その他　 2 | | | |
|  |  | |  | |  | | |  | |  |
| (氏) | | | | | | | | (名) | | | | (氏) | | | | | | | | | (名) | | | | | | | | | | | | |
| (キ)　育　児　休　業　期　間　が　終　了　し　た　日 | | | | | | | | | | | | | | | | | | | | | | | ④※育児休業開始(申出)年月日 | | | | | | | | | | | | | ⑤※作成原因 | | | | ⑥※育児休業終了年月日 | | | | | | | | | | | |  |
| 令和　　年 　　　月 　　　日 | | | | | | | | | | | | | | | | | | | | | | | 年 | | | | 月 | | | | | 日 | | | |  | | | | 年 | | | | | 月 | | | | | 日 | |
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| 備　　　　　　　　　　　　　　　　 考 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 事業所所在地  事業所名称  事業主氏名  電話 | | | | 〒　　　－  ㊞    （　　　　　局）　　　　　　　　番 | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | 令和　　年　　月　　日提出 | | | | | | | | |
|  | 社会保険労務士の提出代行者印 | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
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