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|  |  |  | **介護保険適用除外等** |  |  |  |  | **届** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | **該　当****非該当** |  |  |  | 常務理事 | 事務長 | 担当 |
| ①健康保険被保険者証の記号 | ②健康保険被保険者証の番号 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 被保険者の氏名 | 性別 | 生年月日 |  | 被扶養者の氏名 | 性別 | 続柄 | 生年月日 |
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|  被保険者の住所 | 〒 |  |  |  |  |  |  |  |  |  |  |  被扶養者の住所 |  |  |  |  |  |  |  |  |  |  | 　　備考 |  |  |  |  |  |  |  |
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| ④適用除外等の事由 | ⑤該　当非該当の別 | ⑥該当・非該当の年月日 |  |  |  入所施設の名称 |  |
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| 国外居住者　①身体障害者療養施設等入居者　　　２在留資格一年未満の外国人　　　　３ | 該　当**□**非該当**□** | 　 年　　月　　日 |  |  |  入所施設の所在地 | 〒　　　－ |
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| 事業所所在地事業所名称事業主氏名電話 |  | 印 |  |  |  |  |  |  |
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