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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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|  | | | |  | 電話 | | | | |  |  |  |  |  |  |  |  |  |  |  | （　　　　局）　　　　　　番 | | | | | | | | | |
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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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