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| 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 | | | | | **介護保険適用除外** | | | | | | | | | | | | | | | | | | | | | **該当**  **不該当** | | | | | **届** | |  | | |  | | |  | | | | |  | | | | | |  | | | |
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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 | | | | | | | | | | | | | |
| （氏） | （名） | | | 男1  ・  女2 | | | | 昭5  平7 | |  | | | 年 | | |  | | | 月 | | |  | | 日 | | （氏） | | | | | | （名） | | | 男1  ・  女2 | |  | | | 昭5  平7 |  | | 年 | | | |  | | 月 | |  | 日 | |
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| （キ）  被保険者  の住所 | 〒　　　－ | | | | | | | | | | | | | | | | | | | （ク）被扶養者  の住所 | | | | | | | 〒　　　－ | | | | | | | | | | | | | （ケ）備　考 | | | | | | | |  | | | | | | | |
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| 適用除外の事由 | | | 該当  不該当 | | の別 |  | | | | | 該当  不該当 | | | | の年月日 | | | | | | 被扶養  者番号 | | | | 作成  原因 | | | |
| 国外住居者　　　　　　　 1  身体障害者療養施設入所者 2  在留資格三ヶ月以下の外国人 3 | | | 該当1  ・  不該当2 | | | 令和 | | | 年 | | |  | | 月 | | |  | 日 | | |  | |  | |  | | | | （サ）入居施設  の所在地  電話 | | | | | 〒　　　－ | | | | | | | | | | | | | | | | | | | |
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| 事業所所在地  事業所名称  事業主氏名  電話 | | | 〒　　　－ | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | 令和　　　年　　　月　　　日　提出 | | | | | | | | | | | | | | | | | |  | | | | |  |
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