様式第50号（第44条、第45条関係）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 介護保険料減免・徴収猶予申請書  　多治見市長  　　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 | 年　　月　　日 | | | | | | | | | | | |  |
| 氏名 | |  | | | | | | | | | |
| 住所 | | **〒**  電話番号 | | | | | | | | | | | | | | | | | | | | | | |
| 生計中心者 | 氏名 | |  | | | | | | | | | | | | | | | | | | | | | | |
| 住所 | | **〒**  電話番号 | | | | | | | | | | | | | | | | | | | | | | |
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|  | 納　　　期 | | | 保険料額 | | | | | 納　期　限 | | | | | 特別徴収対象年金給付支払月 | | | | | | | | | | | | |  |
| ４月（第１期） | | |  | | | | |  | | | | |  | | | | | | | | | | | | |
| ５月（第２期） | | |  | | | | |  | | | | |  | | | | | | | | | | | | |
| ６月（第３期） | | |  | | | | |  | | | | |  | | | | | | | | | | | | |
| ７月（第４期） | | |  | | | | |  | | | | |  | | | | | | | | | | | | |
| ８月（第５期） | | |  | | | | |  | | | | |  | | | | | | | | | | | | |
| ９月（第６期） | | |  | | | | |  | | | | |  | | | | | | | | | | | | |
| 10月（第７期） | | |  | | | | |  | | | | |  | | | | | | | | | | | | |
| 11月（第８期） | | |  | | | | |  | | | | |  | | | | | | | | | | | | |
| 12月（第９期） | | |  | | | | |  | | | | |  | | | | | | | | | | | | |
| １月（第10期） | | |  | | | | |  | | | | |  | | | | | | | | | | | | |
| ２月（第11期） | | |  | | | | |  | | | | |  | | | | | | | | | | | | |
| ３月（第12期） | | |  | | | | |  | | | | |  | | | | | | | | | | | | |
| 合　　　計 | | |  | | | | |  | | | | |  | | | | | | | | | | | | |
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|  | 申請理由 | | |  | | | | | | | | | | | | | | | | | | | | | | |  |
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