様式第50号（第44条、第45条関係）

**記入例**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 介護保険料減免・徴収猶予申請書  　多治見市長  　　次のとおり　**令和４**　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 | | | | | | **令和４年８月31日** | | | | | | | |  |
| 申請者氏名 | | **多治見　一郎** | | | | | | | | | | 本人との関係 | | | | | | **長男** | | | | | | | |
| 申請者住所 | | **〒507-0000　多治見市△△町５-１０**  **電話番号　0572-00-0000**  **080-0000-0000** | | | | | | | | | | | | | | | | | | | | | | | |
| ＊　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  未記入可 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 被　保　険　者 | 被保険者番号 | | **0** | **0** | **0** | **0** | **1** | **2** | **3** | **4** | **5** | **6** | 個人  番号 | **0** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **0** | **1** |  |
| フリガナ | | **タジミ　タロウ** | | | | | | | | | | 生年  月日 | **昭和　〇年　◇月　△日** | | | | | | | | | | | |  |
| 氏名 | | **多治見　太郎** | | | | | | | | | |
| 住所 | | **〒507-0000　多治見市〇〇町１１-１１**  **電話番号　0572-00-0000**  **090-0000-0000** | | | | | | | | | | | | | | | | | | | | | | |
| 生計中心者 | 氏名 | | **申請者に同じ** | | | | | | | | | | | | | | | | | | | | | | |
| 住所 | | **〒**  **申請者に同じ**  電話番号 | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 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 | | |  | | | | |  | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 申請理由 | | | **令和４年５月以降、新型コロナウイルス感染症の影響により、外出自粛要請に伴う予約の取消しが〇〇件あり、生計中心者の給与収入が減少したため。**  **・給与　令和４年５月　○○○円　　令和４年５月　□□□円**  **令和４年６月　○○○円　　令和４年６月　□□□円**  **令和４年７月　○○○円　　令和４年７月　□□□円**  **・給与明細のとおり** | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |