様式第４号（第６条関係）

福祉医療費受給資格等変更・喪失届受給資格等変更・喪失届

年　　月　　日

（宛先）　安曇野市長

下記のとおり届出をします。

(なお振込先変更の場合、受給資格者は下記口座へ振り込むことを承諾します。)

　　　　　　　　　　住　所　安曇野市

　　　　　　申請者　氏　名　　　　　　　　　　　　 　　（続柄　 　 　）

　　　　　　　　　　電　話　　　　　　　　　（　　　　）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 受給者番号 | |  | | 氏　　　名 | | |  | | | | | | | | | | | | 生年月日 | | 年　月　日 | | | | | | | | | 事業番号 | | |  | | | |
|  | |  | | | | | | | | | | | | 年　月　日 | | | | | | | | |  | | | |
|  | |  | | | | | | | | | | | | 年　月　日 | | | | | | | | |  | | | |
|  | |  | | | | | | | | | | | | 年　月　日 | | | | | | | | |  | | | |
|  | |  | | | | | | | | | | | | 年　月　日 | | | | | | | | |  | | | |
| 変　更 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 事　　　項 | | | **変　　更　　後** | | | | | | | | | | | | | | | | | **変　　更　　前** | | | | | | | | | | | | | | | | |
| 氏　　　名 | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| 住　　　所 | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| 加入医療保険 | 被保険者氏名 | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| 記号・番号 | | **・** | | | | | | | | | | | | | | | | | **・** | | | | | | | | | | | | | | | | |
| 資格取得年月日 | | 年　　　月　　　日 | | | | | | | | | | | | | | | | | 年　　　月　　　日 | | | | | | | | | | | | | | | | |
| 保険者名  (保険者番号) | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
|  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | | |  | |  |
| 一部負担金割合 | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| 振込先 | 金融機関名 | | 銀行・信金　　　　　支店  信組・農協　　　　　支所  (　　 )　　 ( ) | | | | | | | | | | | | | | | | | 銀行・信金　　　　　支店  信組・農協　　　　　支所  (　　 )　　 ( ) | | | | | | | | | | | | | | | | |
| 口座番号 | |  | | |  | | |  | |  | |  | |  | |  | | |  | | |  | |  | |  | |  | | |  | | |  | |
| フリガナ | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| 氏　　名 | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| その他 | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| 変更年月日 | | | 年　　月　　日 | | | | | | | | | | | | | | | | | 年　　月　　日 | | | | | | | | | | | | | | | | |
| 喪　失 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 喪失理由 | | | □　死　亡　　□　転　出　　　□その他（　　　　　　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 異動日  （理由発生年月日） | | | 年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 備　　考 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

※　太枠の中をご記入ください。