様式第１号（第３条関係）

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| 年　　月　　日  （宛先）　安曇野市長  　　　住所　安曇野市    申請者　氏名　　　　　　　　　　　　（続柄　　　　）  電話　　　　　（　　　）  　下記により、福祉医療費受給者証の交付を申請します。  　また、受給資格者は下記口座へ振り込むことを承諾します。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 資格区分 | | 児童・障害者・母子家庭等・父子家庭 | | | | | | | | | | | | | | | | | | | | | | | 事業番号 | | | | | | | | | |  | | | | | | |  | | | | |
| 住 所 | 安曇野市 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 受給資格者 | （フリガナ）  氏　　　名 | | | 生年月日 | | 資格要件  該当年月日 | 申請者との続柄 | 個人番号**※１** | | | | | | | | | | | | | | | | | | | | | | 受給者番号 | | | | | | | | | | | | | | | | |
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| 加入医療保険 | 被保険者氏名 | | | |  | | 保険者番号 | | | | | | |  | | | |  | | | |  | | | | | |  | | | | |  | | | |  | | |  | | | |  | | |
| 保険者名 | | | |  | | 記　号 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 番　号 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 一部負担割合 | | | |  | | 限度額適用、標準負担額減額認定 | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 振込先口座 | 銀行・信金　　　　支店  信組・農協　　　　支所  （　　　）　　　(　　　) | | | | | | フリガナ | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 口座名義人 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 種　　　別 | | 普通・当座・その他（　　） | | | | 口座番号 | | | 左詰めで記入 | | | | | | |  | | | |  | | | | | |  | | | | |  | | | | |  | | |  | | | |  | | |

福祉医療費受給者証交付申請書

※１ 個人番号の記入がない場合、又は記入した場合でも加入医療保険情報と連携していない場合は、**被保険者であることを示す証明書**の提示又は写しの添付が必要となります。

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| 税務情報の閲覧　同意欄 | | | | | | | | | | | | |
| 本件の資格に関わる所得状況等確認について、私の税務情報を市が閲覧することについて同意します。  （下記署名欄へ署名をお願いします。）  　転入の方など、申請時において当市に地方税の課税権がない受給資格者及び受給資格者と同一生計世帯員につきましては、直近の所得を確認できる書類の添付が必要になります。　※２　個人番号を記入した場合、書類の添付は不要となります。 | | | | | | | | | | | | |
| 受給資格者及び同一生計世帯員　署名欄 | 個人番号　※２ | | | | | | | | | | | |
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