(様式第４号)（第６条関係）

箕輪町福祉医療費給付金受給資格者異動（変更）届

年　　　月　　　日

箕輪町長　あて

　　　　　　　　　　　　　　　　　　　　申請者　　　　住　　所

署　　名

電　　話

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 資　格　区　分 | １　妊産婦  ２　子ども  ３　ひとり親家庭の親子等 | | | | | | | | ４　身体障害者手帳　１・２・３級  ５　療育手帳　A1・A2・B1・B2  ６　精神障害者保健福祉手帳　１・２級  ７　障害年金  ８　６５歳以上障がい者 | | | | | | | | | | | | | | | | | | | | | | |
| 受　給　者 | 氏 名 | | | | | 生 年 月 日 | | | | | | 続柄 | | 受給者番号  個人番号 | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | |  | | 受給者番号 | | |  | | | | | | | | | | | | | | |
| 個人番号 | | |  | | |  |  |  |  |  | |  |  |  |  |  |  |
|  | | | | |  | | | | | |  | | 受給者番号 | | |  | | | | | | | | | | | | | | |
| 個人番号 | | |  | | |  |  |  |  |  | |  |  |  |  |  |  |
|  | | | | |  | | | | | |  | | 受給者番号 | | |  | | | | | | | | | | | | | | |
| 個人番号 | | |  | | |  |  |  |  |  | |  |  |  |  |  |  |
|  | | | | |  | | | | | |  | | 受給者番号 | | |  | | | | | | | | | | | | | | |
| 個人番号 | | |  | | |  |  |  |  |  | |  |  |  |  |  |  |
| □資格区分変更 | 変更年月日 | |  | | | | | | | 変　更　後 | | | | | |  | | | | | | | | | | | | | | | |
| □資格喪失 | 喪失年月日 | |  | | | | | | | 喪失理由 | | | | | | 転出・ 死亡 ・ その他（ 　　　 　） | | | | | | | | | | | | | | | |
| 資格者証回収 | | 回収済・　後日返送　・　その他（　　　　　　　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □氏名変更 | 変　更　前 | |  | | | | | | 変更後 | | | | | | | |  | | | | | | | | | | | | | | |
| □住所変更 | 変　更　前 | | 箕輪町大字 | | | | | | | | | | | | | | | | | | | | | | 受給者証送付先 | | | | | □ | |
| 変　更　後 | | 箕輪町大字 | | | | | | | | | | | | | | | | | | | | | | □ | |
| □医療保険の変更 | □被保険者であることを示す証明書等による | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □振込先の変更 | 金融機関名 |  | | | | | | | | | | | | | 支店名 | | |  | | | | | | | | | | | | | |
| 口座番号 |  | |  |  | |  |  | | |  | |  | | (カタカナ)  口座名義 | | | |  | | | | | | | | | | | | | |