様式第２号（第２条関係）

介護保険住所地特例（適用・変更・終了）届

　遠野市長　　様

　次のとおり住所地特例（適用・変更・終了）について届け出ます。

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 上記該当に○を付ける。  在宅⇒施設：適用　施設⇒施設：変更　施設⇒在宅：終了 | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
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|  | | | | | | | | | | | | | | | | | | | | 届出年月日 | | | | | | | | | | | 年　　　月　　　日 | |
| 届出人氏名 | | | |  | | | | | | | | | | | | | | | | 本人との関係 | | | | | | | | | | |  | |
| 届出人住所 | | | | 〒  電話番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 個人番号 | | | |  |  | |  | |  | |  | |  | | |  | |  | | |  | |  | |  | | |  | |  | | |
| ※届出者が被保険者本人の場合は、届出人住所及び電話番号の記入は、不要です。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 被保険者 | 被保険者番号 | | | | |  | |  | |  |  |  | | |  | |  | |  | | |  | |  | |  | | | | | | |
| 個人番号 | | | | |  | |  | |  |  |  | | |  | |  | |  | | |  | |  | |  | | |  |  | | |
| フリガナ | | | | |  | | | | | | | | | | | | | | | | | | | | | 性別 | | | | | 男・女 |
| 氏名 | | | | |  | | | | | | | | | | | | | | | | | | | | | 生年月日 | | | | | 年　　月　　日 |
| 世帯主  氏名 | |  | | | | | | | | | | | | 世帯主との続柄 | | | | | | | | | | | | | 世帯主性別 | | | | | 男・女 |
|  | | | | | | | | | | | | | 世帯主  生年月日 | | | | | 年　　月　　日 |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 異動前情報 | 従前の  住所 | | 〒  電話番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ※異動前住所が施設の場合は、次の事項についても記入してください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 施設 | 名称 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| 退所年月日 | | | | 年　　　月　　　日 | | | | | | | | | | | | | | | | | | | | | | | | |
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| 異動後情報 | 現住所 | | 〒  電話番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ※異動後住所が施設の場合は、次の事項についても記入してください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 施設 | 名称 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 入所年月日 | | | | 年　　　月　　　日 | | | | | | | | | | | | | | | | | | | | | | | | |