様式第54号

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| 介護保険料減免・徴収猶予調書 | | | | | | | | | | | | | | | | | | | |
|  | 被保険者 | 被保険者番号 | |  |  |  |  |  |  |  |  |  | |  |  |  | | | |
| フリガナ |  | | | | | | | | | | | | |
| 氏名 |  | | | | | | | | | | | | | 生年月日 | | 明・大・昭　年　月　日 |  |
| 性別 | | 男・女 |
| 住所 | 〒 | | | | | | | | | | | | | | | |
| 申請理由 |  | | | | | | | | | | | | | | | |
| 世帯状況 |  | | | | | | | | | | | | | | | |
| 災害の種類 | | 火災・水害・その他(　　　　　　　　　　　　　) | | | | | | | | | | | | | | | |
| 災害年月日 | | 年　　　月　　　日 | | | | | | | | | | | | | | | |
| 被害程度 | |  | | | | | | | | | | | | | | | |
| 減免計算月 | | 年　　　月　～　　　年　　　月 | | | | | | | | | | | | | | | |
| 調定額 | | 円 | | | | | | | | | | 減免額 | | | | 円(　か月分保険料額) | |
| 徴収猶予期間 | |  | | | | | | | | | | | | | | | |
| 確認資料 | | 罹災証明・被災者名簿・その他(　　　　　　　　　　　　) | | | | | | | | | | | | | | | |
| 年　　月　　日  調査員氏名 | | | | | | | | | | | | | | | | | | | |