様式第7号

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 介護保険他市町村住所地特例者名簿  　　年　　月　　日作成 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 対象者 | 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 |
| 転入前住所 | | 〒 | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 保険者番号 | |  | |  |  | |  | |  | | |  | |  | | | | | | | | | | | | |
| 保険者名 | |  | | | | | | | | | | | | | | | | | | | | | | | |  |
| 転入年月日 | |  | | | | | | | | | | | | | | | | | | 転出年月日 | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 施設名称 | | | | | | | | | | 施設所在地 | | | | | | | | | | | | | | | 入退所年月日 |  |
|  | | | | | | | | | | 〒  電話番号 | | | | | | | | | | | | | | | 入所日　　・　・  退所日　　・　・ |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |