様式第8号

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| 介護保険　住所地特例被保険者台帳  　　年　　月　　日作成 | | | | | | | | | | | | | | | | | | | |
|  | 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 |
| 住所地特例適用前住所 | 〒 | | | | | | | | | | | | | | | |
| 住所地特例終了後住所 | 〒 | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
|  |  | 施設名称 | 施設所在地 | | | | | | | | 入退所年月日 | | | | | | 住所地特例適用期間 | |  |
| 最初 |  | 〒  電話番号 | | | | | | | | 入所日　・　・  退所日　・　・ | | | | | | 適用　　・　・  終了　　・　・ | |
| 2 |  | 〒  電話番号 | | | | | | | | 入所日　・　・  退所日　・　・ | | | | | | 変更　　・　・  終了　　・　・ | |
| 3 |  | 〒  電話番号 | | | | | | | | 入所日　・　・  退所日　・　・ | | | | | | 変更　　・　・  終了　　・　・ | |
| 4 |  | 〒  電話番号 | | | | | | | | 入所日　・　・  退所日　・　・ | | | | | | 変更　　・　・  終了　　・　・ | |
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