様式第8号（第9条関係）

**介護保険　被保険者台帳**

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| 075432 | 富岡町 |  | 被保険者番号 |  |

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| （フリガナ） | | |  | | | | | | | | 生年月日 | | | | |  | | | | 性別 | | |  | | 世帯コード | | |  | | | | | 住民コード | | |  | |
| 氏　　名 | | |  | | | | | | | | | | | | | | | | | | | | | | 状　　態 | | |  | | | | | 連絡先 | | |  | |
| 住　　所 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | |
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| 住所コード | | |  | | | | 行政区 | | | | | | |  | | | | | | | 入所施設 | | | | | |  | | | | | |  | | | | |
| 医療保険種別 | | |  | | | | 医療保険者 | | | | | |  | | | | | | | | | | | | | | 記号番号 | | | | | |  | | | | |
| 資格異動情報 | No. | 取得日 | | | 取得届出日 | | | | 取得事由 | | | | | | 喪失日 | | | 喪失届出日 | | | | | | 喪失事由 | | | 生活保護情報 | | No. | 開始日 | | | | 終了日 | | | 種別 |
|  |  | | |  | | | |  | | | | | |  | | |  | | | | | |  | | |  |  | | | |  | | |  |
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| 被保険者証発行履歴 | No. | 発行日 | | 事由 | | 回収日 | | No. | | 発行日 | | 事由 | | | | | 回収日 | | 世帯情報 | | | No. | | 住民コード | | 氏名 | | | | | 性 | 生年月日 | | | 続柄 | | 被保険者番号 |
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　　年　　月　　日作成