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| ひとり親家庭等医療費受給資格変更（消滅）届 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 杉戸町長　あて　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　年　　　月　　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 次のとおり、変更・消滅が生じたので届出します。  　また、杉戸町ひとり親家庭等医療費支給に関する条例施行規則に基づく受給資格の変更等の事務を行うため、必要な範囲内で加入保険情報等の確認、公簿等の調査や個人番号等に基づく情報の取得を行うことに同意します。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| １　変更後住所　（変更年月日：　　　　　　年　　　月　　　日） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 新住所 | | | | | | | | | | | | 杉戸町 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ２　変更後氏名　（変更年月日：　　　　　　年　　　月　　　日） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 受給者氏名 | | | | | | | | | | | | 本人 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 子 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ３　加入医療保険の変更 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 世帯主・被保険者・  組合員・加入者氏名 | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 保険者名 | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 記号・番号 | | | | | | | | | | | | ・ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 健保組合・全国健保協会  国保・国保組合・共済組合 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 支部 | | | | | | | | | | |
| 資格認定  年月日 | | | | | | | | | | | | 年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 保険者番号 | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | |  | | | | |  | | | |  | | | | |  | | | | | |  | | | | |  | | |
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| ４　金融機関の変更　（変更年月日：　　　　　　年　　　月　　　日）※通帳等の写しを提出 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 金融機関名 | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 銀行・農協・信用金庫  信用組合・労働金庫 | | | | | | | | | | | | | | | | | | | | | | | | | | 本店  支店 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 店番号 | | | | | | | | | | | | | | | | |  | | | | |  | | | |  | | | | 口座番号 | | | | | | | | | | | | | | | | | |  | | | | | |  | | | |  | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | 預金  種別 | | | | | | | | | | | | | | 普　　通 | | | | | | | | | | | | | | | |
| 口座名義人  (カタカナ) | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ５　消滅理由　（消滅年月日：　　　　　　年　　　月　　　日） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1．他市（町村）に転出  　　転出先（　　　　　　　　　　　　　　　　　　　　　　　　）  2．生活保護等受給  3．死亡  4．ひとり親家庭等でなくなった  具体的理由（　　　　　　　　　　　　　　　　　　　　　　　　）  5．その他（　　　　　　　　　　　　　　　　　　　　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

様式第７号（第２０条関係）

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| 町記入欄 | □　変更　□　消滅 | 受給資格証返却 | 済 ・ 未 | 処理年月日 | 年　月　日 |