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| 被保険者異動連絡票　(国民健康保険用) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 届  出  人 | | 1　本人　　2　世帯主　3　その他  氏　名 | | | | |
| 届出 | ・　　・ | | | | | | | | 住所 | |  | | | | | | | | | | | | | | | | | | | 世帯主 | |  | | | | | |
| 個人番号 | | | | |
| 異動 | ・　　・ | | | | | | | |
| ＴＥＬ | | | | |
| 氏名(フリガナ) | | | | | | | | | | | | | | | | 生年月日 | | | | | | |  | 続柄 | | 年齢区分 | 資格取得 | | | | | | 種変 | 種別 | | | | 得喪(種変)年月日 | | | | 基礎年金番号 | | |
| 個　人　番　号 | | | | | | | | | | | | | | | | | | | | | | |
| 1 |  | | | | | | | | | | | | | | | ・　　・ | | | | | | | 男　女 |  | | □乳幼児  □20歳未満  □退職(本・扶)  □70歳以上 | 得 | | 新  再 | | | 喪 | → | 1号・3号・任意 | | | | ・　　　・ | | | |  |  | |
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| 2 |  | | | | | | | | | | | | | | | ・　　・ | | | | | | | 男　女 |  | | □乳幼児  □20歳未満  □退職(本・扶)  □70歳以上 | 得 | | 新  再 | | | 喪 | → | 1号・3号・任意 | | | | ・　　　・ | | | |  |  | |
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| 3 |  | | | | | | | | | | | | | | | ・　　・ | | | | | | | 男　女 |  | | □乳幼児  □20歳未満  □退職(本・扶)  □70歳以上 |  | 取得 | | | | | | | 喪失 | | | | | | | その他の変更 | | |
|  | | | | | | | | | | | | | | |
| 全部　・　一部 | | | | | | | 全部　・　一部 | | | | | | | 年 月 日 | | ・　　・ |
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| 4 |  | | | | | | | | | | | | | | | ・　　・ | | | | | | | 男　女 |  | | □乳幼児  □20歳未満  □退職(本・扶)  □70歳以上 | 年 月 日 | | | | | ・　　・ | | 年 月 日 | | | | ・　　・ | | | 世 帯 主 | |  |
|  | | | | | | | | | | | | | | |
| 転　　入 | | | | |  | | 転　　出 | | | |  | | | 住　　所 | |  |
|  |  | |  | |  | | |  |  | |  | | |  | |  | |  |  |  | |
| 5 |  | | | | | | | | | | | | | | | ・　　・ | | | | | | | 男　女 |  | | □乳幼児  □20歳未満  □退職(本・扶)  □70歳以上 | 社保離脱 | | | | |  | | 社保加入 | | | |  | | | 世　　帯 | | 変更・分離・合併 |
|  | | | | | | | | | | | | | | |
| 生保廃止 | | | | |  | | 生保開始 | | | |  | | | 氏　　名 | |  |
|  |  | |  | |  | | |  |  | |  | | |  | |  | |  |  |  | |
| 6 |  | | | | | | | | | | | | | | | ・　　・ | | | | | | | 男　女 |  | | □乳幼児  □20歳未満  □退職(本・扶)  □70歳以上 | 出　　生 | | | | |  | | 死　　亡 | | | |  | | | 退 職 者 | |  |
|  | | | | | | | | | | | | | | |
| 後期離脱 | | | | |  | | 年齢到達  障害認定 | | | |  | | | 住所地特例 | |  |
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| 記事 |  | | | | | | | | | | | | | | | | | | | | | | | | | | そ の 他 | | | | |  | | そ の 他 | | | |  | | | そ の 他 | |  |
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| 国民健康保険 | 旧番号 | | | | | | |  | | | | | | | | | | 全　・　一 | | | |  |  | | 加入・脱退した事業所等 | | | | | | | | | | |  | 退職者異動 | 受給権発生年月日 | | | | ・　　　　・ | | |
| 新番号 | | | | | | |  | | | | | | | | | | 全　・　一 | | | | 事業所名 | |  | | | | | | | | | | | 取得年月日 | | | | ・　　　　・ | | |
| 資格 | | 得  喪 | | ・　　・ | | | | | | | | | 区分変更 | | | | 普→擬 | | | | 喪失年月日 | | | | ・　　　　・ | | |
| 擬→普 | | | | 区 分 変 更 | | | 旧 | 単独　・　混合　・　一般 | | |
| 取得 | | | 転入・社保・生保・出生・後期・その他 | | | | | | | | | | | | | | | | | | 所 在 地 | |  | | | | | | | | | | | 新 | 単独　・　混合　・　一般 | | |
| 喪失 | | | 転出・社保・生保・死亡・障害・その他 | | | | | | | | | | | | | | | | | | 新 | 単独　・　混合　・　一般 | | |
| 変更 | | | 世帯主・転居・氏名・その他 | | | | | | | | | | | | | | | | | | 特定健診 | 受診希望者 | | | |  | | |
| 世帯変更 | | | | | | 世帯・分離・合併 | | | | | | | | | | | | | | | 保険記号 | |  | | | | | | 区　　分 | | 本　人 | | |
| 世帯区分 | | | | | | 普・擬・退・学・遠 | | | | | | | | | | | | | | | 配偶者 | | | 受診券発行 | | | | 有・無 | | |
| 保険番号 | |  | | | | | |
| 保険証 | | | | | | 交付・補正・回収 | | | | | | | | | | | | | | | 被　扶 | | |
| 給付 | | | 出産育児・葬祭 | | | | | | | | | 税処理 | | | | | 有・無 | | | | 取得  喪失 | | ・　　　・ | | | | | | 保 険 者  番　　号 | |  | | | 特定　　・　　任意 | | | | | | |
| 摘要 | | |  | | | | | | | | | | | | | | 新規・追加 | | | |