第６号様式（第12条関係）

重度心身障害者医療費等受給資格変更（喪失）届出書

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 年　　月　　日  　富津市長　　　　　様  届出者　住　所  氏　名  電　話 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 対象者 | | 住所 | | | □申請者と同じ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 氏名 | | | □申請者と同じ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 個人番号 | | |  |  | | |  | |  | | |  | |  | | | |  | | | |  | | |  | | | |  | | |  | | |  | | |
| 次のとおり、対象者に係る事項に変更等がありましたので、届け出ます。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 住所 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 氏名 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 加入医療保険  及び記号番号 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 基準世帯員 | 氏名 | | | | | | 続柄 | | | 個人番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ① | | | | | |  | | |  | |  | | |  | |  | |  | | | |  | | |  | | |  |  | | |  | | |  | | |  |
| ② | | | | | |  | | |  | |  | | |  | |  | |  | | | |  | | |  | | |  |  | | |  | | |  | | |  |
| ③ | | | | | |  | | |  | |  | | |  | |  | |  | | | |  | | |  | | |  |  | | |  | | |  | | |  |
| ④ | | | | | |  | | |  | |  | | |  | |  | |  | | | |  | | |  | | |  |  | | |  | | |  | | |  |
| 対象者と住所が  違う場合の住所 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 指定振込口座 | 金融機関名 | |  | | | | | | | | | | 支店名 | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| 口座種別 | | 普通・当座 | | | | | 口座番号 | | | | | | | | | |  | | |  | | | |  | | |  | | | |  | | |  | | |  | |
| フリガナ | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 口座名義人 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 喪失事由  (該当する番号に○) | | | | １　死亡したため。　　　　　２　市外へ転出したため。  ３　生活保護を受給したため。４　障害の程度が軽くなったため。  ５　ひとり親家庭等医療費又は子ども医療費の助成の適用を受けたため。  ６　その他（　　　　　　　　　　　　　　　　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 変更・喪失年月日 | | | | 年　　　月　　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

注１　変更のあった事項を該当する欄に記入してください。

　２　変更の内容が確認できる書類等（被保険者証、通帳等）を届出時に提示してください。

　３　各欄の変更日が異なる場合は、その欄の余白に変更日を記入してください。