様式第19号(第25条の3関係)

介護保険給付額減額免除申請書

　　米原市長　　　　様

　　次のとおり、給付額減額措置免除を申請します。

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|  | | 申請年月日 | | 年　月　日 | |
| 申請者氏名 |  | | 本人との関係 | |  |
| 申請者住所 | 〒  電話番号 | | | | |

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| 被保険者番号 |  |  |  |  |  |  |  |  |  |  | 個人番号 |  |  |  |  |  |  |  |  |  |  |  |  |
| 被保険者氏名 | フリガナ | | | | | | | | | | | | | | | | | | | | | | |
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| 生年月日 | 年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | |
| 住所 | 〒  電話番号 | | | | | | | | | | | | | | | | | | | | | | |
| 申請の理由 |  | | | | | | | | | | | | | | | | | | | | | | |
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