様式第26号(第19条関係)

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| 介護保険市町村特別給付費支給申請書 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (　　　　　年　　月分) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | フリガナ | |  | | | | | | | | | | | 保険者番号 | | | | |  | | | | | | 0 | 8 | 2 | | 3 | | 3 | | 9 | |  | | |  |
| 被保険者氏名 | |  | | | | | | | | | | |
| 被保険者番号 | | | | |  | |  |  |  | |  |  |  | |  | |  | |  | |  | | |
| 個人番号 | | | | |  | |  |  |  | |  |  |  | |  | |  | |  | |  | |  |
| 生年月日 | | 明・大・昭　　　年  　　　月　　　日生 | | | | | | | | | | | 性別 | | | | | 男・女 | | | | | | | | | | | | | | | | | | |
| 住所 | | 〒  　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　電話番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 支払金額合計 | | 円 | | | | | | | | サービスの種類 | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| 申請理由 | | １．介護保険認定申請中のためサービス利用券未発行のため | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ２．その他（　　　　　　　　　　　　　　　　　　　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 行方市長　　　　　　　様  　上記のとおり，関係書類を添えて市町村特別給付費の支給を申請します。    令和　　年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申請者 | 住所  氏名 | | | | | | | | | | | | | | | | 電話番号 | | | | | | | | | | | | | | | | | | | |
| 注意・この申請書の裏面に該当月分の領収証を添付してください。  　上記の給付費を下記の口座に振り込んでください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 口座振替依頼欄 | | | 銀行  信金  信組  　農協  労金 | | | | | | 本店  支店  出張所 | | | | | | 種目 | | | | | | | | 口座番号 | | | | | | | | | | | | | |  |
| 1　普通預金  2　当座預金  3　その他 | | | | | | | |  | |  | |  | |  | |  | |  | |  | |
| 金融機関コード | | | | | | 店舗コード | | | | | |
|  |  | |  | |  |  | | |  | |  |
| フリガナ | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 口座名義人 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 市記入欄 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 区分 | | | | | 保険料納付状況 | | | | | | 領収証確認欄 | | | | | サービス提供証明書確認欄 | | | | | | | 備考 | | | | | | | | | | | | | |  |
| 1　一般  2　支払方法の変更  3　給付額減額 | | | | | 未納保険料  有・無  滞納保険料  有・無 | | | | | |  | | | | | | | | | | | | | |
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