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| 様式第３１号（その１）（附則第２項関係） | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 国民健康保険傷病手当金支給申請書（世帯主記入用） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 被保険者情報 | | 被保険者証  記号番号 | | | | | | （枝番） | | | | | | | | | | | | | 世帯主氏名 | | | | |  | | | | | | | | | |
| （フリガナ） | | | | | |  | | | | | | | | | | | | 生年月日 | | | | |  | | | 年　　月　　日 | | | | | | | |
| 氏名 | | | | | |  | | | | | | | | | | | |
| 住所 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 振込先 | | 金融機関  名　称 | | | | | |  | | | | | | | | 銀行・金庫・農協  その他（　　　　） | | | | | |  | | | | | | | | 本店　・　支店  その他（　　　　） | | | | | |
| ※ゆうちょ銀行の場合は、３桁の店番を記入 | | | | | | | | | | | | | |
| 預金種別 | | | | | | 普通・当座 | | | | | | | | 口座番号 | | | | | |  | |  | |  | |  | |  | |  | |  | |
| 口座名義  （カタカナ） | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 上記のとおり申請します。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 年　　月　　日 | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| （宛先）鴻巣市長 | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
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| 【受取代理人の欄】（世帯主以外の方が受領する場合は、記入が必要です。） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 世帯主 | | | | 上記申請の給付金について受領を下記の受任者に委任します。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 住　所 | | | | | 〒　　　－ | | | | | | | | | | | | | | | 年　　月　　日 | | | | | | | | | | | |
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| 氏　名（署名又は記名押印） | | | | | | | | | | | | | | | | | | | | | |  | |  |  |  |  |  |  |  |  |
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| 受任者  （口座名義人） | | | | 〒　　　－ | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  | 世帯主との関係 | | | | | | |
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| （フリガナ） | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| 氏名（署名又は記名押印） | | | | | | | | | | | | | | | | | | | | | |  | |  |
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| 保険者  記入欄 | | | | 支給決定額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 円 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |