様式第2号（第10条関係）

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| あわら市長様 | | | | |  | **国保年金異動届** | | | | | | | | |  |  | |  | |  | 処 理 | | | | | | | 受付 | | | | |  | | | | | | | | | | | | | | | | | | | 入力 | | | | | |  | | | | | | | | | | | 年金 | | | |  | | | | | | | | | | 国保 | | |  | | | | | | | | | | | | | 税務 | | | | |  | | | | | | | | | 照合 | | |  | | | | | | | | |  | | | | |
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| ※**太枠内**だけ黒のボールペンではっきり記入して下さい。 | | | | | | | | | | | | | | |  |  | |  | |  |  | |  | | |  |  |  | | |  | | | |  | | | 国民健康保険 | | | | | | | | | | | | | | | | |  | | | | | |  | |  | | | |  | | | |  | | |  | | |  | |  | |  | | | |  | | |  | |  | | | |  | | | |  | | | | | | | | | | |  | |  | | |  | | |  | |  | | | |  |  | | | | |  |
| 保　険　□ | | | | 届出人 | |  | | | | | | | 電話番号 | | | 自宅　・　携帯 | | | | | | | | | | | | | | | | | | | | |  | | | 加入区分 | | | | 1 | | | 8 | | | 資格① | | | | | | 0 | | | | | 1 | | 2 | | | | 資格② | | | | 1 | | | 2 | | | 3 | | 4 | | 5 | | | | 取得事由 | | | 11 | | 12 | | | | 13 | | | | 15 | | | 17 | | | | | | 19 | | 喪失事由 | | 21 | | | 23 | | | 25 | | 27 | | | | 29 |  | | | | |  |
| 年　金　□ | | | | （　　　　 ） 　　　　－ | | | | | | | | | | | | | | | | | | | | |  | | | 加入 | | | 喪失 | | | 退非該 | | | | | 退本人 | | 退扶養 | | | | 被保 | | | マル学 | | | マル遠 | | 普主 | | 擬主 | | | | 転入 | | 出生 | | | | 社保離 | | | | 生保廃 | | | その他 | | | | | | 退該当 | | 転出 | | | 社保加 | | | 生保開 | | その他 | | | | 退非該 |  | | | | |  |
| 届出年月日 | | | | 年　　　月　　　日 | | | | | 異動年月日 | | | | 年　　　　月　　　　日 | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | |  |
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|  | | | 取得 | | | 喪失 | | | 再取得 | | | | | | 適用 | | 二十歳 | | | | 公年移 | | | | その他 | | | 学生 | | | 公年加 | | その他 | | | | 種別変 | |  | | | |  | | | |  | | |  | | | | | |  | |  | |  | | |  | | |  | |  | | | |  |  | | | | |  |
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| 取得・離脱 | 確認方法 | 社会保険証　・　取得喪失届　・　年金事務所 | | |  | 被保険者証の処理 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | 他課との連携 | | | | | | | | | | | | | | | | | | | | | | |
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| 得喪年月日 | 年　　　月　　　日　　　加入　・　喪失 | | |  | 発行　（　済　・　未　） | | | | | | | | | | | | | | 返還不能 | | | | | | | | | | | | | | |  | 父子　　（　該　・　非　） | | | | | | | | | | | 重度　（　該　・　非　） | | | | | | | | | | | |
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