様式第37号（第34条関係）

介護保険給付額減額免除申請書

　　　魚津市長　　　　　あて

　　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 | | | | | | | | | | | 性別 | | 男・女 | | | | | |  | | | | | | | | |
| 住所 | 〒  電話番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申請の理由 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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