**様式第２**（第２条関係）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 介護保険住所地特例適用・変更・終了届  　（宛先）津島市長  　　次のとおり住所地特例（適用・変更・終了）について届け出ます。  ＊上記（適用・変更・終了）より該当するものに丸を付ける  在宅→施設：適用　施設→施設：変更　施設→在宅：終了 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | |  | | | | | | | | | | | | | 届出年月日 | | | | | |  | | | | | | | | |  | |
|  | 届出人氏名 | | |  | | | | | | | | | | | | | 被保険者との関係 | | | | | |  | | | | | | | | |  | |
|  | 届出人住所 | | | 〒  電話番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| ＊届出人が被保険者本人の場合、届出人住所・電話番号は記載不要 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 被　保　険　者 | 被保険者番号 |  | |  |  |  |  |  |  | |  |  |  | | 個人番号 | |  |  |  | |  | |  |  |  |  |  |  |  |  |  | |
|  | フリガナ |  | | | | | | | | | | | | | | | 生年月日 | | | |  | | | | | | | | | |  | |
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|  | 世　帯　主 | 氏名 |  | | | | | | | | | | | | 被保険者 との続柄 | | |  | | |  | | | | | | | | | | |  | |
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|  | 異　動　前　情　報 | 従前の 住所 | 〒  電話番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | ＊異動前住所が施設の場合、以下も記入のこと。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | 施設 | 名称 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | |
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|  | 異　動　後　情　報 | 現住所 | 〒  電話番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | ＊異動後居住地が施設の場合、以下も記入のこと。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | 施設 | 名称 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | |
|  | 入所（居）年月日 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | |
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備考　用紙の大きさは、日本産業規格Ａ４とする。