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| **えりも町国民健康保険**  **産前産後期間に係る保険税軽減届出書** | 受　　付 |
|  |

　　えりも町長　様

　えりも町国民健康保険税条例24条第３項の規定により、下記のとおり届け出ます。

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| 令和　　年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **届出人（世帯主）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 住所 | |  | えりも町字 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | 氏名 | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | 電話番号 | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  | 個人番号 | |  |  | |  | |  | |  | | |  | |  | | |  | |  | | |  | | |  | | |  | |  | | |  | |
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| **出産された方・出産予定の方について記入してください。** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 記号番号 | | え－ | | | フリガナ | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 氏　名 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 生年月日 | |  | | |
| 個人番号 | | | | | |  | | |  | |  |  | |  | |  | | |  |  | | |  | |  | |  | | |  |
| **どちらかにチェックをつけてください。** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □出産予定日　　□出産日 | | | | | | | → | | 月　　日 | | | | | | | | | | | | | □単胎　□多胎 | | | | | | | | | | | | | |
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| **事務処理欄** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 軽減開始月  ・単胎～出産月の前月  ・多胎～出産月の３カ月前 | | | | |  | | | | | | | 軽減終了月  ・出産月の翌々月 | | | | | | | | | | | | | | |  | | | | | | | | |
| 添付  書類 | 出産予定→母子健康手帳・その他（　　　　　　）  出産後申請→公簿・戸籍謄本・その他（　　　　　　　） | | | | | | | | | | | | | | | | | | | 入力確認 | | | | 標準ｼｽﾃﾑ | | | | | | Web-TAWN | | | | | |
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