様式第13号(第14条関係)

福祉医療費助成対象者等届出書

　　年　　月　　日

　　栗東市長　　　　様

住所

届出者

氏名

　栗東市福祉医療費助成条例施行規則第14条の規定により届け出をします。

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 受給券 | | | | 福祉番号　　　　　　　　　　受給者番号 | | | | | | | | | | | | | | | | | | | | | | | |
| 変更及び届出事項 |  | | | 変更前 | | | | | | | | | | | | 変更後 | | | | | | | | | | | |
| 助成対象者 | | 住所 |  | | | | | | | | | | | |  | | | | | | | | | | | |
| 氏名 |  | | | | | | | | | | | |  | | | | | | | | | | | |
| 個人番号 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 保護者 | | 住所 |  | | | | | | | | | | | |  | | | | | | | | | | | |
| 氏名 |  | | | | | | | | | | | |  | | | | | | | | | | | |
| 個人番号 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 加入保険等 | 名称 | |  | | | | | | | | | | | |  | | | | | | | | | | | |
| 所在地 | |  | | | | | | | | | | | |  | | | | | | | | | | | |
| 記号番号 | |  | | | | | | | | | | | |  | | | | | | | | | | | |
| 被保険者氏名 | |  | | | | | | | | | | | |  | | | | | | | | | | | |
| 資格取得日 | |  | | | | | | | | | | | |  | | | | | | | | | | | |
| 附加給付 | | 有・無 | | | | | | | | | | | | 有・無 | | | | | | | | | | | |
| 変更理由 | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 第三者行為届出 | | 1　相手方の住所  　　　　　氏名  2　第三者行為の発生状況の概要  3　相手方の費用負担率　未定・確定(　　割) | | | | | | | | | | | | | | | | | | | | | | | | |