別記第９号様式（第９条、第２６条、第２９条、第２９条の２関係）

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| **後期高齢者医療　再交付申請書**  　東京都後期高齢者医療広域連合長宛  　　次のとおり申請します。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | **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 | **被保険者番号** | | |  |  |  |  |  |  |  |  | 個人番号 |  | | |  |  |  |  |  |  |  |  |  |  |  |  |
| **フリガナ** | | |  | | | | | | | | **生年月日** | | 年　　月　　日 | | | | | | | | | | | | |  |
| **氏名** | | |  | | | | | | | |
| **性別** | | 男　　・　　女 | | | | | | | | | | | | |
| **住所** | | | **〒**  **電話番号** | | | | | | | | | | | | | | | | | | | | | | |
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|  | **再交付する証明書** | | １　被保険者証  　２　資格証明書  　３　限度額適用・標準負担額減額認定証（ Ⅰ ・ Ⅱ ・長期入院該当）  　４　限度額適用認定証（　Ⅰ　・　Ⅱ　）  　５　特定疾病療養受療証  　６　その他（　　　　　　　　　　　　　　　　　　　　　　　） | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **申請の理由** | | １　破損・汚損　　２　紛失　　３　盗難　　４　その他（　　　　） | | | | | | | | | | | | | | | | | | | | | | | | |
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| 確認書類 |  | 運転免許証 |
|  | 介護保険証・障害手帳・住基カード |
|  | 金融機関キャッシュカード・通帳 |
|  | 公的機関からの書類 |
|  | その他 |

（用紙規格　Ａ４）

受　付　　処　理　日　 交付方法

【処理欄】