様式第３号（第４条、第７条関係）

受給資格登録変更届受給資格証変更交付申請書

子ども医療費（　　　　　　　　　　　　　　　 ）

|  |  |
| --- | --- |
|  | 年　　月　　日 |

（宛先）えびの市長

|  |  |  |  |
| --- | --- | --- | --- |
|  | 届出・申請者  （保 護 者） | 住　　所 |  |
| 氏　　名 | （子どもとの続柄　　　　　） |

下記のとおり子ども医療費の受給資格登録内容の変更を届け出ます。また、子ども医療費受給資格証の変更交付を申請します。

記

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 受給者番号 | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 変更前 | | | | | | | | | | | | 変更後 | | | | | | | | | | | |
| 子　ど　も | ふりがな |  | | | | | | | | | | | |  | | | | | | | | | | | |
| 氏名 |  | | | | | | | | | | | |  | | | | | | | | | | | |
| 住所 |  | | | | | | | | | | | |  | | | | | | | | | | | |
| 医療保険 | 保険種別 | 協･組･日･船･共・国・国組 | | | | | | | | | | | | 協･組･日･船･共・国・国組 | | | | | | | | | | | |
| 被保険者証等の記号・番号 |  | | | | | | | | | | | |  | | | | | | | | | | | |
| 保険者名 |  | | | | | | | | | | | |  | | | | | | | | | | | |
| 附加給付 | 有・無 | | | | | | | | | | | | 有・無 | | | | | | | | | | | |
| 個人番号 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 変更年月日 | | 年　　　月　　　日 | | | | | | | | | | | | | | | | | | | | | | | |
| 備　　考 |  | | | | | | | | | | | | | | | | | | | | | | | | |