様式第13号(第7条関係)

介護保険給付額減額免除申請書

出雲市長　様

次のとおり、給付額減額措置の免除を申請します。

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|  | | 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 | | | | |

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| 被保険者氏名 | フリガナ | | | | | | | | | | | | |
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| 申請の理由 |  | | | | | | | | | | | | |
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