国民健康保険出産育児一時金支給申請書

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 被保険者記号番号 | | | | | | | 国札 | | | | ― | | | | | | | | | | | 世帯主との続柄 | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 出産した被保険者の個人番号 | | | | | | | | | | |  | |  | | | |  | | | |  | | | |  | | |  | | | | | | | |  | | | | |  | | | | |  | | | | | |  | | | |  | | | |  | | |
| 出産した被保険者氏名 | | | | | | |  | | | | | | | | | | | | | | | 生年月日 | | | | | | | | | | 年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 出産年月日 | | | | | | | 年　　月　　日 | | | | | | | | | | | | | | | 出産の種類  (○で囲む) | | | | | | | | | | | | | | | ・その他  ・双児  ・死産  ・流産  ・早産  ・正常 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 確認別及び確認者職氏名 | | | | | | | 上記出産を | | | | | | | | ・母子手帳  ・出生届  ・住基台帳  ・国保被保険者台帳  ・(　　　　　　) | | | | | | | | | | | | | | | | | | | | | | | により確認しました。 | | | | | | | | | | | | | | | | | | | | | | | | |
| 札幌市事務職員　　　　　　　　　印 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 備考 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申請年月日 | | 年 | | 月 | | 日 | | | 申請金額 | | | | | | 十億 | | | | | | | | | | | | 百万 | | | | | | | | | | | | 千 | | | | | | | | | | |  | | | | | | | | | | 円 | | |
|  |  |  |  |  | |  |  | | |  | |  | | | |  | | |  | | |  | | | |  | | | | |  | | | | |  | | |  | | |  | | | |  | | |  | | |
|  | | | | 請求番号 | | | | | |  | |  | |  | | |  | | 電話番号　　― | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申請者  (世帯主)  (宛先) | 郵便番号 | | | | | | | | | 個人番号 | | | | | | | | |  | | | |  | | |  | | |  | | | |  | | | | | |  | | | | | |  | | |  | | |  | | | |  | | |  | | |  | | |
| 住所  　フリガナ  　氏名  　　札幌市　　　　区長 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申請者(世帯主)の口座  金融機関  　　　　銀行・信金　　　　本店・出張所  　　　　信組・農協　　　　支店・支所 | | | | | | | | | | | | | | | | 預金種目  1普通  2当座  3納準・別段 | | | | | | | | | | | | | | | 銀行コード  　口座番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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備考　この様式により難いときは、この様式に準じた別の様式を用いることができる。