農林中央金庫健康保険組合理事長　殿

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 健康保険任意継続被保険者資格取得申請書 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ※被保険者証 | | | 記　号 | | | | | | ９０００ | | | | | 番　号 | | | | | | （※健保記入） | | | | | | | | | | | | | | | | | | | | |
| 資格取得日 | | | 令和 年 月 日（退職日の翌日） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 資格喪失時 | 事業所名 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 被保険者証 | | | | | | 記　号 | | |  | | | | | | | | 番　号 | | | | |  | | | | | | | | | | | | | | | | | |
| 標準報酬月額 | | | | | | 千　円 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 保険料納付方法 | | | | 単月払　　　　　　半年前納　　　　（どちらか選び○印） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ※喪失予定日 | | | | 令和 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | （※健保記入） | | | | | | | | | | |
| 備　　考 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 保険給付受取口座 | ゆうちょ銀以外 | 金融機関名 | | | | | |  | | | | | | | | | | | | | 金融機関番号  （右づめ） | | | | | | | | | |  | | |  | |  | | |  | |
| 店舗名 | | | | | |  | | | | | | | | | | | | | 店舗番号  （右づめ） | | | | | | | |  | | | | |  | | | |  | | |
| 預金種目  （いずれかに○） | | | | | | 普　通　　当　座 | | | | | | | | 口座番号  （右づめ） | | | | | |  | | |  | |  | | | |  | | |  | |  | | |  | | |
| ゆうちょ銀行 | | | | | 通帳記号  （右づめ） | | | | |  |  |  | |  | |  | | 通帳番号  （右づめ） | | | | |  | |  | |  | | | |  |  | |  | |  | | |  | |
| フリガナ | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 口座名義人 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

　上記のとおり申請します。

　なお、届出住所は住民票上の住所と相違ありません。

　　　　　　　　　 ＜申　請　者＞

　　　　　　　　　　　　　　　 〒

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| 住　所（住民票上の住所をご記入ください） |
|  |
| 氏　名 |
| 電　話　　　　　 （　　　　　　　） |

（健康保険組合使用欄）

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| --- | --- | --- | --- | --- |
| 受付日 | 決定日 | 常務理事 | 事務長 | 係 |
|  |  |  |  |  |

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