|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 健　康　保　険　資　格 | | | | | | | | | 取 得  喪 失 | | 証　明　書 | | | | | | | | | |
| （ 宛 先 ） 防 府 市 長 | | | | | | | | | | | | | | 年 月 日 | | | | | | |
|  | | | | | | | | | | 事業所名及び  代表者氏名 | | | |  | | | | | | 印 |
|  | 下記の者は、 | | 年 月 日 | | | 付けで、 | | | |
|  | 健康保険の資格を（ 取得 ・ 喪失 ）したことを証明します。 | | | | | | | | | 電 話 番 号 | | | |  | － |  | － | |  | |
|  | | | | | | | | | | | | | | | | | | | | |
| 保 険 者 名 称 (番 号) | |  | | | | | （ |  | | | | ） |  | | | | | | | |
| 被　保　険　者　氏　名 | | | | 性別 | 生 年 月 日 | | 住　　所 | | | | | | | | | 被保険者記号・番号 | | | | |
|  | | | |  |  | |  | | | | | | | | |  | |  | | |
|  | | | |  |  | |  | | | | | | | | |  | |  | | |
|  | | | |  |  | |  | | | | | | | | |  | |  | | |
|  | | | |  |  | |  | | | | | | | | |  | |  | | |
|  | | | |  |  | |  | | | | | | | | |  | |  | | |
|  | | | |  |  | |  | | | | | | | | |  | |  | | |
|  | | | |  |  | |  | | | | | | | | |  | |  | | |
|  | | | |  |  | |  | | | | | | | | |  | |  | | |
|  | | | |  |  | |  | | | | | | | | |  | |  | | |
|  | | | |  |  | |  | | | | | | | | |  | |  | | |
|  | | | |  |  | |  | | | | | | | | |  | |  | | |
|  | | | |  |  | |  | | | | | | | | |  | |  | | |

注意：資格喪失年月日は、退職年月日の翌日です。

この証明書は、国民健康保険及び国民年金の資格取得（喪失）の資料となるものです。