

健康保険 被保険者資格取得届

Table with columns: 常務理事, 事務長, 係員, 係員

令和 年 月 日提出

提出者記入欄. Includes fields for health insurance number, business registration number, business address, name, and phone number. Includes a checkbox for confirmation of personal number accuracy.

受付印

社会保険労務士記載欄 | 氏名等

被保険者1. Form for the first insured person, including fields for ID number, name, birth date, sex, acquisition date, and income details.

被保険者2. Form for the second insured person, including fields for ID number, name, birth date, sex, acquisition date, and income details.

被保険者3. Form for the third insured person, including fields for ID number, name, birth date, sex, acquisition date, and income details.

被保険者4. Form for the fourth insured person, including fields for ID number, name, birth date, sex, acquisition date, and income details.