

取得

健康保険 被保険者資格取得届

令和 年 月 日提出

Table with 5 columns: 部長, 課長, 課長補佐, チーフ, 担当

受付印

提出者記入欄

Form for proposer information including health insurance numbers, business address, and phone number.

Form for social insurance worker registration name and other details.

個人番号を必ずご記入ください。

Form for insured person 1, including personal number, name, birth date, and salary details.

Form for insured person 2, including personal number, name, birth date, and salary details.

Form for insured person 3, including personal number, name, birth date, and salary details.

Form for insured person 4, including personal number, name, birth date, and salary details.