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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **コスモエネルギーグループ健康保険組合** | | | | | | | | | | |
| 健康保険被保険者証 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 滅　失  き　損 | | | | | | 再交付申請書 | | | | | | | | | | | | | | | | 常務理事 | | | | 事務長 | | | | 係 | | |
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|  | | | | 事業所担当者印 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 事業所コード | | |  |  | | | | |
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|  | | |  | ①　健康保険被保険者証の記号・番号 | | | | | | | | | | | | | | | | | | ア　　　　被　　保　　険　　者　　の　　氏　　名 | | | | | | | | | | | | | | | | | | | ②　　被保険者の生年月日 | | | | | | | | | | イ 性 別 | | | | ③　　再　交　付　の　原　因 | | | | | | |
|  | | |  |  | | |  | | | |  | | | |  | |  |  |  | |  | (氏) | | | | | | | | | | | (名) | | | | | | | | 昭和  平成 | | 年 月 日 | | | | | | | | 男・女 | | | | 滅失 ・ き損 | | | | | | |
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|  | | |  | ウ　資格取得年月日 | | | | | | | | | | | | エ　　　　　　　被　　保　　険　　者　　の　　住　　所 | | | | | | | | | | | | | | | | | | | | | | 被保険者証の送付先を選択ください（宛先は被保険者名となります） | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | 昭和・平成・令和 | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | 〒　　　　－  住　所  会社宛ての場合は記入  会社名　　　　　　　　　　　　　　　部署名 | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  |  | 年 |  | | 月 | |  | | | 日 | | |
|  | | |  | オ　　 再交付対象者の氏名 | | | | | | | | | | | | | | | | カ　　　生　　年　　月　　日 | | | | | | | | | | | | キ性別 | | ク 続柄 | | | オ　　再交付対象者の氏名 | | | | | | | | | | | | カ　　　生　　年　　月　　日 | | | | | | | | | | | キ性別 | ク 続柄 |
|  | | |  | (氏) | | | | | | | | | | (名) | | | | | | 明治  大正  昭和  平成 | | |  |  | |  |  |  | |  | | 男・女 | |  | | | (氏) | | | | | (名) | | | | | | | 明治  大正  昭和  平成 | | |  | | | | | | | | 男・女 |  |
|  | | |  |  | 年 | |  | 月 |  | | 日 | |  | | | | |  | | | | | | |  | 年 |  | | 月 |  | 日 | |
|  | | |  | (氏) | | | | | | | | | | (名) | | | | | | 明治  大正  昭和  平成 | | |  |  | |  |  |  | |  | | 男・女 | |  | | | (氏) | | | | | (名) | | | | | | | 明治  大正  昭和  平成 | | |  | | | | | | | | 男・女 |  |
|  | | |  |  | 年 | |  | 月 |  | | 日 | |  | | | | |  | | | | | | |  | 年 |  | | 月 |  | 日 | |
|  | | |  | (氏) | | | | | | | | | | (名) | | | | | | 明治  大正  昭和  平成 | | |  |  | |  |  |  | |  | | 男・女 | |  | | | (氏) | | | | | (名) | | | | | | | 明治  大正  昭和  平成 | | |  | | | | | | | | 男・女 |  |
|  | | |  |  | 年 | |  | 月 |  | | 日 | |  | | | | |  | | | | | | |  | 年 |  | | 月 |  | 日 | |
|  | | |  | (氏) | | | | | | | | | | (名) | | | | | | 明治  大正  昭和  平成 | | |  |  | |  |  |  | |  | | 男・女 | |  | | | (氏) | | | | | (名) | | | | | | | 明治  大正  昭和  平成 | | |  | | | | | | | | 男・女 |  |
|  | | |  |  | 年 | |  | 月 |  | | 日 | |  | | | | |  | | | | | | |  | 年 |  | | 月 |  | 日 | |
|  | | |  | 滅失者の過失による再交付の場合は、返信用封筒に郵送用切手（４１４円）を同封してください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | 上記のとおり被保険者から健康保険被保険者証の再交付申請がありましたので提出いたします。  なお、今後は健康保険被保険者証を滅失またはき損することのないよう十分指導いたします。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 年　　　　月　　　　日提出 | | | | | | | | | | | | | | | | | | | | |  |  |
|  | | |  | 事業所所在地  事業所名称  事業主氏名  電話 | | | | | | | | 〒　　　―  　　　　　（　　　　　　　）　　　　　　― | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | |  | | | | | | | |  |  |