|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 健康保険被保険者資格証明書  　年　　　月　　　日　交付  有効期間　　　　年　　　月　　　日　から　　　 　 年　　　月　　　日　まで   |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 保険者 | 番号 |  | | | | | | | | | | | | 名称 |  | | | | | | | | | | | | 所在地 |  | | | | | | | | | | | | 被保険者 | 被保険者等記号・番号 | 記号 |  | | | 番号 | （枝番） | | | | | | | （フリガナ） |  | | | | | | | | 性別 |  | | | 氏名 |  | | | | | | | | | 生年月日 | 年　　　　月　　　　日 | | | | | | | | | | | | 住所 |  | | | | | | | | | | | | 資格取得日 | 年　　　　月　　　　日 | | | | | | | | | | | | 被扶養者 | （フリガナ） |  | | 性別 |  | | | 性別 |  | | | 性別 | | 氏名 |  | |  |  | | |  |  | | |  | | 生年月日 | 年　月　日 | | | 年　月　日 | | | | 年　月　日 | | | | | 枝番 |  | | |  | | | |  | | | | | 被保険者  との続柄 |  | | |  | | | |  | | | | | 被扶養者となった日 | 年　月　日 | | | 年　月　日 | | | | 年　月　日 | | | | | 本証明書  発行の理由 | |  | | | | | | | | | | |     上記の者は、当事業所の使用する被保険者で、現にその資格を有することを証明する。  年　　　月　　　日  事業所名称  所在地  事業主氏名　　　　　　　　　　　　　（印） |

※「被扶養者」欄のうち不要の欄は斜線で抹消すること。