様式第18号（附則第２項関係）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姶良市国民健康保険傷病手当金支給申請書**（世帯主記入用） | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 被保険者情報 | 被保険者証  記号番号 | |  | | | | | | 世帯主氏名 | | | | | |  | | | | | | | | | | | | | |
| (フリガナ) | |  | | | | | | | | 生年月日 | | | | | 昭和  平成 | |  | | | 年 |  | | | 月 |  | | 日 |
| 氏　名 | |  | | | | | | | |
| 住　所 | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 振込先 |  | |  | | | |  | | | | | | |  | | | | | | | | |  | | | | | |
| 金融機関  名称 | |  | | | | 銀行・金庫・信組  農協・漁協  その他(　　　　) | | | | | | |  | | | | | | | | | 本店・支店  出張所・代理店  本所・支所  その他(　　　　) | | | | | |
|  | |  | | | |  | | | | | | | ※ゆうちょ銀行の場合は、３桁の店番を記入 | | | | | | | | | | | | | | |
| 預金種別 | | 普通・当座  その他(　　　) | | | | 口座番号 | | | | | | |  | | | | | | | | | | | | | | |
| 口座名義人(カタカナ) | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 上記のとおり申請します。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 令和　　年　　月　　日 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 世帯主 | | 住所 | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 氏名 | |  | | | | | | | | |  | | | | | |  | | | | | | | | | |
|  | | 電話番号 | | (　　　　　) | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | 姶良市長 | | | | | | |  | | | | | | | 殿 | | | | |
|  | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 【受取委任の欄】（世帯主以外の方が受領する場合は、記入が必要です。） | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 世帯主 | 本申請に基づく給付金に関する受領を上記口座名義人に委任します。 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 令和　　　年　　　月　　　日 | | | | | | | 氏名 | | | |  | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 保険者  記入欄 | 支給決定額 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | 円 | | | | | | |  | |

様式第19号（附則第２項関係）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姶良市国民健康保険傷病手当金支給申請書**（被保険者記入用） | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| 被保険者氏名 | | | | |  | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | |
| 症状が出た日 | | | | 令和　　年　　月　　日 | | | | 帰国者・接触者相談  センターへの相談日  ※相談した場合に記入 | | | | | | 令和　　年　　月　　日  （　　　　　時頃） | | |
| ①医療機関の受診状況 | | | | | | | | １．受診した | | | | | 1. 受診していない | | | |
| （①で「受診した」と回答した場合）  ②医療機関の受診日 | | | | | | | | 令和　　　年　　　月　　　日 | | | | | | | | |
| 令和　　　年　　　月　　　日 | | | | | | | | |
| 令和　　　年　　　月　　　日 | | | | | | | | |
| （①で「受診していない」と回答した場合）  ③症状（期間などを具体的に） | | | | | | | |  | | | | | | | | |
| ④療養のために  休んだ期間 | | | 令和　　年　　月　　日から | | | | | ⑤左記期間のうち、勤務ができなかった日数  新型コロナウイルス感染症（発熱等の症状があり感染が疑われる場合を含む）によらない休暇や勤務予定がなかった日は除く。 | | | | | | | | 日 |
| 令和　　年　　月　　日まで | | | | |
| ⑥ | 上記の療養のために休んだ期間に  給与等の支払いを受けましたか。  または、今後受けられますか。 | | | | | | １．はい　　　　　２．いいえ | | | | | | | | | |
| ⑦ | ⑥で「はい」と回答した場合、その給与等の額と、その報酬支払の対象となった(なる)期間をご記入ください。 | | | | | | 令和　　年　　月　　日から | | | | | （給与等の額：円）   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  | | | | | |
| 令和　　年　　月　　日まで | | | | |
|  | | | | | | | | | | | | | | | | |
| (医療機関または公的機関から発行された療養期間のわかる証明書等を添付しない場合は、下記の事業主記載欄について、事業主の証明が必要です。) | | | | | | | | | | | | | | | | |
| 事業主記入欄 | | 令和　　　年　　　月　　　日 | | | | | | | | | | | | | | |
| 上記④～⑦の内容については、当事業所において把握している内容と相違ないことを証明します。 | | | | | | | | | | | | | | |
| 事業所所在地 | | | |  | | | | | | | | | | |
| 事業所名称 | | | |  | | | | | | | | | | |
| 事業主氏名 | | | |  | | | | | ㊞ | | | |  | |
| 担当者氏名 | | |  | | | | | | 電話番号 | |  | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姶良市国民健康保険傷病手当金支給申請書**（事業主記入用） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 労務に服することができなかった期間を含む賃金計算期間の勤務状況及び賃金支給状況等をご記入ください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 事業主が証明するところ | 被保険者氏名 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ①新型コロナウイルス感染症（発熱等の症状があり感染が疑われる場合を含む）により、労務に服することができなかった期間の属する月における勤務状況  **上記の事由による無給休暇の日数を×**で表示してください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 左記の事由による  無給休暇の日数 | | | |
| 令和　　年　　月 | | | | 1 | 2 | | 3 | 4 | | 5 | 6 | | 7 | | 8 | 9 | 10 | | 11 | 12 | | 13 | | 14 | | 15 |  | | 日 | | | |
| 16 | 17 | | 18 | 19 | | 20 | 21 | | 22 | | 23 | 24 | 25 | | 26 | 27 | | 28 | | 29 | | 30 | 31 | |
| 令和　　年　　月 | | | | 1 | 2 | | 3 | 4 | | 5 | 6 | | 7 | | 8 | 9 | 10 | | 11 | 12 | | 13 | | 14 | | 15 |  | |
| 16 | 17 | | 18 | 19 | | 20 | 21 | | 22 | | 23 | 24 | 25 | | 26 | 27 | | 28 | | 29 | | 30 | 31 | |
| ②新型コロナウイルス感染症（発熱等の症状があり感染が疑われる場合を含む）により、労務に服することができなかった期間の属する月の直近３か月の勤務状況  **【出勤は〇】、【有給休暇は△】、【上記の事由による無給休暇は×】、【その他の休暇（賃金が生じる）は＝】、【その他の休暇（賃金が生じない）は／】でそれぞれ表示してください。** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 賃金が生じた日数の計  （〇、△、＝の計） | | | |
| 令和　　年　　月 | | | | 1 | 2 | | 3 | 4 | | 5 | 6 | | 7 | | 8 | 9 | 10 | | 11 | 12 | | 13 | | 14 | | 15 |  | | 日 | | | |
| 16 | 17 | | 18 | 19 | | 20 | 21 | | 22 | | 23 | 24 | 25 | | 26 | 27 | | 28 | | 29 | | 30 | 31 | |
| 令和　　年　　月 | | | | 1 | 2 | | 3 | 4 | | 5 | 6 | | 7 | | 8 | 9 | 10 | | 11 | 12 | | 13 | | 14 | | 15 |  | | 日 | | | |
| 16 | 17 | | 18 | 19 | | 20 | 21 | | 22 | | 23 | 24 | 25 | | 26 | 27 | | 28 | | 29 | | 30 | 31 | |
| 令和　　年　　月 | | | | 1 | 2 | | 3 | 4 | | 5 | 6 | | 7 | | 8 | 9 | 10 | | 11 | 12 | | 13 | | 14 | | 15 |  | | 日 | | | |
| 16 | 17 | | 18 | 19 | | 20 | 21 | | 22 | | 23 | 24 | 25 | | 26 | 27 | | 28 | | 29 | | 30 | 31 | |
| ②の期間に対して、賃金を支払いましたか？ | | | | １．はい  ２．いいえ | | | | | 給与の  種類 | | | | | □月給　　　□時間給  □日給　　　□歩合給  □日給月給　□その他 | | | | | | | | | 賃金計算 | | | | | 締　日 | | 日 | | |
| 支払日 | | １．当月  ２．翌月 | | 日 |
| ②の期間の課税対象となる賃金支給状況をご記入ください。ただし、期末勤勉手当（賞与）は除く。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 支給した賃金内訳 | 期間  区分 | 単価（円） | | | | | | | | | | 月　　日　～  月　　日　分 | | | | | | | | | 月　　日　～  月　　日　分 | | | | | | | | | | 月　　日　～  月　　日　分 | |
| （Ａ）支給額（円） | | | | | | | | | （Ｂ）支給額（円） | | | | | | | | | | （Ｃ）支給額（円） | |
| 基本給 | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  | | | | | | | | | | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  | | | | | | | | | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  | | | | | | | | | | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  | | |
| 時給 | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  | | | | | | | | | | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  | | | | | | | | | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  | | | | | | | | | | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  | | |
| 手当 | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  | | | | | | | | | | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  | | | | | | | | | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  | | | | | | | | | | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  | | |
| 手当 | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  | | | | | | | | | | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  | | | | | | | | | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  | | | | | | | | | | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  | | |
| 手当 | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  | | | | | | | | | | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  | | | | | | | | | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  | | | | | | | | | | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  | | |
| 手当 | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  | | | | | | | | | | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  | | | | | | | | | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  | | | | | | | | | | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  | | |
| 現物給与 | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  | | | | | | | | | | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  | | | | | | | | | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  | | | | | | | | | | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  | | |
| 計 | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  | | | | | | | | | | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  | | | | | | | | | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  | | | | | | | | | | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  | | |
| 賃金支給総額（上記（Ａ）～（Ｃ）の合計） | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  | 円 | | | | |
| 賃金計算方法（欠勤控除計算方法等）についてご記入ください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 令和　　年　　月　　日  上記のとおり相違ないことを証明します。  事業所所在地  事業所名称  事業主氏名　　　　　　　　　　　　　　　　　　　　　㊞ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 担当者氏名 | | |  | | | | | | | | | | | | | | | 電話番号 | | | | | | |  | | | | | | | |

様式第20号（附則第２項関係）

様式第21号（附則第２項関係）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姶良市国民健康保険傷病手当金支給申請書**（医療機関記入用） | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 医療機関担当者が意見を記入するところ | 患者氏名 |  | | | | | | | | | | | | | | | | | | | | | | | |
| 傷病名 |  | | | | | | | | | | | 初診日 | | | | | | 令和　　年　　月　　日 | | | | | | |
| 発病年月日 | 令和　　　年　　　月　　　日 | | | | | | | | | | | 発病の原因 | | | | | |  | | | | | | |
| 労務不能と  認めた期間 | 令和　　　年　　　月　　　日から | | | | | | | | | | |
| 令和　　　年　　　月　　　日まで | | | | | | | | | | |
| うち、入院期間 | 令和　　　年　　　月　　　日から | | | | | | | | | | | 療養費用の種別 | | | | | | □国保　　□公費(　　　　　)  □自費　　□その他 | | | | | | |
| 令和　　　年　　　月　　　日まで | | | | | | | | | | | 転帰 | | | | | | □治癒　　□中止  □繰越　　□転医 | | | | | | |
| 診療日及び入院していた日を〇で囲んでください。 | 令和　　年　　月 | | 1 | 2 | 3 | 4 | 5 | 6 | | 7 | 8 | | 9 | 10 | 11 | 12 | | | 13 | 14 | 15 |  | 診療  実日数 | 日 |
| 16 | 17 | 18 | 19 | 20 | 21 | | 22 | 23 | | 24 | 25 | 26 | 27 | | | 28 | 29 | 30 | 31 |
| 令和　　年　　月 | | 1 | 2 | 3 | 4 | 5 | 6 | | 7 | 8 | | 9 | 10 | 11 | 12 | | | 13 | 14 | 15 |  | 診療  実日数 | 日 |
| 16 | 17 | 18 | 19 | 20 | 21 | | 22 | 23 | | 24 | 25 | 26 | 27 | | | 28 | 29 | 30 | 31 |
| 令和　　年　　月 | | 1 | 2 | 3 | 4 | 5 | 6 | | 7 | 8 | | 9 | 10 | 11 | 12 | | | 13 | 14 | 15 |  | 診療  実日数 | 日 |
| 16 | 17 | 18 | 19 | 20 | 21 | | 22 | 23 | | 24 | 25 | 26 | 27 | | | 28 | 29 | 30 | 31 |
| 上記の期間中における「主たる症状及び経過」「治療内容、検査結果、療養指導」等（詳しく） | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | 手術年月日 | | | | | | 令和　　年　　月　　日 | | | | | | |
| 退院年月日 | | | | | | 令和　　年　　月　　日 | | | | | | |
| 症状経過から見て従来の職種について労務不能と認められた医学的な所見 | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| 令和　　年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | | | |
| 上記のとおり相違ありません。 | | | | | | | | | | | | | | | | | | | | | | | | |
| 医療機関の所在地 | |  | | | | | | | | | | | | | | | | | | | | | | |
| 医療機関の名称 | |  | | | | | | | | | | | | | | | | | | | | | | |
| 医師の氏名 | |  | | | | | | | ㊞ | | | 電話番号 | | | | |  | | | | | | | |