機構受付印　　　　　保健所等受付印

手続様式第５号（施行規則第５条関係）

石綿による健康被害の救済に関する法律

氏名等変更書

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 届出書番号 | |  | ①手帳番号 |  |
| ②変更の届出が  　必要となる事由 | |  | | |
| ③届出事由の  　発生日 | | 令和　  　年　  　月　　  　日 | | |
| ④  被  認  定  者 |  | 変更前 | 変更後 | |
| フリガナ |  |  | |
| 氏名 |  |  | |
| フリガナ |  |  | |
| 住所 | 〒 | 〒 | |
| TEL | TEL | |

　石綿による健康被害の救済に関する法律施行規則第５条第１項の規定により、上記のとおり届出します。

|  |  |  |
| --- | --- | --- |
| 令和　  　年　  　月　  　日 | 被認定者氏名 |  |

**（注）太枠内を記入してください。**

独立行政法人環境再生保全機構　理事長　殿

　氏名等の変更と併せて下記の項目について変更がある場合は、該当項目を記入してください。

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | 変更前 | | | | | | | | | | | | | | | | | | | | 変更後 | | | | | | | | | | | | | | | | | | | | |
| ⑤社会保険 | 種類 |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 被保険者本人等の別 | 本人・被扶養者選択 | | | | | | | | | | | | | | | | | | | | 本人・被扶養者選択 | | | | | | | | | | | | | | | | | | | | |
| 健康保険組合の名称 |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | 変更前 | | | | | | | | | | | | | | | | | | | | 変更後 | | | | | | | | | | | | | | | | | | | | |
| ⑥銀行等 | 振込先  金融機関名 | 金融機関選択　　　     　支店 | | | | | | | | | | | | | | | | | | | | 金融機関選択　　　     　支店 | | | | | | | | | | | | | | | | | | | | |
| 口座番号 | 普通 | | | 口座番号 | | | |  | |  |  | | |  | |  | |  | |  | 普通当座 | | | 口座番号 | | | |  | | |  |  | | |  | |  | |  | |  | |
| 当座 | | |
| フリガナ |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 口座名義 |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | 変更前 | | | | | | | | | | | | | | | | | | | | 変更後 | | | | | | | | | | | | | | | | | | | | |
| ⑦ゆうちょ銀行 | 通帳記号 | １ | |  | | |  | | |  | | | | ０ | | | | の | | | | １ | |  | | |  | | | |  | | | | ０ | | | | の | | | |
| 通帳番号 |  |  | | |  | |  | |  | | |  | | |  | | | |  | |  |  | | |  | |  | |  | | | |  | | |  | | | |  | |
| フリガナ |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 口座名義 |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |

（注）預貯金口座の口座名義については、請求者本人の名義の口座に限り振込が可能となります。

（注）貯蓄預金は取り扱っていません。