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| 全福ネット慶弔共済   |  |  |  |  |  | | --- | --- | --- | --- | --- | | 申請番号 |  |  |  |  | | |
| 慶弔給付金申請書  **FAX不可**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | 年 |  | 月 |  | 日 |   (公財)駿東勤労者福祉サービスセンター理事長 様   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 会員番号 |  |  |  |  |  | ― |  |  |  | | 氏　　名 |  | | | | | | | | ㊞ |   下記のとおり共済事由が発生しましたので、共済金の給付を申請します。  記   |  |  |  | | --- | --- | --- | | 給付金額 |  | 円 |   共済事由(該当する事由のところに〇印を記入してください。)   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | 成人 | |  | 還暦 | | | | | | |  | | | 銀婚 | | | | | | | | | | | | |  | | | | 珊瑚婚 | | | | | | | |  | | | 金婚 | | | | |  | 勤続満10年 | |  | 勤続満20年 | | | | | | |  | | | 勤続満25年 | | | | | | | | | | | | |  | | | | 勤続満30年 | | | | | | | | | 上記共済事由の発生年月日： | | | | | |  | | | 年 | | |  | | | 月 | | |  | | | | | | 日 | | | | | 結　　婚 | | ﾌﾘｶﾞﾅ | | | |  | | | | | | | | | | | | | | | | 結婚年月日 | | | | | | | | | |  | | | | 年 | | |  | | | 月 | |  | 日 | | 新氏名 | | | |  | | | | | | | | | | | | | | | | (入籍日) | | | | | | | | | | | ※住所・同居家族の変更がある場合は変更届の提出をお願いいたします。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 子の出生 | | ﾌﾘｶﾞﾅ | | |  | | | | | | | | | | | | 男 | | | | | 生年月日 | | | | | | | | | |  | | | | 年 | | |  | | | 月 | |  | 日生 | | 氏名 | | |  | | | | | | | | | | | | 女 | | | | | 続柄 | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 子の小学校入学 | | ﾌﾘｶﾞﾅ | | |  | | | | | | | | | | | | | | | | | 生年月日 | | | | | | | | | |  | | | | 年 | | |  | | | 月 | |  | 日生 | | 氏名 | | |  | | | | | | | | | | | | | | | | | 続柄 | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 傷病見舞金 | | 傷病名 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 休業期間 | | | | |  | | | 年 | |  | 月 | | |  | | | | 日 | | | ～ | | |  | | | 年 |  | | | 月 |  | | | 日 | | | までの | | |  | | 日間 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 後遺障害保険金 | | 障害理由 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | 障害発生年月日 | | | | | | | | | | | | | | | | 障害の状況 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | 年 | | |  | | | 月 | |  | | 日 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 死亡保険金 | | 死亡者氏名 | | | | |  | | | | | | | | | | | | 死亡年月日 | | | | | | | | | | | |  | | | | 年 | | |  | | | 月 | |  | | 日 | | 会員との続柄 | | | | | 本人　　配偶者　　子　　親 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 住宅災害保険金 | | 火災　　　自然災害 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 死亡者  氏　名 | | | |  | | | | | | | | | | | | 災害発生年月日 | | | | | |  | | | | | 年 | | |  | | | | | 月 | | | |  | | | | 日 | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | 年 |  | 月 |  | 日 |   上記のとおり共済事由があったことを証明します。   |  |  |  | | --- | --- | --- | | 事業所名 |  | | | 代表者名 |  | ㊞ | | | | | |
| 給付金( |  | | 円)を領収しました。 |

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**※口座振り込みを希望の方は、上記領収書に記入捺印の必要はありません。**