様式第９号



障害補償年金請求書

障害特別支給金申請書

障害特別援護金申請書

障害特別給付金申請書

１号紙

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 認定番号 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 地方公務員災害補償基金千葉県支部長　殿 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | 請求(申請)年月日 | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | 年 | | | |  | | | | | | 月 | | | | |  | | 日 | | |
| 請求(申請)者の住所 | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 下記の障害補償年金 | | | | | | | | | | | | | | | | 障害特別支給金  障害特別援護金  障害特別給付金 | | | | | | | | | | | | | | | | | | | | を | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ふりがな  氏名 | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 請求（申請）します。 | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 個人番号 | | | | | | | | | | | □□□□□□□□□□□□ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| １被災職員に関する事項 | | | | 所属団体名 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 所属部局名 | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 氏名 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 職名 | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | 常　　　　勤 | | | | | | | | | | | | | | | | | |
|  |  | | | | | | 年 | |  | | | | | 月 | | |  | | | | | | | 日生（ | | | | |  | | | | 歳） | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 令第１条職員 | | | | | | | | | | | | | | | | | |
| 負傷又は  発病の年月日 | | | | |  | | |  | | | | | | | 年 | | |  | | | | | | | 月 | | |  | | | | | | | | | 日 | | | 治ゆ年月日 | | | | | | | | | | | | | | |  | | | | | | | 年 | | | |  | | | | | | | | | 月 | | | | |  | | | | | 日 | | | |
| ２ | | | | 障害の部位及びその程度 | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ３ | | | | 既存障害とその程度 | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ４ | | | | 障害等級 | | | | | | | | | | | 第 | | | | | | | | | |  | | | | | | | | | | | | | | | | | | 級 | | | | | |  | | | | | | | | | | | 号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ５ | | | | 障害補償年金請求金額 | | | | | | | | | | | （平均給与額） | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | （日数） | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | 円× | | | | | | | |  | | | | | | | | | | | | | | | | ＝ | | |  | | | | | | | | | | | | | | | | | | | | | 円 | | | | | | |
| ６ | | | | 他法年金の受給関係 | | | | | | | | | | | ＿＿＿＿＿の被保険者であった。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 被保険者ではなかった。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ７ | | | | 障害特別支給金 | | | | 申請金額等 | | | | | | | 障害特別支給金 | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | 円 | | | | 傷病特別支給金 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 有 | | |
| 障害特別援護金 | | | | 障害特別援護金 | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | 円 | | | | の受給の有無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 無 | | |
| ８ | | | 障害特別給付金申請金額の計算 | | | | | | | | | | | | (A) | | （平均給与額） | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | （日数） | | | | | | | | | | | | |  | | | 20 | | | | | |  | | |  | | | | | | | | | | | | | | | | | | 円 | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | 円× | | | | | |  | | | | | | | | | | | | | × | | | ＝ | | |
| 100 | | | | | |
| (B) | |  | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | （日数） | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 円 | |
| 1,500,000 | | | | | | | | | | | | | | | | | 円× | | | | | | | |  | | | | | | | ＝ | | |
| 365 | | | | | | | | | | | | | | | |
| ９ | | | 障害特別給付金申請金額 | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 円 | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 　送金希望の場合 | | | 振込み | | | | 振込先金融  機関名 | | | | | | | |  | | | | | | | | | 銀行 | | | | | | |  | | | | | | | | | 支店 | | | | | | ＊ | | | 年金決  定年額 | | | | | | | | 法第30条の制限 | | | | | | | | | | | | | | | | | | | | | | 有 | | | | | | | | | 無 | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 円 |
|  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | ＊ | | | 特別支給金  決定金額 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 円 |
| 口座番号 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ＊ | | | 特別援護金  決定金額 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 円 |
| 預金名義者 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ＊ | | | 特別給付金  決定年額 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 円 |
| 送金小切手 | | | | 受取先金融  機関名 | | | | | | | |  | | | | | | | | | | 銀行 | | | | | | |  | | | | | | | | 支店 | | | | | | ＊ | | | 通知 | | | | | | | | | | | | | | | |  | | |  | | | | 年 | | |  | | | | | | | 月 | | | |  | | | | | | 日 |
| その他 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ＊ | | | 年金証書の番号 | | | | | | | | | | | | | | | | 第 | | |  | | | | | | | | | | | | | | | | | | | | | | | | 号 |
| ＊ | | | 障害等級 | | | | 第 | | | |  | | | | | | | | | | 級 | | | | | |  | | | | | | | | | | | | | | 号 | | | | | ＊ | | | 年金  特別給付金 | | | | 支給開始年月 | | | | | | | | | | | |  | | |  | | | | | | | | | 年 | | | |  | | | | | | | | | | | 月 |
| ＊ | | | 特別支給金  特別援護金 | | | | の　支　払 | | | | | | | | | | | |  | | |  | | | | 年 | | |  | | | | | | | | 月 | | |  | | | | | | 日 |

|  |  |  |  |
| --- | --- | --- | --- |
| ＊ 　 受　　理  （到達した年月日） | 所 属 部 局 | 任 命 権 者 | 基 金 支 部 |
| 年 月 日 | 年 月 日 | 年 月 日 |

〔注意事項〕裏面参照。

〔注意事項〕

１　請求（申請）者は、＊印の欄には記入しないこと。また、該当する□にレ印を記入すること。

２ 個人番号は、行政手続における特定の個人を識別するための番号の利用等に関する法律（平成25年法律第27号）第２条第５項に規定する個人番号を記入すること。

３ 「３　既存障害とその程度」の欄には、新たに既存の障害の程度を加重した場合にのみ記入するものとし、既存障害について障害補償を支給された場合は、その該当する障害等級を明記すること。

４ 「６　他法年金の受給関係」の欄には、請求する障害補償年金と同一の事由により令附則第３条第１項の表の中欄に掲げる年金たる給付を受ける者であるときは、「□＿＿＿＿＿の被保険者であった。」の□にレ印を記入するとともに、その適用を受ける法律の名称を記入すること。なお、この請求書を提出するときに、その年金の種類、年額、支給開始年月、年金証書の記号番号及び所轄年金事務所名等を記載した書類を添付すること。また、この請求書に係る年金の支給決定後に令附則第３条第１項の表の中欄に掲げる年金たる給付を受けることとなった場合には、速やかにその旨書類で報告すること。

５ 「７　申請金額等」の欄の「傷病特別支給金の受給の有無」の項は、同一の傷病に係る傷病特別支給金について

の受給の有無を記入すること。

６ 「８　障害特別給付金申請金額の計算」の欄の記入については、令第１条職員にあっては別に定めるところによること。

７ 「９　障害特別給付金申請金額」の欄には、「８　障害特別給付金申請金額の計算」の欄の(A)の金額（(A)の金額が(B)の金額を超える場合には、(B)の金額）を記入すること。

８ 「平均給与額算定書(２号紙）」には、この請求に係る平均給与額についての算定内訳を記入すること。

９　この請求書には、治ゆの時期の決定及び障害等級の決定に必要な医師の診断書、Ｘ線写真その他の資料を添付すること。

10 年月日の記載は元号を用いる。