様式第11号



障害補償一時金請求書

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 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 | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 下記の障害補償一時金 | | | | | | | | | | | | | | | 障害特別支給金  障害特別援護金  障害特別給付金 | | | | | | | | | | | | | | | | | | | | | を | | | | | | | | の　 住 　所 | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| ふりがな  氏名 | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| 請求（申請）します。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | 障害補償一時金請求金額 | | | | | | | | | | | 〔船員の場合〕 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| （平均給与額） | | | | | | | | | | | | |  | | | | （日数（ア）） （平均給与額） （日数（イ）） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | 円× | | | |  | | | | | | | | | | | | ＋（ | | | |  | | | | | | | | | | 円× | | | |  | | | | | | | | ）＝ | | | | | | |  | | | | | | | | | | 円 | | | | | | | |
| ６ | | | | | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 障害特別援護金 | | | | 障害特別援護金 | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | 円 | | の受給の有無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
|  | |  | | | | | | | | | | | | | 〔船員の場合〕 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | |
| ７ | | | 障害特別給付金申請金額の計算 | | | | | | | | | | | | | (A) | | | | （平均給与額） | | | | | | | | | | | | | | | | | （日数（ア）） （平均給与額） （日数（イ）） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 20 | | | | | ＝ | | |  | | | | | | | | | 円 | | | | | | |
| { | |  | | | | | | | | 円× | | | | | | |  | | | | | | | | ＋( | |  | | | | | | | | | | 円× | | | |  | | | | | )｝× | | | | | | |
| 100 | | | | |
| (B) | | | |  | | | | | | | | | | | | | |  | | | | | | | | （日数（ア）） | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 円 | | | | | | |
| 1,500,000 | | | | | | | | | | | | | | 円× | | | | | | | |  | | | | | | | | | | | | | | | | | ＝ | |
| 365 | | | | | | | | | | | | | | | | |
| ８ | | | 障害特別給付金申請金額 | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 円 | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ９　送金希望の場合 | | | | | 振込み | | | | | 振込先金融  機関名 | | | | | | | |  | | | | | | | 銀行 | | | | |  | | | | | | | | | | 支店 | | | | | ＊決定金額 | 一時金 | | | | | | | | | | 法第30条の制限 | | | | | | | | | | | | | | | | | | | | | | | 有 | | | | | | | 無 | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 円 | | | |
|  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| 口座番号 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | 特別支給金 | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 円 | | | |
| 預金名義者 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | 特別援護金 | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 円 | | | |
| 送金小切手 | | | | | 受取先金融  機関名 | | | | | | | |  | | | | | | | 銀行 | | | | |  | | | | | | | | | 支店 | | | | | | 特別給付金 | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 円 | | | |
| 合計 | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 円 | | | |
| その他 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ＊ | 通知 | | | | | | | | | |  | | | | | | |  | | | | | 年 | | | | |  | | | | | | | 月 | | |  | | | | | | | | | 日 | | | |
| ＊ | | | | | 障害等級 | | | | | 第　　　　　　　　級 　　　　　　　号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ＊ | 支払 | | | | | | | | | |  | | | | | | |  | | | | | 年 | | | | |  | | | | | | | 月 | | |  | | | | | | | | | 日 | | | |

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| --- | --- | --- | --- |
| ＊ 　 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〕

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 「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。

３ 「５　障害補償一時金請求金額」の欄の「（日数(ア)）」の項には、障害等級に応ずる法第29条第４項に掲げる日数を、「（日数(イ)）」の項には、障害等級に応ずる令第７条各号に掲げる日数を、それぞれ記入すること。

４ 「６　申請金額等」の欄の「傷病特別支給金の受給の有無」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。

５ 「７　障害特別給付金申請金額の計算」の欄の「（日数(ア)）」の項及び「（日数(イ)）」の項には、３の例により記入すること。なお、令第１条職員の場合のこの欄の記入については、別に定めるところによること。

６ 「８　障害特別給付金申請金額」の欄には、「７　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。

７ 「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。

８　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。

９　年月日の記載には元号を用いる。