

# 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払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<br>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<br>無給休暇の日数      |    |    |    |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |  |
|   | 令和 年 月  | <table style="width: 100%; text-align: center; font-size: x-small;"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td></tr> <tr><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td><td>31</td></tr> </table> |           |                               |                              |           |       |    |           |    |    |    | 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 | 日 |  |
|   | 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 |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |  |
|   | 令和 年 月  | <table style="width: 100%; text-align: center; font-size: x-small;"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td></tr> <tr><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td><td>31</td></tr> </table> |           |                               |                              |           |       |    |           |    |    |    | 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 |   |  |
|   | 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<br>【出勤は○】、【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<br>(○、△、= の計) |    |    |    |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |  |
|   | 令和 年 月  | <table style="width: 100%; text-align: center; font-size: x-small;"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td></tr> <tr><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td><td>31</td></tr> </table> |           |                               |                              |           |       |    |           |    |    |    | 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 | 日 |  |
| 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 |    |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |  |
| 令和 年 月  | <table style="width: 100%; text-align: center; font-size: x-small;"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td></tr> <tr><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td><td>31</td></tr> </table> |   |           |                               |                              |           |       |    |           |    |    | 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 | 日  |   |  |
| 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 |    |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |  |
| 令和 年 月  | <table style="width: 100%; text-align: center; font-size: x-small;"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td></tr> <tr><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td><td>31</td></tr> </table> |   |           |                               |                              |           |       |    |           |    |    | 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 | 日  |   |  |
| 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 |    |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |  |
| 令和 年 月  | <table style="width: 100%; text-align: center; font-size: x-small;"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td></tr> <tr><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td><td>31</td></tr> </table> |   |           |                               |                              |           |       |    |           |    |    | 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 | 日  |   |  |
| 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の期間に対して、賃金を支払いましたか？                          |   | 1. はい   | 給与の種類     | <input type="checkbox"/> 月給   | <input type="checkbox"/> 時間給 | 賃金計算      | 締日    |    | 日         |    |    |    |                          |    |    |    |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |  |
|   |   | 2. いいえ  |           | <input type="checkbox"/> 日給   | <input type="checkbox"/> 歩合給 |           | 支払日   |    | 日         |    |    |    |                          |    |    |    |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |  |
|   |   |   |           | <input type="checkbox"/> 日給月給 | <input type="checkbox"/> その他 |           | 1. 当月 |    | 日         |    |    |    |                          |    |    |    |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |  |
|   |   |   |           |                               |                              |           | 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  | 単価(円)   | 月 日 ~     |                               |                              | 月 日 ~     |       |    | 月 日 ~     |    |    |    |                          |    |    |    |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |  |
|   | 区分  |   | 月 日 分     |                               |                              | 月 日 分     |       |    | 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 <span style="float: right;">(印)</span>  |   |   |           |                               |                              |           |       |    |           |    |    |    |                          |    |    |    |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |  |
| 担当者氏名   |   |   |           | 電話番号                          |                              |           |       |    |           |    |    |    |                          |    |    |    |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |  |