

一人親方概算保険料 10月～(6ヶ月)

給付基礎日額	保険料	事務組合会費	合計
6,000	19,710	2,000	21,710
7,000	22,995	2,000	24,995
8,000	26,280	2,000	28,280
9,000	29,565	2,000	31,565
10,000	32,850	2,000	34,850
12,000	39,420	2,000	41,420
14,000	45,990	2,000	47,990
16,000	52,560	2,000	54,560
18,000	59,130	2,000	61,130
20,000	65,700	2,000	67,700
22,000	72,270	2,000	74,270
24,000	78,840	2,000	80,840
25,000	82,125	2,000	84,125