

一人親方概算保険料 12月～(4ヶ月)

給付基礎日額	保険料	事務組合会費	合計
6,000	13,140	2,000	15,140
7,000	15,329	2,000	17,329
8,000	17,519	2,000	19,519
9,000	19,710	2,000	21,710
10,000	21,899	2,000	23,899
12,000	26,280	2,000	28,280
14,000	30,659	2,000	32,659
16,000	35,039	2,000	37,039
18,000	39,420	2,000	41,420
20,000	43,799	2,000	45,799
22,000	48,179	2,000	50,179
24,000	52,560	2,000	54,560
25,000	54,749	2,000	56,749