

一人親方概算保険料 2月～(2ヶ月)

給付基礎日額	保険料	事務組合会費	合計
6,000	6,570	2,000	8,570
7,000	7,664	2,000	9,664
8,000	8,759	2,000	10,759
9,000	9,855	2,000	11,855
10,000	10,949	2,000	12,949
12,000	13,140	2,000	15,140
14,000	15,329	2,000	17,329
16,000	17,519	2,000	19,519
18,000	19,710	2,000	21,710
20,000	21,899	2,000	23,899
22,000	24,089	2,000	26,089
24,000	26,280	2,000	28,280
25,000	27,374	2,000	29,374