

平成30年度一人親方概算保険料(4月～)

料率

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給付基礎日額	保険料	事務組合会費	合計
6,000	39,420	2,000	41,420
7,000	45,990	2,000	47,990
8,000	52,560	2,000	54,560
9,000	59,130	2,000	61,130
10,000	65,700	2,000	67,700
12,000	78,840	2,000	80,840
14,000	91,980	2,000	93,980
16,000	105,120	2,000	107,120
18,000	118,260	2,000	120,260
20,000	131,400	2,000	133,400
22,000	144,540	2,000	146,540
24,000	157,680	2,000	159,680
25,000	164,250	2,000	166,250