

一人親方概算保険料 5月～(11ヶ月)

給付基礎日額	保険料	事務組合会費	合計
6,000	36,135	2,000	38,135
7,000	42,156	2,000	44,156
8,000	48,179	2,000	50,179
9,000	54,202	2,000	56,202
10,000	60,224	2,000	62,224
12,000	72,270	2,000	74,270
14,000	84,314	2,000	86,314
16,000	96,359	2,000	98,359
18,000	108,405	2,000	110,405
20,000	120,449	2,000	122,449
22,000	132,494	2,000	134,494
24,000	144,540	2,000	146,540
25,000	150,561	2,000	152,561