

一人親方概算保険料 7月～(9ヶ月)

| 給付基礎日額 | 保険料 | 事務組合会費 | 合計 |
|--------|---------|--------|---------|
| 6,000 | 29,565 | 2,000 | 31,565 |
| 7,000 | 34,492 | 2,000 | 36,492 |
| 8,000 | 39,420 | 2,000 | 41,420 |
| 9,000 | 44,347 | 2,000 | 46,347 |
| 10,000 | 49,275 | 2,000 | 51,275 |
| 12,000 | 59,130 | 2,000 | 61,130 |
| 14,000 | 68,985 | 2,000 | 70,985 |
| 16,000 | 78,840 | 2,000 | 80,840 |
| 18,000 | 88,695 | 2,000 | 90,695 |
| 20,000 | 98,550 | 2,000 | 100,550 |
| 22,000 | 108,405 | 2,000 | 110,405 |
| 24,000 | 118,260 | 2,000 | 120,260 |
| 25,000 | 123,187 | 2,000 | 125,187 |