

一人親方概算保険料 8月～(8ヶ月)

給付基礎日額	保険料	事務組合会費	合計
6,000	26,280	2,000	28,280
7,000	30,659	2,000	32,659
8,000	35,039	2,000	37,039
9,000	39,420	2,000	41,420
10,000	43,799	2,000	45,799
12,000	52,560	2,000	54,560
14,000	61,319	2,000	63,319
16,000	70,079	2,000	72,079
18,000	78,840	2,000	80,840
20,000	87,599	2,000	89,599
22,000	96,359	2,000	98,359
24,000	105,120	2,000	107,120
25,000	109,499	2,000	111,499