

一人親方概算保険料 9月～(7ヶ月)

給付基礎日額	保険料	事務組合会費	合計
6,000	22,995	2,000	24,995
7,000	26,827	2,000	28,827
8,000	30,659	2,000	32,659
9,000	34,492	2,000	36,492
10,000	38,324	2,000	40,324
12,000	45,990	2,000	47,990
14,000	53,654	2,000	55,654
16,000	61,319	2,000	63,319
18,000	68,985	2,000	70,985
20,000	76,649	2,000	78,649
22,000	84,314	2,000	86,314
24,000	91,980	2,000	93,980
25,000	95,812	2,000	97,812