様式番号

**給付制限における保険料の滞納状況**

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| --- | --- | --- | --- |
| 被保険者番号 |  | 被保険者氏名 |  |

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| 賦課年度 | 調定年度 | 期別 | 保険料額 | **固定文言１**  備考 |
|  |  |  |  | **固定文言２＋編集１** |
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| 合計 | | |  |  |

**自由記載１**

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