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| |  | | --- | |  | | ９９９－９９９９  ●●県●●市●●１－２－３  あいうえおかきくけこ  ■■　太郎　様  （▲▲　花子　様分）  （1234567890） | |  | | ●●市介護保険課  123-4567　●●市●●１－２－３  電話番号　987-6543-2111  FAX番号 　123-456-7890  メール　　xxxxxxxxxxx@yyy.zzz.aaa | |  |   **自由記載１**  **固定文言１** | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | 第　　　　　　号 | | | | | | | | **介護保険納付証明書** | | | | | | | |  | 被保険者番号 | | |  | |  | | 納付義務者氏名 | | |  | | | あなたが　　　　年内に支払った介護保険料は以下のとおり  です。 | | | | | | | |  | 納付済保険料額 | | | |  |  | | 内訳 | 普通徴収分 | | |  | | 特別徴収分 | | |  | | **固定文言３**  備考 | | **固定文言４＋編集２** | | | | 前のとおり介護保険料を納付したことを証明します。  発行年月日 | | | | | | | | 印  ○○市（町村）長 | | | | | | |   **固定文言５＋編集３**  **固定文言２＋編集１** | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **納付済保険料額内訳** | | | | | | | |  | 賦 課  年 度 | 調 定  年 度 | 徴 収  方 法 | 期 別 | 収納額 |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |   **自由記載２** |