発行年月日

＜後期高齢者医療保険料還付・充当希望確認票＞

窓あき宛名

郵便還付先

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| --- |
| タイトル |

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| --- |
| 案内文 |

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

納め過ぎた金額（過誤納金）の内訳

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| 還付する金額   |  | | --- | | 過誤納金算出年度  （相当年度：　　　　年度） | | | | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | 期 別 | 特別徴収 | 普通徴収 | 延滞金 | 納めた金額  過誤納金額 | 領収年月日  発生理由 | 備考１  （固定文言１） | |  |  |  |  |  |  | 固定文言２＋編集１ | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | | | | |
| |  | | --- | | 納め過ぎた金額 (過誤納金額） | | | | |
| 金融機関名 | |  | | | 支店名 |  |
| 種 目 |  | 口座番号 |  | | 口座名義人 |  |

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| 補足説明文 |

問い合わせ先

担当部署名

〒 担当部署住所

TEL 担当部署電話番号　担当部署FAX番号　担当部署メール