文書番号

＜後期高齢者医療保険料分納承認連絡書＞

発行年月日

窓あき宛名

郵便還付先

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　 　自治体の名称　印

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| タイトル |

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| 案内文 |

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| 被保険者氏名 |  | 被保険者番号 |  |
| 分納承認年月日 |  |

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| 分納計画 | | | | | | | |
| 分納期別 | 徴収期限 | 徴収額 | 相当年度 | 賦課年度 | 元普徴期別 | 保険料 | 備考（固定文言１） |
|  |  |  |  |  |  |  | 固定文言２＋編集１ |
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| 徴収合計額 | |  | P.ページ数／総ページ数 | | | | |

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