文書番号

＜後期高齢者医療保険料還付（充当）通知書＞

発行年月日



自治体の名称

印

郵便還付先

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| タイトル |

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| 還付管理番号 |  | | |
| 被保険者氏名 |  | 被保険者番号 |  |

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| 案内文 |

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| 還付する金額 |
| 過誤納金算出年度  （相当年度：　　　　年度） |
| 納め過ぎた金額 (過誤納金額）  a |
| 充当金額 b |
| 還付加算金 c |
| お返しする金額（還付金額）  a–b+c |

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|  | 納め過ぎた金額（過誤納金）の内訳 | | | | | |  |  | |
|  | 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 |
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| 充当金額の内訳 | | | | | | |  |
| 相当  年度 | 賦課  年度 | 期別 | 保険料未済額 | 保険料充当額 | 延滞金未済額 | 延滞金充当額 | 備考２（固定文言３） |
|  |  |  |  |  |  |  | 固定文言４＋編集２ |
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| 補足説明文１ |

還付金の受け取り方法

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| 金 融 機 関 名 | |  | | 支 店 名 |  | 備考３ | 編集３ |
| 種目 |  | 口座番号 |  | 口座名義人 |  | | |

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| 補足説明文２ |

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

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| 教示文  不服申立先担当部署名  不服申立先担当自治体名 |  |

〒 不服申立先担当部署郵便番号 不服申立先担当部署住所

TEL 不服申立先担当部署電話番号

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| タイトル |

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| 相当  年度 | 賦課  年度 | 期別 | 保険料未済額 | 保険料充当額 | 延滞金未済額 | 延滞金充当額 | 備考２（固定文言３） |
|  |  |  |  |  |  |  | 固定文言４＋編集２ |
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