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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＋編集１** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 第　　　　　　号  年　月　日 | | | | | | | | | | | | | | | **賦課年度　納入通知書（保険料額変更通知書）兼特別徴収変更通知書、特別徴収中止通知書**  印 | | | | | | | | | | | | | | | ○○市（町村）長  **固定文言２＋編集２** | | | | | | | | | | | | | | | 賦課年度　年度分（　調定年度　年度調定分）の介護保険料額が次のとおり決定しましたので通知します。 | | | | | | | | | | | | | | |  | 被保険者番号 |  | | | | | 被保険者氏名 | |  | | | |  | | 生年月日 |  | | | | | 性別 | |  | | | |  | | 住所 |  | | | | | | | | | | |  | |  | | | | | | | | | | | | | | |  | 変更年月日 |  | | | | |  | | | | | |  | | 変更理由 |  | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | 年間保険料額 | |  | 月 | 期別 | 変更前の保険料額 | | | | 変更後の保険料額 | | 普通徴収の場合の  納期限 |  | |  | | 特別徴収 | | 普通徴収 | | 特別徴収 | 普通徴収 | |  | | ４月 |  |  | |  | |  |  |  | | これまでの保険料納付等 | | ５月 |  |  | |  | |  |  |  | | 保険料徴収方法 |  | ６月 |  |  | |  | |  |  |  | | ７月 |  |  | |  | |  |  |  | | 特別徴収義務者 |  | ８月 |  |  | |  | |  |  |  | | ９月 |  |  | |  | |  |  |  | | 特別徴収対象年金 |  | 10月 |  |  | |  | |  |  |  | | 11月 |  |  | |  | |  |  |  | |  | | 12月 |  |  | |  | |  |  |  | | これからの保険料納付等 | | １月 |  |  | |  | |  |  |  | | 保険料徴収方法 |  | ２月 |  |  | |  | |  |  |  | | ３月 |  |  | |  | |  |  |  | | 特別徴収義務者 |  |  |  |  | |  | |  |  |  | | 計 | |  | |  | |  |  |  | | 特別徴収対象年金 |  | 合計額 | |  | | | |  | | | 差引増減額 | |  | | | | | | |  | | | | | | | | | | | | | | | 特別徴収の欄に金額の記載がある場合は、年金からの特別徴収となります。  なお、２月の特別徴収の欄に金額の記載がある場合は、翌年度４・６・８月も２月と同額の保険料を年金から特別徴収します。  （裏面へ続く） | | | | | | | | | | | | | |   **固定文言３** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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