別記様式第49号（第30条第2項・第31条第2項関係）その1

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 介護保険料減免・徴収猶予決定通知書  第　　　　　　号  年　　月　　日  様  和寒町長  さきに、申請がありました　　　　　年度分介護保険料の減免・徴収猶予については、下記のとおり承認（不承認）と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 | | |  | | |  | | | | | | | | | | | | | | | | | | 減免決定年月日 | 年　　月　　日 | | | | | | | | | | |  | 徴収猶予決定年月日 | | 年　　　月　　　日 | | | 決定した減免額 | 円 | | | | | | | | | | | 徴収猶予期間 | | 下記のとおり | | | 減免前保険料額 | 円 | | | | | | | | | | |  | | | | | 不承認理由 | | | | | 減免後保険料額 | 円 | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | 納　　期 | 減免前保険料額 | | | | | | | 減 免 額 | | | | | | 減免後保険料額 | | 徴収猶予期間 | | 第1期（　　月） | 円 | | | | | | | 円 | | | | | | 円 | | ～ | | 第2期（　　月） | 円 | | | | | | | 円 | | | | | | 円 | | ～ | | 第3期（　　月） | 円 | | | | | | | 円 | | | | | | 円 | | ～ | | 第4期（　　月） | 円 | | | | | | | 円 | | | | | | 円 | | ～ | | 第5期（　　月） | 円 | | | | | | | 円 | | | | | | 円 | | ～ | | 第6期（　　月） | 円 | | | | | | | 円 | | | | | | 円 | | ～ | | 合　計 | 円 | | | | | | | 円 | | | | | | 円 | | ～ |   〇問い合せ先  和寒町保健福祉課（保健福祉センター）  住　　所　　和寒町字西町111番地  電話番号　　0165-32-2000  〇不服の申立  この通知について不服があるときは、この通知を受け取った日の翌日から起算して3ヶ月以内に  北海道介護保険審査会に対し審査請求をすることができます。  住　　所　〒060-8588札幌市中央区北3条西6丁目 北海道保健福祉部高齢者介護保険課  電話番号　 011-23-4111（道庁代表） |

別記様式第49号（第30条第2項・第31条第2項関係）その2

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 介護保険料減免・徴収猶予調書   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 被保険者番号 |  |  |  |  |  |  |  |  | |  |  | |  | | | | ふりがな |  | | | | | | | | | | | | | | | | 被保険者氏名 |  | | | | | | | | | | | | | | | | 生 年 月 日 | 年　　　月　　　日 | | | | | | | | | | | | | 性 別 | 男　 ・ 　女 | | 住　　所 | 〒 | | | | | | | | | | | | | | | | 申請の理由 |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | 世帯の状況 |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | 災害の種類 | 火　災　・　水　害　・　　そ の 他（　　　　　　　　　　　　　　　　　　　） | | | | | | | | | | | | | | | | 災害年月日 | 年　　　　月　　　　日 | | | | | | | | | | | | | | | | 被害程度 |  | | | | | | | | | | | | | | | | 減免計算月 | 年　　　月　　　日　～　平成　　　年　　　月　　　日 | | | | | | | | | | | | | | | | 調　定　額 | 円 | | | | | | | | 減免額 | | | 円（　　　　ヵ月分保険料額） | | | | | 徴収猶予期間 | 年　　　　月　　　　日　　～　　平成　　　　年　　　　月　　　　日 | | | | | | | | | | | | | | | | 確 認 資 料 | 罹災証明　・　被災者名簿　・　その他（　　　　　　　　　　　　　　　　　） | | | | | | | | | | | | | | |   年　　　月　　　日  調査員氏名 |