別記様式第50号（第30条第4項・第31条第4項関係）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 介護保険料減免・徴収猶予取消通知書  第　　　　　　号  年　　月　　日  様  和 寒 町 長  年　　月　　日　　　　で承認しました　　　年度分介護保険料の減免・徴収猶予を下記のとおり取消しましたので通知します。   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 被保険者番号 |  |  |  |  |  |  |  | |  |  |  | 被保険者氏名 | | |  | | |  | | | | | | | | | | | | | | | | | | 減免取消年月日 | 年　　月　　日 | | | | | | | | | | |  | 徴収猶予取消年月日 | | 年　　　月　　　日 | | | 取消した減免額 | 円 | | | | | | | | | | | 徴収猶予取消期間 | | 下記のとおり | | | 減免前保険料額 | 円 | | | | | | | | | | |  | | | | | 取消理由 | | | | | 減免後保険料額 | 円 | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | 納　　期 | 取消前保険料額 | | | | | | | 減 免 取 消 額 | | | | | | 取消後保険料額 | | 徴収猶予取消期間 | | 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 北海道保健福祉部介護保険課  電話番号　 011-23-4111（道庁代表） |