様式第59号

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| (文書の記号)第何号  　年　月　日  〒  　　　　　　　　　　　　　　　　　様  小野町長　　　　　　　　印  介護保険料還付(充当)通知書  あなたの納めた保険料が納めすぎになりましたので、次のとおり充当した後にお返しします。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 被保険者氏名 | | | |  | | | | | | 被保険者番号 | | | |  |  |  | |  |  |  | |  |  |  |  | |  | | | | |
| 還付する金額 | | | | | |  | | 納め過ぎた金額(過誤納金)の内訳 | | | | | | | | | | | | | | | | | | | | | | |  |
| 過誤納金額算出金額  　　　　年度 | | | | | | 納期 | | 特別徴収 | | 普通徴収 | | | | 延滞金 | | | | | 納めた金額 | | | | | 徴収年月日 | | | | 過誤納金額 |
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| 納め過ぎた金額(過誤納金額)  a | | | | | |  | |  | |  | | | |  | | | | |  | | | | |  | | | |  |
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| 充当金額  b | | | | | |  | |  | |  | | | |  | | | | |  | | | | |  | | | |  |
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| 特別徴収にかかる死亡により生じた過誤納金額のうち、年金保険者に返す額  b' | | | | | |  | |  | |  | | | |  | | | | |  | | | | |  | | | |  |
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| 還付加算金  c | | | | | |  | |  | |  | | | |  | | | | |  | | | | |  | | | |  |
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| お返しする金額(還付金額)  a－b－b'＋c | | | | | |  | |  | |  | | | |  | | | | |  | | | | |  | | | |  |
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| 充当金額の内訳 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 納付年度 | 納期 | | | 保険料 | | | | 保険料充当金額 | | | | 延滞金 | | | | | | | 延滞金充当金額 | | | | | | | |  | | | |
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| 還付金の受け取り方法  お返しする保険料・延滞金を下記の金融機関に振込みます。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 金融機関名 | | 店舗名 | | | | 種目 | | | | 口座番号 | | | | | | 口座名義人 | | | | | | | | | | | |  | | |
| 取扱金融機関がない人は、小野町役場、出納室で還付金をお返しすることになります。  持参するもの  ①　この通知書　　②　印鑑　　③　被保険者証  問い合わせ先  〒963―3492  福島県田村郡小野町大字小野新町字舘廻92番地  福島県田村郡小野町役場　　　課　　　　電話番号  不服の申立  この通知書について不服があるときは、この通知書を受け取った日の翌日から起算して60日以内に、介護保険審査会に対して審査請求をすることができます。  福島県介護保険審査会(福島県担当部署)  電話番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |