様式第３号（第５条関係）

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| 介護保険料減免決定通知書  第　　　　　号  年　　月　　日 | | | | | | | | | | | | | | | | | | | | | |
|  | 〒　　　　　－  様 | | | | | | 八頭町長　　　　　　　　　　印 | | | | | | | | | | | | | | |
| さきに申請がありました　　年度分介護保険料の減免については、下記の通り承認・不承認と決定しましたので通知します。 | | | | | | | | | | | | | | | | | | | | | |
|  | 被保険者氏名 |  | | | 被保険者番号 | | |  |  |  |  |  |  |  | |  | |  |  |  | |
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|  | 減免決定年月日 | | |  | | | 決定した減免額 | | | | | | | | | |  | | | |  |
| 減免前保険料額 | | |  | | | 減免後保険料額 | | | | | | | | | |  | | | |
| 不承認理由 | | |  | | | | | | | | | | | | | | | | |
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|  | 納期 | | 減免前保険料額 | | | 減免額 | | | | | | | | | 減免後保険料額 | | | | | |  |
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| 合計 | |  | | |  | | | | | | | | |  | | | | | |
| 不服の申立  この通知について不服があるときは、この通知書を受け取った日の翌日から起算して３か月以内に鳥取県介護保険審査会に対し審査請求をすることができます。 | | | | | | | | | | | | | | | | | | | | | |