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| 介護保険料徴収猶予取消通知書  第　　　　　号  年　　月　　日 | | | | | | | | | | | | | | | | | | | | |
|  | 〒　　　　　－  様 | | | | | | 八頭町長　　　　　　　　　　印 | | | | | | | | | | | | | |
| 年　日文書番号で承認しました　　年度分介護保険料の徴収猶予については、下記の通り取消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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|  | 徴収猶予取消年月日 | | |  | | |  | | | | | | | | | | | | |  |
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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。 | | | | | | | | | | | | | | | | | | | | |