様式第46号（第29条関係）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 年度　介護保険料納入通知書  　　　この納入通知書による保険料を各納期限までに納入してください。  盛岡北部行政事務組合管理者  この納入通知書は直接電子計算機で処理しますので汚したり折り曲げたりしない様ご協力ください。   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 被保険者番号 | |  | 世帯番号 |  | | 保険者番号 | |  | |  | | | | | | | | |  |  | | | | | | | | 普通徴収  (納付書により現金で納める分) | | | | | | 特別徴収  (年金から天引き分) | | | | 期別 | | 保険料額 | | 納　期　限 | | 月別 | | 保険料額 | |  | |  | |  | | ４月 | |  | |  | |  | |  | | ６月 | |  | |  | |  | |  | | ８月 | |  | |  | |  | |  | | 10月 | |  | |  | |  | |  | | 12月 | |  | |  | |  | |  | | ２月 | |  | |  | |  | |  | |  | |  | | 計 | |  | |  | | 計 | |  | | （注）税の申告により介護保険料が確定するまで  の間（１期、２期）は仮徴収になります。 | | | | | | | | | | 保険料  算定の  基　礎 | 期間(始期～終期) | | | 月数 | 所得段階区分 | | 基 準 額 | | | 保険料算出額 | | 端数 | | 年間保険料額 | |  | | |  | | |  |  | |  | | |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 介護保険料領収証書 | |  | | 介護保険料納付書 | | |  | 年度　介護保険料納付書兼納付済通知書 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | | |  |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | 年度第　　　期 | |  | | 年度第　　　期 | | |  |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | 口座番号 | 02220-5-961205 |  | | 口座番号 | | 02220-5-961205 |  |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | 加入者名 | 盛岡北部行政事務組合会計管理者 |  | | 加入者名 | | 盛岡北部行政事務組合会計管理者 |  |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | |  | |  | | |  |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | |  | |  | | |  | 取りまとめ店 | | 〒980-8794  仙台貯金事務センター | | | | 口座番号 | | | ０２２２０－５－９６１２０５ | | | | | | | | | | | | | | | | | | | |  | | | | 本書のとおり領収いたしました。 | |  | | 本書のとおり領収いたしました。 | | |  | 加入者名 | | | 盛岡北部行政事務組合会計管理者 | | | | | | | | | | | | | | | | | | | |  | | | | 納期限 | |  | | 納期限 | | |  | 区分 | 決算年度 | 賦課年度 | 種 類 | 被保険者番号 | | | | | 期別 | | | | | 保 険 料　　円 | | | | | | | | | | | | | | |  | | | | 被保険者番号 | |  | | 被保険者番号 | | |  |  |  |  |  |  | | | | |  | | | | |  | | | | | | | | | | | | | | |  | | | | 保険料  　　　　　　　　　　　円 | |  | | 保険料  　　　　　　　　　　　円 | | |  | 納期限 | | | 第　　期 | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | 督促手数料  　　　　　　　　　　　円 | |  | | 督促手数料  　　　　　　　　　　　円 | | |  | 督促手数料  延滞金  合計 | | | | | | | | | | | | | | | | |  | | | | | | | | | | | 延滞金  　　　　　　　　　　　円 | |  | | 延滞金  　　　　　　　　　　　円 | | |  | 領収日付印 | | | 本書のとおり  領収しました  ので通知しま  す。  岩 手 県  盛岡北部  行政事務組合  会計管理者殿 | | (　日) | | | | | | | | | | | | | | | | |  | | | | | | | | | | | 合計  　　　　　　　　　　　円 | |  | | 合計  　　　　　　　　　　　円 | | |  |  | |  |  | | |  | |  | | |  | |  | | |  | | |  | |  | |  | | |  | | 領収日付印 | |  | | 領収日付印 | | |  |  | |  |  | | |  | |  | | |  | |  | | |  | | |  | |  | |  | | |  | |  | |  |  | |  |  | | |  | |  | | |  | |  | | |  | | |  | |  | |  | | |  | |  | |  |  | |  |  | | |  | | , | | |  | |  | | |  | | | , | |  | |  | | |  | |  | |  |  | |  |  | | |  | |  | | |  | |  | | |  | | |  | |  | |  | | |  | | 盛岡北部行政事務組合 | |  | | 盛岡北部行政事務組合 | | |  |  | |  |  | | |  | | , | | |  | |  | | |  | | | , | |  | |  | | |  | | ※この領収証書は５年間保存してください。  （納入者保管） | | |  | | （金融機関保管） | |  | （盛岡北部行政事務組合保管） | | | | | | | | | |  | |  | | |  | |  | | |  | | |  | |  | |  | | |  | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  | 問い合わせ先  盛岡北部行政事務組合  賦課給付係  0195-74-2716  （ダイヤルイン） |  | 納付場所  ・岩手銀行  ・東北銀行  ・北日本銀行  ・盛岡信用金庫  ・東北労働金庫  ・新岩手農業協同組合  ・東北各県内のゆうちょ銀行  （郵便局）  ・八幡平市役所・各支所  ・葛巻町役場  ・岩手町役場 |   介護保険料について  １　賦課の根拠について  　　介護保険事業に要する費用に充てるため、介護保険法第129条及び盛岡北部行政事務組合介護保険条例の規定により、　　　年　月　日（賦課期日）現在の介護保険被保険者に対して介護保険料が賦課されます。  　　また、介護保険料の賦課期日後に納付義務が発生した場合には、加入期間により月割で算定した額が賦課されます。  ２　　　　年度の介護保険料額について   |  |  |  | | --- | --- | --- | | 所得段階区分 | 対　　　象　　　者 | 保険料額 | | 第１段階 | ◎世帯全員が住民税非課税で、老齢福祉年金を受けている人  ◎生活保護を受けている人  ◎世帯全員が住民税非課税で、本人の前年の合計所得金額と課税年金収入額の合計が　　万円以下の人 | 円／年 | | 第２段階 | ◎世帯全員が住民税非課税で、本人の前年の合計所得金額と課税年金収入額の合計が　　万円超　　　万円以下の人 | 円／年 | | 第３段階 | ◎世帯全員が住民税非課税で、上記第１段階、第２段階に該当しない人 | 円／年 | | 第４段階 | ◎本人が住民税非課税で、世帯の誰かに住民税が課税されていて、本人の前年の合計所得金額と課税年金収入額の合計が　　万円以下の人 | 円／年 | | 第５段階 | ◎本人が住民税非課税で、上記第４段階に該当しない人 | 円／年 | | 第６段階 | ◎本人が住民税課税で、前年の合計所得金額が　　万円未満の人 | 円／年 | | 第７段階 | ◎本人が住民税課税で、前年の合計所得金額が　　万円以上　　万円未満の人 | 円／年 | | 第８段階 | ◎本人が住民税課税で、前年の合計所得金額が　　万円以上　　万円未満の人 | 円／年 | | 第９段階 | ◎本人が住民税課税で、前年の合計所得金額が　　万円以上の人 | 円／年 |   ３　普通徴収の連帯納付義務について  　　介護保険法第132条の規定により、普通徴収（金融機関等での納付）により介護保険料を徴収する場合は、当該保険料を第１号被保険者（65歳以上の方）が属する世帯の世帯主及び第１号被保険者の一方の配偶者は連帯で納付する義務を負うことになっています。  ４　納期までに納付しなかったとき | |
| (1) 督促手数料……… | 納期限までに完納されないために督促状が発せられた場合は、督促手数料として１通につき100円が徴収されます。 |
| (2) 延滞金…………… | 納期限までに完納しない場合は、納期限の翌日から納付の日まで当該保険料額につき延滞金特例基準割合（※）に7.3％を加算した割合（当該納期限の翌日から30日を経過するまでの期間については延滞金特例基準割合に1％を加算した割合）を乗じて計算された金額が延滞金として加算されます。  （※）延滞金特例基準割合とは、各年の前々年の10月から前年の９月までにおける「国内銀行の貸出約定平均金利（新規・短期）」の平均として財務大臣が告示する割合に、年1％を加算した割合をいいます。 |
| (3) 滞納処分………… | 督促状を発した日から10日を経過した日までに完納されない場合は、滞納処分（差押）を受けることになります。 |
| ５　口座振替による納付について  　　介護保険料の納付は銀行等の金融機関口座（ゆうちょ銀行・郵便局含む）からの振替納付をご利用ください。申込みは、この納入通知書と引落しを希望する預金口座の通帳、預金口座届出印を持参して、銀行等の金融機関窓口で手続きしてください。  　　一度申し込みされますと特別徴収（年金からの天引き）に切り替わる場合を除き、原則として翌年度以降も振替が継続となります。  ６　不服の申し立てについて  　　この通知書について、行政不服審査法に規定する不服申立てを行うときは、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、岩手県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。  　　裁判所に対して処分の取消しの訴えを行うときは、岩手県介護保険審査会から裁決の送達を受けた日の翌日から起算して６か月以内に、盛岡北部行政事務組合管理者を被告として提起しなければなりません。  　　なお、処分の取消しの訴えは、岩手県介護保険審査会の裁決を経た後でなければ提起することができませんが、次の(1)から(3)までのいずれかに該当するときは、岩手県介護保険審査会の裁決を経ないで提起することができます。  　(1) 審査請求があった日から３か月を経過しても裁決がないとき。  　(2) 処分、処分の執行または手続きの執行により生ずる著しい損害を避けるため緊急の必要があるとき。  　(3) その他裁決を経ないことにつき正当な理由があるとき。  　〈申立先〉　岩手県庁(長寿社会課内)岩手県介護保険審査会　住所：〒020－8570　岩手県盛岡市内丸10－１  　　　　　　　　　　　　　　　　　　　　　　　　　　　　　電話：019－629－5435（直通）  019－651－3111（代表）内線5442  ７　納付場所  　○岩手銀行　　　　○盛岡信用金庫　　　　　　　○東北各県内のゆうちょ銀行（郵便局）　　　○岩手町役場  　○東北銀行　　　　○東北労働金庫　　　　　　　○八幡平市役所・各支所  　○北日本銀行　　　○新岩手農業協同組合　　　　○葛巻町役場  ※これら金融機関以外でも納付可能な場合（別途手数料が必要）がありますので、詳細は各金融機関にお問い合わせください。  　《介護保険料についてのお問い合わせ先》  　　　盛岡北部行政事務組合　賦課給付係　　電話　0195－74－2716  　　　又は、八幡平市役所、葛巻町役場若しくは岩手町役場介護保険担当課にお問い合わせください。 | |