附件4

宝鸡市社会保险补贴申报汇总表

填报单位：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 序号 | 姓名 | 性别 | 年龄 | 人员类别 | 身份证号 | 联系电话 | 所属银行 | 银行卡号 | 补贴开始时间 | 补贴结束时间 | 养老缴费金额 | 养老补贴金额 | 医保缴费金额 | 医保补贴金额 | 申请补贴金额 | 经办人 | 经办日期 | 初次享受补贴时间 | 已享受时间（月数） | 剩余享受时间（月数） |
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| 合计 | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |
| 初审单位：（盖章）  年 月 日 | | | | | | | | 审核单位：（盖章）  年 月 日 | | | | | | | 复核单位：（盖章）  年 月 日 | | | | | |