职工基本医疗保险参保登记表

单位名称（盖章）： 单位编码： 险种： □灵活就业人员

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 姓名 | 身份证件类型 | 身份证件号码 | 申报工资（元/月） | 变更类别 | | | | | | 手机号码 | 备注 |
| 增加 | 中断 | 终止 | 恢复 | 在职转退休 | 统筹区内转移 |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |  |  |

注：灵活就业人员无需单位盖章和填写单位编码。

填报人： 联系电话： 经办机构经办人： 年 月 日