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

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| 序  号 | 姓名 | 身份证件类型 | 身份证件号码 | 申报工资  (元/月) | 业务类型 | | | | | | 手机号码 | 备  注 |
| 增加 | 暂停 | 终止 | 恢复 | 在职转退休 | 统筹区内转移 |
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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

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| 序号 | 姓名 | 性别 | 民族 | 首次参加工作日期 | 用工形式(固定原职工/聘任制) | 个人身份（干部/工人） | 本次参保日期 |
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