灵活就业人员社保补贴审核花名册

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序  号 | 所属社区 | 姓 名 | 性  别 | 身份证号码 | 人员类别 |  | **已享受补贴** | | **申请和审核情况** | | | | 金额  （元） | 银行账号 | 开户银行 | 联系电话 | 备 注 |
| 法定退休年龄 | 起止时间 | 兑现月数 | 申请起  止时间 | 核定起止时间 | 养老保险补贴享受月数 | 医疗保险补贴享受月数 |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

经办人员： 审核人员: 经办日期：