**全民参保登记个人基础信息汇总表**

县（区） 镇（街道） 村（社区） 经办人： 联系电话：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 姓名 | 公民身份号码 | 就业状态 | | 户口所在地 | 常住所在地地址 | 联系电话  （手机） | 现参保状况 | | | | | 备注 |
| 单位全称 | 无单位 | 养老 | 医疗 | 工伤 | 失业 | 生育 |
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| 11 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |  |  |  |  |  |

复核人 负责人 填报时间 年 月 日