**吴堡县城镇职工生育保险基金核定表**

参保单位签章：

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| 姓名 | 出生年月 | 参加工作时间 | 人员状态 | 月基本工资 | 月津贴补贴 | 年全额工资总额 | 缴费比例0.5% | | | 备注 |
| 财政 | 单位 | |
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领导签字： 经办人签字： 联系电话： 填表时间：2017年 月 日