**2001-2017年度城镇职工医疗、生育保险参保人员信息统计表**

单位名称（盖章）：

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| 姓名 | 性别 | 出生日期 | 参加工作时间 | 参保起始时间 | 新增、调入人员 | | | 调出、去保人员 | | | | 职工⇔居民 | | 新退休（文号、时间） | | | | |
| 新分配（文号、时间） | 调前单位 | 其它 | 调出单位 | 辞职 | 死亡 | 其它 |  |  | |  | | |
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领导签字： 经办人： 填表时间： 联系电话：

备注：此表一式两份，医保、生育各一份。