附件1:2023年度灵活就业人员社会保险补贴申请表

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | | | |  | | | 性别 |  | 身份证号码 |  | | |
| 学历 | | | | ①大专及以上□        ②中专（高中）及以下□ | | | | | 联系电话 |  | | |
| 申请补贴项目  　　（请在项目后面的□ 打√） | | | | | ①养老保险补贴  □ | | | | | | | |
| ②医疗保险补贴  □ | | | | | | | |
| 指定银行的银行卡卡号或账号 | | | | |  | | | | | | | |
| **本人承诺：若因本人工商营业注册（注销）情况和失信情况违反社保补贴相关规定，则自动放弃社保补贴资格。**    　　申 请 人（签 章）： | | | | | | | | | | | | |
| 年       月      日 | | | | | | | | | | | | |
| 以下内容由工作人员填写 | | | | | | | | | | | | |
|  | |  | | | |  | |  |  |  | 编号： | |
| 养老保险                      实际缴费金额 | | | | | |  | | | 缴费月数 |  | | |
| 医疗保险                            实际缴费金额 | | | | | |  | | | 缴费月数 |  | | |
| **上述缴费金额和缴费月数，经本人核对后，确认无误。**    **申请人（签章）：** | | | | | | | | | | | | |
| 养老保险                      补贴金额 | | | | | |  | | | 医疗保险                        补贴金额 |  | | |
| 养老、医疗保险                                 应补贴金额合计 | | | | | |  | | | | | | |
| 经办机构  　　审核意见 | | | 年  月  日 | | | | | | | | | |
|  | 备注 | |  | | | | | | | | |  |