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| **医疗保险参保人员增减变动情况表** | | | | | | | | | | | |
| 单位名称： | | | | | |  |  |  | 年 月 日 | | |
| 序号 | 姓名 | 性别 | 出生年月 | 参加工作时间 | 身份证号码 | 身份 | 增减原因 | 增减时间 | 调入（调出）单位名称 | 缴费基数 | 备注 |
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| 填表人： | | | | | |  |  | 审核人： | | | |
| 注：1、此表系参保人员录用、调动、退休、死亡、调资等情况填写。  2、“增减原因”一栏填写新增、调入、重新就业、调出、退休、死亡、调资等原因。  3、调出、调入人员必须填写“调入调出单位情况”。 | | | | | | | | | | | |
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