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| 附件2： | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **符合享受社会保险补贴条件的人员花名册** | | | | | | | | | | | | | | |
| 填报单位（盖章）： | | |  | 联系人： | |  |  | 联系电话： | |  |  | 年 月 日 | |  |
| **序号** | **姓名** | **身份证号** | **就业创业证编号** | **就业登记时间** | **劳动合同开始时间** | **劳动合同结束时间** | **职工联系电话** | 申请享受社保保险补贴金额 | | | | | | **备注** |
| 基本养老保险费 | 基本医疗保险费 | 生育保险费 | 失业保险费 | 工伤保险费 | 合计 |
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| 此表一式四份，公共就业（人才）服务机构、人社、财政、申报单位各一份。 | | | | | | | | | | | | | | |