**政和籍来石务工社保补贴申请表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | | | 电话 | | | | |  | | | | | | | | | | | 入职时间 | | | | | | |  | | | | |
| 单位名称 | |  | | | | | | | | | | | | | | | | 单位联系人 | | | | | | | |  | | | | | | | |
| 单位地址 | |  | | | | | | | | | | | | | | | | 单位电话 | | | | | | | |  | | | | | | | |
| 身份证号码 | | |  |  | | |  |  | | | |  |  |  | |  |  | |  |  | | |  | |  | |  |  | | |  |  |  |
| 签订劳动合同期限 | | | | |  | | | | | | | | | | 享受补贴年限 | | | | | | | | |  | | | | | | | | | |
| 个人缴纳职工基本养老保险金额 | | | | | | | | | |  | | | | | 个人缴纳职工基本医疗保险金额 | | | | | | | | | | | | | | |  | | | |
| 个人缴纳失业保险金额 | | | | | | | | | |  | | | | | 个人缴纳金额合计 | | | | | | | | | | | | | | |  | | | |
| 身份证影印件  正面粘贴处 | | | | | | | | | | | | | | | 反面粘贴处 | | | | | | | | | | | | | | | | | | |
| 银行账号：（兴业银行） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申请人签名： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 用人单位意见  年 月 日（章） | | | | | | | | | 石狮市人力资源公共服务中心意见  年 月 日（章） | | | | | | | | | | | | 石狮市人力资源和社会保障局意见  年 月 日（章） | | | | | | | | | | | | |

说明：1、此表由申请人本人如实填写，不得由他人代填写，并逐一填写不得漏填。

2、本表一式两份，单位名称应填写全称。