苏州市参保职工2023年度医疗保险

缴费工资基数申报花名册

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| 单位名称（章） |  |
| 单位编号 | 320 0000000000  |
| 申报人数 | 共 人 |
| 填表人 |  |
| 联系方式 |  |
| 申报时间 | 年 月 日 |
| 经办人（章） |  |
| 经办时间 | 年 月 日 |

说明：

1.请根据拷贝的“缴费工资申报模板”数据（excel表格）内容填写花名册，并确认参保职工人员情况与下表一致；

2.本表一式二份，单位和医保经办机构业务部门各一份。

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| 序号 | 姓名 | 证件号码 | 原工资 | 申报工资 | 职工签字 |
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| 序号 | 姓名 | 证件号码 | 原工资 | 申报工资 | 职工签字 |
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