附件2

职工基本医疗保险参保登记表

单位名称（盖章）： 统一社会信用代码/单位编码： □灵活就业人员

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 姓名 | 证件类型 | 证件号码 | 申报工资（元/月） | 险种 | 变更类别 | 增减时间 | 手机号码 | 签名 | 备注 |
| 基本医疗（生育）保 险 | 职工大额医疗费用补助 | 公务员医 疗补 助 | 企业补充医疗保险 | 长期护理保险 | 增加 | 中断 | 终止 | 恢复 | 在职转退休 | 统筹地区内转移 |  |  |  |  |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

注：灵活就业人员无需单位盖章和填写统一社会信用代码/单位编码。