附件2

常德市灵活就业人员社会保险补贴申报登记名册

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **申报人****姓 名** | **身份证号** | **申报日期** | **养老保险补贴起止年月** | **医保补贴起止年月** | **联系电话** | **备注** |
| 1 |  |  |  | - | - |  |  |
| 2 |  |  |  | - | - |  |  |
| 3 |  |  |  | - | - |  |  |
| 4 |  |  |  | - | - |  |  |
| 5 |  |  |  | - | - |  |  |
| 6 |  |  |  | - | - |  |  |
| 7 |  |  |  | - | - |  |  |
| 8 |  |  |  | - | - |  |  |
| 9 |  |  |  | - | - |  |  |
| ... |  |  |  | - | - |  |  |