**苏州市职工医疗保险离退休人员基本情况表**

单位名称（章）：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | | |  | | | | | | | | | | | | | | 出生年月 | | | | | | |  | | | | | | | |
| 身份证件号码 | | |  | |  | |  |  |  | | |  |  | |  | | |  | |  |  |  |  | |  | |  | |  |  |  |
| 性别 | | |  | | | | | | | | | | | | | 手机号码 | | | | | | | |  | | | | | | | |
| 参加工作时间 | | |  | | | | | | | | | | | | | 离退休时间 | | | | | | | |  | | | | | | | |
| 工作年限 | | |  | | | | | | | | | | | | | 离退休时职务  （职称） | | | | | | | |  | | | | | | | |
| **参加工作后工作中断时间及原因** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 中断开始年月 | | | | | | 中断结束年月 | | | | | | | | 中断原因 | | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **工**  **作**  **简**  **历** | 开始年月 | | | 截止年月 | | | | | | | 工作单位 | | | | | | | | | | | | | | | | | 任何职 | | | |
|  | | |  | | | | | | |  | | | | | | | | | | | | | | | | |  | | | |
|  | | |  | | | | | | |  | | | | | | | | | | | | | | | | |  | | | |
|  | | |  | | | | | | |  | | | | | | | | | | | | | | | | |  | | | |
|  | | |  | | | | | | |  | | | | | | | | | | | | | | | | |  | | | |
|  | | |  | | | | | | |  | | | | | | | | | | | | | | | | |  | | | |
|  | | |  | | | | | | |  | | | | | | | | | | | | | | | | |  | | | |
|  | | |  | | | | | | |  | | | | | | | | | | | | | | | | |  | | | |
|  | | |  | | | | | | |  | | | | | | | | | | | | | | | | |  | | | |
|  | | |  | | | | | | |  | | | | | | | | | | | | | | | | |  | | | |
|  | | |  | | | | | | |  | | | | | | | | | | | | | | | | |  | | | |
| **医 疗 保 险 缴 费 年 限** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 合计缴费年限 | | 视同缴费年限 | | | | | | | | 实际缴费年限 | | | | | | | | | 应补年限 | | | | | | | 应补金额 | | | | | |
|  | |  | | | | | | | |  | | | | | | | | |  | | | | | | |  | | | | | |

填表人： 手机号码： 填表日期： 年 月 日

说明：此表单为机关事业、行业统筹人员办理职工医保退休待遇核定时填写。