附件2

灵活就业人员申报社会保险补贴花名册

填报单位(盖章): 　　　 填报日期： 　　 年 　 　月 　 　日

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| 序号 | 姓名 | 性别 | 年龄 | 居民身份证号码 | 就业创业证号 | 现灵活就业工作岗位 | 是否足额缴纳城镇职工基本养老保险 | 是否足额缴纳城镇职工基本医疗保险 | 备注 |
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