|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **济宁市社会保险补贴申请表(小微企业吸纳)** | | | | | | | | | | | | |
| **申报单位（盖章）:** | | |  |  |  |  |  | **填表时间：** 年 月 日 | | | | |
| **序号** | **姓名** | **身份证号码** | **人员类别** | **基数** | **享受补贴期限** | **本次申请期限** | **社会保险补贴** | | | | | **金额** |
| **养老保险** | **医疗保险** | **失业保险** | **工伤保险** | **生育保险** |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |
| 合 计 | | | | | | |  |  |  |  |  |  |
| 负责人： | |  |  |  | 联系人： |  |  | 联系电话： | |  |  |  |
| 填表指南： 1、养老、医疗、失业、工伤和生育均为季度应补贴数额； 2、本表一式两份； 3、申请人需提供真实资料并据实填报信息，如有虚假后果自负。 | | | | | | | | | | | | | |