附件 2

淮北市2021年度医疗保险缴费基数申报报盘格式（线下）

单位名称（盖章）： 填报时间： 年 月 日

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| 单位编号 | 人员编号 | 证件类型 | 人员姓名 | 证件号码 | 人员状态 | 开始年月 | 结束年月 | 原工资 | 申报工资 |
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单位经办人（签章）： 单位负责人（签章）：