附件2

西安市医疗保险缴费工资申报花名册

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 单位编号： | | | | | |
| 单位名称：(章） | | | | | |
| 序号 | | 姓名 | 身份证号 | 申报工资 | 人员状态 |
|  | |  |  |  |  |
|  | |  |  |  |  |
|  | |  |  |  |  |
|  | |  |  |  |  |
|  | |  |  |  |  |
|  | |  |  |  |  |
|  | |  |  |  |  |
|  | |  |  |  |  |
|  | |  |  |  |  |
|  | |  |  |  |  |
|  | |  |  |  |  |
|  | |  |  |  |  |
|  | |  |  |  |  |
|  | |  |  |  |  |
|  | |  |  |  |  |
|  | |  |  |  |  |
|  | |  |  |  |  |
|  | |  |  |  |  |
|  | |  |  |  |  |
|  | |  |  |  |  |
| 在职人数： | | |  | 在职人员工资总额： |  |
|  |  | |  |  |  |
| 退休人数： | | | 退休人员养老金合计： | | |