附件1

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| 职工2021年度医疗保险缴费基数申报表 |
| 申报单位（盖章）： 单位编号： |
| 序号 | 个人编号 | 身份证号 | 姓名 | 月缴费基数 | 签名 |  |
| 1 | 　 | 　 | 　 | 　 | 　 |
| 2 | 　 | 　 | 　 | 　 | 　 |
| 3 | 　 | 　 | 　 | 　 | 　 |
| 4 | 　 | 　 | 　 | 　 | 　 |
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| 6 | 　 | 　 | 　 | 　 | 　 |
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| 8 | 　 | 　 | 　 | 　 | 　 |
| 9 | 　 | 　 | 　 | 　 | 　 |
| 10 | 　 | 　 | 　 | 　 | 　 |
| 11 | 　 | 　 | 　 | 　 | 　 |
| 12 | 　 | 　 | 　 | 　 | 　 |
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| 16 | 　 | 　 | 　 | 　 | 　 |
| 17 | 　 | 　 | 　 | 　 | 　 |
| 18 | 　 | 　 | 　 | 　 | 　 |
| 19 | 　 | 　 | 　 | 　 | 　 |
| 20 |  |  |  |  |  |
| 21 |  |  |  |  |  |
| 22 |  |  |  |  |  |
| 本页合计 |  |  |
| 总计 |  |  |
| 经办人： 申报日期： 　　年 　月　 日 |

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