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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 基本医疗保险职工参保信息变更登记表 | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| 单位名称： 单位编码： 联系电话： □关键信息 □非关键信息 年 月 日 | | | | | | | | | | | | |
| 序号 | 身份证件号码 | | 姓名 | | 变更项目 | | 变更前 | | 变更后 | | 签字 | 备注 |
| 1 |  | |  | |  | |  | |  | |  |  |
| 2 |  | |  | |  | |  | |  | |  |  |
| 3 |  | |  | |  | |  | |  | |  |  |
| 4 |  | |  | |  | |  | |  | |  |  |
| 5 |  | |  | |  | |  | |  | |  |  |
| 6 |  | |  | |  | |  | |  | |  |  |
| 单位经办人 （签章） | |  | | 单位意见 （盖章） | |  | | 经办机构意见 | |  | | |
| 备注：灵活就业人员无需单位盖章和填写单位信息 | | | | | | | | | | | | |