附件5：

城乡居民医疗保险减员表

单位名称（公章）：

社会保险登记证编码：

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| 序  号 | 姓 名 | 公民身份号码 | | | | | | | | | | | | | | | | | | 性  别 | 个人停止  缴费原因 | 个人停止  缴费日期 |
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单位经办人： 社保经办机构登记岗：

单位负责人： 社保经办机构（盖章）：

填表日期： 年 月 日 办理日期： 年 月 日

填表说明：1.此表由街道社保所填报两份，街道社保所与社保经办机构各留存一份。每月24日前到社保经办机构办理减员手续。

2. 在“个人停止缴费原因”栏内，请按照以下分类填写编码：

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| --- | --- | --- | --- |
| 1 | 本区调出 | 4 | 转往外埠 |
| 2 | 转往外区 | 5 | 死亡 |
| 3 | 上学或上托幼园所 | 6 | 就业或自谋职业 |