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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 在 职 职 工 异 动 名 册 表 | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| 单位编号： | | | | | |  |  |  | 流 水 号： |  |  |  |  |  |  | 武社险表4 | | | |
| 单位名称：（盖章） | | | |  |  |  |  |  | 异动时间： 年 月 日 | | | | |  |  |  |  |  |  |
| 序号 | 个人编号 | 姓名 | 身份证号 | 异动类型 | 本次 参保时间 | 对方单位编号 | 缴费基数 | 缴费工资调整、个人补退 | | | | | | 参保险种 | | | | | 备注 |
|  |  |  |  |  |  |  |  | 开始时间 | 终止时间 | 补缴基数 | 调整 | 补收 | 退收 | 基本 养老 | 基本 医疗 | 失业 | 工伤 | 生育 |  |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | | | | | | 10 | | | | | 11 |
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| 3 |  |  |  |  |  |  |  |  |  |  | □ | □ | □ | □ | □ | □ | □ | □ |  |
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| 5 |  |  |  |  |  |  |  |  |  |  | □ | □ | □ | □ | □ | □ | □ | □ |  |
| 6 |  |  |  |  |  |  |  |  |  |  | □ | □ | □ | □ | □ | □ | □ | □ |  |
| 7 |  |  |  |  |  |  |  |  |  |  | □ | □ | □ | □ | □ | □ | □ | □ |  |
| 8 |  |  |  |  |  |  |  |  |  |  | □ | □ | □ | □ | □ | □ | □ | □ |  |
| 9 |  |  |  |  |  |  |  |  |  |  | □ | □ | □ | □ | □ | □ | □ | □ |  |
| 10 |  |  |  |  |  |  |  |  |  |  | □ | □ | □ | □ | □ | □ | □ | □ |  |
| 11 |  |  |  |  |  |  |  |  |  |  | □ | □ | □ | □ | □ | □ | □ | □ |  |
| 12 |  |  |  |  |  |  |  |  |  |  | □ | □ | □ | □ | □ | □ | □ | □ |  |
| 13 |  |  |  |  |  |  |  |  |  |  | □ | □ | □ | □ | □ | □ | □ | □ |  |
| 14 |  |  |  |  |  |  |  |  |  |  | □ | □ | □ | □ | □ | □ | □ | □ |  |
| 15 |  |  |  |  |  |  |  |  |  |  | □ | □ | □ | □ | □ | □ | □ | □ |  |
| 16 |  |  |  |  |  |  |  |  |  |  | □ | □ | □ | □ | □ | □ | □ | □ |  |
| 17 |  |  |  |  |  |  |  |  |  |  | □ | □ | □ | □ | □ | □ | □ | □ |  |
| 18 |  |  |  |  |  |  |  |  |  |  | □ | □ | □ | □ | □ | □ | □ | □ |  |
| 19 |  |  |  |  |  |  |  |  |  |  | □ | □ | □ | □ | □ | □ | □ | □ |  |
| 20 |  |  |  |  |  |  |  |  |  |  | □ | □ | □ | □ | □ | □ | □ | □ |  |
|  |  |  |  |  |  |  |  |  |  | 填报人： |  |  |  | 填报时间： | | | | | |
| 填表说明： | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |
| 异动类型：新参保、续保、停保、退款、医疗保险非统筹转退休。 | | | | | | | | | | | | | | | | | | | |