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| 附件3： | |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| 区 年首次参加城乡居民社会基本养老保险的残疾人名册 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 乡镇（街道）残联（章）： 乡镇（街道）民政科（章）： 区残联（章）： 市（区）人力资源和社会保障局经办机构（章）： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | 参保人姓 名 | 性 别 | 年 龄 | 职 业 | 身份证 号 码 | | 残疾 类别 | | 残疾 等级 | | 残疾人 证号码 | | 是低保家庭的低保证 | | | | | | 申请补贴标准（元） | | 个人 缴纳 （元） | | 社会保 障号码 | | 家庭人均收入 在当地低保 标准200%以内 | | | | 家庭住址 | | 有效联  系电话 | |
| 号 码 | | 核准 时间 | | 核发 机关 | |
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| 注：1、表中“个人缴纳”栏内填写当年个人缴费金额；2、此表由乡镇（街道）残联（或相关职能部门）负责填写（一式四份），乡镇（街道）民政科、区残联（或相关职能部门）及市、区（统筹地区）人社局经办机构负责审核，区残联（或相关职能部门）负责上报（原件及电子版）；3、此表（审核后的原件）一式四份，由乡镇（街道）和市、区残联（或相关职能部门），市、区（统筹地区）人社局经办机构各执一份存档备案。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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