附件2

河源市城乡居民基本医疗保险中途参保表

县（区） 镇（街道） 村（居）委会

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | 居民身份号码 | 联系电话 | 性别 | 民族 | 户籍地址 | 居住地址 | 户籍性质 |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |