附件5

医疗保险业务办理申请表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 申  请  人  资  料 | 姓名 |  | 身份证号码 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 单位名称 |  | | 联系电话 | | | | | |  | | | | | | | | | | | |
| 联系地址 |  | | | | | | | | | | | | | | | | | | | |
| 申请人类型 | □城镇职工医疗 □城乡居民医疗 | | | | | | | | | | | | | | | | | | | |
| 申  请  办  理  业  务  内  容 | 业务类型 | □遗失发票 □退医疗个人账户 □其他 | | | | | | | | | | | | | | | | | | | |
| 申请办理业务详细内容（请您用正楷字填写） | | | | | | | | | | | | | | | | | | | | |
| 申请人（签名）： 年 月 日 | | | | | | | | | | | | | | | | | | | | |
| 股  室  负  责  人 | 年 月 日 | | | | | | | | | | | | | | | | | | | | |
| 财  务  审  核 | 年 月 日 | | | | | | | | | | | | | | | | | | | | |
| 主  管  领  导 | 年 月 日 | | | | | | | | | | | | | | | | | | | | |
| 单  位  领  导 | 年 月 日 | | | | | | | | | | | | | | | | | | | | |