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| **职工参保缴费证明** | | | | | | | | | | | |
| 姓名 |  | 身份证号 |  | 工作单位 |  | | 社保编码 | |  | 性别 |  |
| 险种 | | 养老保险 | 医疗保险 | | 工伤保险 | | | 生育保险 | | 失业保险 | |
| 当前参保状态 | |  |  | |  | | |  | |  | |
| 历年参保缴费情况 | | | | | | | | | | | |
| 年度 | 基数 | 养老缴费情况 | 医疗缴费情况 | | 年度 | 基数 | | 养老缴费情况 | | 医疗缴费情况 | |
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证明机构: 社会保险事业管理中心

打印日期：