附件2：

**《个人参加城镇居民基本医疗保险信息登记表》**

单 位 名 称： 所 在 部 门：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | | | | | | | | | | | | | | | | | | 粘贴近期一寸免冠照片 |
| 公民身份证号 |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |
| 性别 |  | | | | | | 出生日期 | | | | | | | | |  | | | | |
| 出生地 |  | | | | | | 民族 | | | | | | | | |  | | | | |
| 户口性质 |  | | | | | | 户籍所在地 | | | | | | | | |  | | | | |
| 缴费人员类别 | 本市学生 | | | | | | 医疗参保人员类别 | | | | | | | | | 学生 | | | | |
| 户口所在地区县 |  | | | | | | | | | | | | | | | | | | | | |
| 户口所在街道（乡镇）名称 |  | | | | | | | | | | | | | | | | | | | | |
| 户口所在地地址 |  | | | | | | | | | | | | | | | | | | | | |
| 居住地地址 |  | | | | | | | | | | | | | | | | | | | | |
| 居住地邮政编码 |  | | | | | | | | | | | | | | | | | | | | |
| 参保人电话 |  | | | | | | | | | | | | | | | | | | | | |
| 本市定点医疗机构1 |  | | | | | | | | | | | | | | | | | | | | |
| 本市定点医疗机构2 |  | | | | | | | | | | | | | | | | | | | | |
| 本市定点医疗机构3 |  | | | | | | | | | | | | | | | | | | | | |
| 本市定点医疗机构4 |  | | | | | | | | | | | | | | | | | | | | |

参 保 人 签 名:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

参保人亲属签名:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

填报日期： 年 月 日