**2017年吴堡县城镇职工新参人员医保证卡登记表**

参保单位：（盖章）

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| 序号 | 姓名 | 身份证号码 | 新办证 | 备注 |
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| 合计 |  |

领导签字： 经办人： 联系电话： 年 月 日