附件一

2022年元旦春节省直机关送温暖慰问

个人申请表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | | | 性别 | | |  | | 是否会员 | | | | | |  | | | |
| 工作单位 |  | | | | | | | | | | 联系电话 | | | | | |  | | | |
| 申请主要原因 |  | | | | | | | | | | 发生患病、突发事件、意外伤害及其他情况的时间 | | | | | |  | | | |
| 是否为低收入家庭 | | | | | |  | | | |
| 2021年度医疗  自费金额 |  | | | | | | | | | | | | | | | | | | | |
| 身份证号码 |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | |  |  |  |
| 银行卡号（开户行） | | |  | | | | | | | | | | | | | | | | | |
| 所在单位  工会审核  意见 | 签字：  （公章） 年 月 日 | | | | | | | | | | | | | | | | | | | |
| 上级（系统）  工会审核意见 | 签字：  （公章） 年 月 日 | | | | | | | | | | | | | | | | | | | |