灵活就业人员社会保险补贴申请表

补贴申请月份： 年 月

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 姓 名 |  | | | | | | | | | 移动电话 | | | |  | | | | | | | | | |
| 居居民身份号码  （（社会保障号） |  |  |  | |  |  |  | |  | |  |  |  |  |  | |  |  |  |  | |  |  |
| 申人员类别 | □ 经认定的就业困难人员 □ 离校未就业高校毕业生  （注：选择离校未就业高校毕业省类型时需填写学历、毕业院校、毕业时间信息） | | | | | | | | | | | | | | | | | | | | | | |
| 学学历 |  | | | 毕毕业院校 | | | |  | | | | | | | | 毕毕业时间 | | | | | / | | |
| 办办理须知 | 享受期限和补贴标准，根据《江苏省就业补助资金管理办法》(苏财社〔2019〕161号)文件规定执行，补贴资金通过本人江苏省社会保障卡发放。 | | | | | | | | | | | | | | | | | | | | | | |
| 本人承诺，所填写内容和提供材料真实准确有效，否则将承担相应的法律责任。  承诺人（签名）  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | |