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| 灵活就业人员停保登记表 | | | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 个人编号 |  | | | | | 姓名 | |  | | | 移动电话 | | |  | | | | |
| 公民身份号码  （社会保障号） |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 其他证件类型 |  | | | | | | | 证件号码 | | | |  | | | | | | |
| 户籍地址 | 省 市 县（市、区） | | | | | | | | | | | | | | | | | |
| 停保时间 | 年 月 | | | | | | | | | | | | | | | | | |
| 本人承诺，所填写内容和提供材料真实准确有效，否则承担相应的法律责任。   承诺人（签名） ：  日期： 年 月 日 | | | | | | | | | | | | | | | | | | |
| 经办日期：  经办机构（盖章）： | | | | | | | | | | | | | | | | | | |
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