**首都经济贸易大学《在职职工互助保障计划》汇总表**

**单位：**

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| **序号** | **姓名** | **性别** | **身份证号** | **手机号** | **住院医疗** | **住院津贴** | **重大疾病** | **备注** |
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**注：请在所选互助保障计划画框内划“√”，在“备注”栏标明“新入”或“续保”。**