城乡居民基本养老保险信息登记表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 办理业务类型：□参保缴费 □信息变更 □注销登记 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*姓 名 | |  | | | | | 性别 | | |  | | | | | | 民族 | | | |  | | | 出生年月 | | | | | | |  | | | \*联系电话 | | | | | |  | | |
| \*公民身份号码 | | | | | |  |  |  | | |  | | | |  | |  | | |  | |  | | |  | | |  |  | |  | |  | |  |  | | |  |  |  |
| 户籍所在地址 | | | | | |  | | | | | | | | | | | | 所属村(居)委 | | | | | | | | | |  | | | | | | | | | | | | | |
| 居 住 地 址 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | 邮政编码 | | | |  | | | | | | | | | |
| 参　保　缴　费 | \*参保登记时间 | | | | | | 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 缴费方式 | | | | | □直接缴费 　　　　　 □银行代扣 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □按年缴费； □一次性缴费： 年 月至 年 月； □其它： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 缴费标准 | | | | | □180元；□240元；□360元；□600元；□900元；□1200元；□1800元；□3600元；□4800元； □ 元；□一次性缴费： 元 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 特殊参保群体：　□低保对象　□特困人员　□建档立卡人员　□五保供养户　 □重症残疾  　　　　　　　　□精神和智力残疾 □计划生育家庭 □其他： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 户　名 | | | |  | | | | | | | | 开户行 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 银行账号 | | | |  | | | | | | | | | | | | | | 银行名称 | | | | | | | |  | | | | | | | | | | | | | | |
| 提示：选择“银行代扣”视为参保人同意从本表填写的本人或其监护人银行账户中自动扣缴城乡居民基本养老保险费 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 信息变更 | 序号 | | | 变更项目 | | | | | 变更前信息 | | | | | | | | | | | | | | | | | | | 申请变更为 | | | | | | | | | | 备 注 | | | |
| 1 | | |  | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | |
| 2 | | |  | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | |
| 3 | | |  | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | |
| 注  销  登  记 | 注销  原因 | | | □丧失中华人民共和国国籍，丧失时间： 　 　　 年 月  □已享受其他基本养老保障待遇，起始时间： 　 年 月  □死亡，死亡时间： 年 月  □其他： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 注销日期 | | | |  | | | |
| 以下为指定受益人或法定继承人填写 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 | | |  | | | 性别 | | | | |  | | | | | 出生年月 | | | | | | |  | | | | | | 与参保人关系 | | | | | | |  | | | | |
| 公民身份号码 | | | | | |  | | | | | | | | | | 联系电话 | | | | | | |  | | | | | | 居住地址 | | | | | | |  | | | | |
| 户　名 | | | |  | | | | | | | | | 开户行 | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 银行账号 | | | |  | | | | | | | | | | | | | | | 银行名称 | | | | | |  | | | | | | | | | | | | | | | |
| 城乡居民养老保险个人账户资金余额由银行代发，凭有效身份证件到指定银行领取 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 书  面告知 | 书面告知文书 | | 《城乡居民基本养老保险办理结果告知书》《城乡居民基本养老保险个人账户对账单》《城乡居民基本养老保险待遇领取告知书》等 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 书面告知方式 | | 请在以下相对应方式的“□”内打“√”选择  □1.邮寄接收。  □2.申请人到服务窗口签收领取。  □3.申请人通过互联网服务渠道领取，在进行电子身份认证后，勾选文书项目，并点击“打  　 开读取和打印”。  □4.申请人委托村（居）协办员领取。  **（必填）**指定邮寄地址： 。  申请人选择2、4方式但仍无法告知的，社会保险经办机构应邮寄至指定邮寄地址。邮寄地址填写不准确导致告知文书未能被受送人实际接收的，文书退回之日视为告知；因受送人自己填写的邮寄地址变更未及时告知本机构、受送人本人拒绝签收，导致告知文书未能被受送人实际接收的，文书退回之日视为告知之日。  申请人下落不明等，社会保险经办机构参照民事诉讼法律在社会保险行政部门门户网站、服务场所等发布公告，自发出公告之日起满60日的，视为告知。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申请人承诺：  　　以上填写内容真实无误，如不属实，自愿承担相应的法律责任。  申请人（签名）：　　 　　年　　月　　日  代办人（签名）： 　　 年　　月　　日 | | | | | | | | | | | | | | | | | | | | | 审核意见：  经办人（签名）：  年　　月　　日（签章） | | | | | | | | | | | | | | | | | | | | |