**湖北省社会保障卡申领表**

**受理机构： 登记号：**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **姓 名\*** |  | | | | | | **性别\*** | | | | | | |  | | | | **出生日期\*** | | | | | | | | | |  | | | | | **国籍\*** | | | |  | | | | | | **民族\*** | | | | | |  | | | | | 粘贴照片  或照片  文件名 | | | | |
| **证件类型\*** | 身份证(户口本)□ 港澳居民来往内地通行证□ 港澳台居民居住证□ 台湾居民来往大陆通行证□ 外国人永久居留证□ 护照□ 其他□ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **证件号码\*** |  | |  |  |  | | | |  | |  | | | | |  | | | |  | | |  | | |  | | | |  | |  | | |  | | | |  | | |  | |  | | |  | | | |  | | |
| **人员类别\*** | 职工□ 居民□ 机关事业□ 其他□ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **证件有效期至\*** | | | | | | | | | | | 年月日 | | | | | | | | | | | | | |
| **人员状态** | 城镇就业□ 离退休□ 失业□ 在读□ 务农□ 其他□ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **户口性质** | 农业□ 非农业□ 居民□ 港澳台□ 外籍□ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **常住地址\*** | 省 市（州） 县（市、区） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **工作单位** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **联系电话** | **手机\*** | | | | |  | | | | | | | | | | | | | **固定电话** | | | | | | | | | |  | | | | | | | | | **常驻地邮政编码** | | | | | | | | | | | |  | | | | | | | | |
| **是否邮寄** | 是**（到付）**□ 否□ | | | | | | | | | | | | **申领人通讯地址** | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **监护人姓名** |  | | | | | | | **监护关系** | | | | | | | | | | | | | |  | | | | | | | | | | | | **联系电话** | | | | | | | | |  | | | | | | | | | | | | | | | |
| **监护人姓名身份证号码** | | | |  | |  | | | |  | |  | | | | |  | | | |  | | |  | | |  | | | |  | | |  | |  | | | |  | | |  | | |  | | |  | | | |  | | |  | |  |
| **业务类型\*** | 新申领□ 激活□ 修改密码□ 密码解锁□ 密码重置□ 临时挂失□ 正式挂失□ 解挂□ 补领□ 换领□ 注销□ 修改个人信息□ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **是否加急** 是□ 否□ | | | | | | | | | | | | | | | |
| **选择合作银行**（补领、换领和单位统一采集数据，不填写此栏） | | | | | | 工商银行□ 建设银行□ 农业银行□ 中国银行□ 交通银行□ 邮储银行□  农信社（农村商业银行）□ 湖北银行□ 汉口银行□ 招商银行□ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **代办人姓名** |  | | | | | | | | | | | **联系电话** | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **代办人身份证号码** | | | |  | |  | | | |  | |  | | | | |  | | | |  | | |  | | |  | | | |  | | |  | |  | | | |  | | |  | | |  | |  | | | |  | | |  | |  | |
| 申请人已认真阅读和了解《湖北省社会保障卡申领规则》（详见背面），自愿遵守申领规则各项规定，保证所填信息准确无误，对所填写的信息负责。  申领人签名： 申领日期： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **经办人**  （签字） | |  | | | | | | | | | | | | | **受理日期** | | | | | | | | | |  | | | | | | | | | | | | | | | | **受理单位**（盖章） | | | | | | | | | | | | | | | | | |

注：标有“\*”的栏目为必填项

**温 馨 提 示：**在您领取实体社保卡后，将同步为您生成电子社保卡，并发放至您的社保卡服务银行手机银行APP、电子社保卡小程序（支付宝/微信）等。

您也可以在其他电子社保卡服务渠道自主申领和使用电子社保卡。

注 意 事 项

湖北省社会保障卡是遵循中华人民共和国人力资源和社会保障部的统一规划标准，由省人力资源和社会保障厅面向全省城镇职工和城乡居民发行的多功能智能IC卡，是持卡人享受人力资源和社会保障等公共服务的电子凭证 。

1、《湖北省社会保障卡申领表》是申领人领取社会保障卡，申请使用社会保障卡应用功能的凭证。申领人须认真填写表格内容，并提供真实有效的资料。

2、个人在办理申领业务时，应凭居民身份证或户口簿、带本人近期照片或数码标准相片文件（符合二代身份证照片标准），填写本申领表。

3、申领人应使用钢笔或碳素笔如实填写姓名、性别、出生日期、身份证号码等基本信息。填写内容要字迹清晰、工整，并对真实性和准确性负责。因申领人所提供的个人资料不清晰、不完整或错误，所造成的一切损失由申领人本人承担。

4、申领人在确认所填信息无误和完整后，应由本人在申领表签名。申领表填写完成后，由经办人员审核后签字确认。

5、申领人应如实填写常用移动电话号码，以便于及时联系和通知。

6、申领人如有疑问，可咨询当地人社部门信息化机构，也可拨打12333咨询电话，或登陆湖北省人力资源和社会保障厅门户网站（<http://www.hb.hrss.gov.cn>）查询。