附件1

企业职工基本养老保险病残津贴申报表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **\*姓名** |  | **\*社会保障号码** | |  | |  | |  |  | |  |  | |  | |  |  |  | |  | |  |  |  |  |  |  |  | | **\*证件类型** |  | **\*证件号码** | | □与社会保障号码相同 □其他 | | | | | | | | | | | | | | | | | | | | | | | | | | **\*性别** |  | **\*档案出生年月** | | 年 月 | | | | | | | | | **申领待遇时岗位信息** | | | | | | □无工作单位 □生产操作岗位 □管理技术岗位 | | | | | | | | | | | **\*户籍地** | 省 市 县（区） | | | | | | **\*最后参保地** | | | | | | | | 省 市 | | | | | | | | | | | | | | | **\*手机号码** |  | | **电子邮箱** | |  | | | | | | | | | | **最后缴费月** | | | | | | 年 月 | | | | | | | | | **联系地址** |  | | | | | | | | | | | | | | **邮政编码** | | | | | |  | | | | | | | | | **\*银行账号** |  | | | | **\*开户名** | | | | |  | | | | | **\*开户银行** | | | | | |  | | | | | | | |   **请申请人确认并勾选以下事项（一条有多个选项的，请根据本人实际情况勾选其中一项）：**   1. □本人未在广东省外其他地区参保缴费。   □本人曾在广东省外其他地区参保缴费，现已按国家和省有关规定办理关系转移手续。  2. □本人未在其他地区领取企业职工养老保险待遇，未在机关养老保险、居民养老保险或其他险种领取社保待遇。  3. □本人从未涉及刑事责任。  □本人涉及刑事责任，现已符合申报待遇资格，并按要求提供法院判决书、刑满释放证明等材料。 |
| **社会保险经办机构告知内容：**  1.申请资格：参保人员达到法定退休年龄前因病或者非因工致残经鉴定为完全丧失劳动能力的，可以申请按月领取病残津贴。  2.跨省流动就业人员待遇领取地确认：跨省流动就业的参保人员达到待遇领取条件时，按下列规定确定其待遇领取地：基本养老保险关系在户籍所在地的，由户籍所在地负责办理待遇领取手续，享受基本养老保险待遇；基本养老保险关系不在户籍所在地，而在其基本养老保险关系所在地累计缴费年限满10年的，在该地办理待遇领取手续，享受当地基本养老保险待遇；基本养老保险关系不在户籍所在地，且在其基本养老保险关系所在地累计缴费年限不满10年的，将其基本养老保险关系转回上一个缴费年限满10年的原参保地办理待遇领取手续，享受基本养老保险待遇；基本养老保险关系不在户籍所在地，且在每个参保地的累计缴费年限均不满10年的，将其基本养老保险关系及相应资金归集到户籍所在地，由户籍所在地按规定办理待遇领取手续，享受基本养老保险待遇。 3.经审核符合病残津贴领取条件的，病残津贴将从参保人员申请次月起计发，发放至参保人员社会保障卡银行账户。  4.参保人员领取病残津贴期间，不再缴纳基本养老保险费。继续就业并按国家规定缴费的，自恢复缴费次月起，停发病残津贴。  5.病残津贴领取人员收到人力资源社会保障部门要求进行劳动能力复查鉴定通知后，应按规定配合。在应复查鉴定的60 日内未按规定参加复查鉴定或复查结论为未完全丧失劳动能力的，从次月起停发病残津贴。  6.病残津贴领取人员应如实提供申报材料，提供虚假材料、虚假承诺的，应承担相关法律责任。如发现个人多享受社会保险待遇的，社会保险经办机构责令退回，后续可以按规定从其后续享受的社会保险待遇或者个人账户余额中抵扣。个人账户余额和遗属待遇不足抵扣多领待遇的，或者申请人以欺诈等方式骗取待遇的，或者社会保险经办机构错发、多发待遇的，社会保险经办机构从申请人领取病残津贴待遇银行账户扣回；仍无法追回的，依法向法院申请强制执行；符合严重失信人员行为的，纳入失信人员名单管理，并实施联合惩戒。  7.病残津贴领取人员应按规定参加待遇领取资格认证，认证周期最长不超过12个月。逾期不进行认证的，社保经办机构将从上次认证之月的第13个月起停发病残津贴。新增病残津贴领取人员从待遇核定次月起计算认证周期。具体认证办法请按照社会保险经办机构有关通知执行。  8.《中华人民共和国社会保险法》第八十八条规定，以欺诈、伪造证明材料或者其他手段骗取社会保险待遇的，由社会保险行政部门责令退回骗取的社会保险金，处骗取金额二倍以上五倍以下的罚款；第九十四条规定，构成犯罪的依法追究刑事责任。 |
| 本人确认上述申报信息无误同意申报，并知悉如提供虚假情况及资料，需承担相关法律责任。若出现以上告知内容相应情形的，同意社会保险经办机构按照上述告知方式执行。  申请人签名： 申请时间： 年 月 日 |