**女性安康重疾险参保人员信息表**

投保单位： 总人数：

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| 序号 | 姓名 | 年龄 | 身份证号 | 曾、现患病否 | 备注 |
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注：1. 此表两份,加盖公章后与电子文档一起上报。

2. 表格栏不够填写可附页。