城乡养老保险制度衔接申请表

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_：

根据《城乡养老保险制度衔接暂行办法》有关规定，本人申请将原在 省（区、市） 市（区） 县（市）建立的养老保险关系（［ ］企业职工基本养老保险［ ］城乡居民基本养老保险）转移至你处，特此申请。

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 参保人员员基本信息 | | | | | | | | |
| 姓名 |  | 性别 |  | | 公民身份号码 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | | |
| 原个人  编号 |  | | | | 户籍地地址 |  | | |
| 申请转移至 | ［ ］企业职工基本养老保险［ ］城乡居民基本养老保险 | | | | | | | |
| 转出地社会保险经办机构信息 | | | | | | | | |
| 行政区划代码 |  | | | 社保经办机构名称 | |  | | |
| 地址 |  | | | 联系电话 | |  | 邮政编码 | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  | |

申请人：

联系电话：