附件4

“好德妈妈”单项工伤保险补贴花名册

填报单位（公章）：

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| **序号** | **姓名** | **身份证号码** | **性别** | **年龄** | **“好德妈妈”证号** | **承保公司** | **最高赔付金额（万元）** | **保费金额（元）** | **补贴金额(元)** | **联系电话** |
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| 合计 | |  |  |  |  |  |  |  |  |  |