烟台市重度残疾人提前领取居民基本养老保险金申请表

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| 所属村（居）委会：                  申请日期：      年    月    日 |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 姓  名 |  | | | | 性别 | | |  | | | | | | | 年龄 | | |  | | | 民族 | | |  | | | | | 出生年月 |  | | | | | | | | 联系电话 | | | | | |  | | | | | | | | | | | | | | 身份证号 | | | |  | |  |  |  | |  |  | |  |  | |  |  | |  |  |  |  |  | |  |  |  | | 户籍所在地 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | 现居住地 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | 残疾类别 | |  | | | | | | | | | | 残疾等级 | | | | | |  | | | | | | | | | | | 残疾证号 | |  | | | | | | | | | | 残疾证发证时间 | | | | | | | |  | | | | | | | | | 参保缴费起始日期 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | 申请事项 | | 本人现年满    周岁，自愿从提出申请的次月开始领取居民基本养老保险养老金，同意由社保经办机构指定的银行提供相关金融服务，本人承诺所提供的本人一切信息属实，并承担相应责任。 | | | | | | | | | | | | | | | | | | | | | | | | | | | 申请人声明：     以上填写内容正确无误。  申请人：                 （签章）                      年    月    日 | | | | | | | | | | | | 村（居）申报意见：   经办人：                  （签章）                        年   月   日 | | | | | | | | | | | | | | | | | 乡镇（街道）残联审核意见：   经办人：                  （签章）                       年    月   日 | | | | | | | | | | | | 乡镇（街道）社保机构审核意见：   经办人：                  （签章）                        年   月   日 | | | | | | | | | | | | | | | | | 县市区残联审核意见：  经办人：                 （签章）                       年    月   日 | | | | | | | | | | | | 县市区人社部门审核意见：  经办人：                  （签章）                        年   月   日 | | | | | | | | | | | | | | | | | 填表说明：本表原则上由本人填写，若本人无法填写，可由亲属或村（居）协办员代填，但须本人签字、盖章或留指纹确认。本表一式三份，乡镇（街道）社保机构、县市区残联、县市区社保机构各留存一份。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |