附件1

劳模生活困难补助金申请表

（2018年度）

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| 姓 名 |  | | | | 性别 |  | | | 身份证号 | |  | | | |
| 就业状况（退休、在职、其他） | |  | | | | | | | 联系电话 | |  | | | |
| 家庭详细地址 | |  | | | | | | | | | | | | |
| 工作单位 | |  | | | | | | | | 本人月平均收入  （工资/离退休费/养老金） | | |  | |
| 劳模类型  （划√） | | 全国劳模 | | 享受全国劳模待遇 | | | 全国五一劳动奖章获得者 | | | 市劳模 | | 省部级劳模 | | 享受市、省部劳模级待遇 |
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| **有关收入申报事项（2017年10月1日—2018年9月30日）** | | | | | | | | | | | | | | **金额** |
| 1、除离退休费或者养老金以外领取的其他社会保险金 | | | | | | | | | | | | | |  |
| 2、奖金、津贴、补贴及其他劳动收入 | | | | | | | | | | | | | |  |
| 3、出租或者出售家庭资产获得的收入 | | | | | | | | | | | | | |  |
| 4、从政府或者企事业单位获得的基本生活费或者一次性收入 | | | | | | | | | | | | | |  |
| 5、法定赡养人或者扶养人应当给付的赡养费或者扶养费 | | | | | | | | | | | | | |  |
| 6、接受的馈赠或者继承收入 | | | | | | | | | | | | | |  |
| 7、其他应计入的收入 | | | | | | | | | | | | | |  |
| 有下列情况之一的，不得申请补助：  1、在就业年龄内，有劳动能力但不主动就业或者经就业服务机构介绍无正当理由拒绝就业的；  2、安排子女自费出国（境）留学的；  3、拥有高值收藏物或者小汽车等高档消费品的；  4、家庭自有住房人均面积达到本市人均住房面积2倍以上的（单套自住房除外）；  5、其他不能列为发放对象的情形：  **本人无以上情况，且提供信息完全属实。**  申请人（签字）： 日期： | | | | | | | | | | | | | | |
| **填表说明** | | | 本人月平均收入：社保关系不在本市的退休劳模、支内回沪劳模、农民劳模需提供最近一个月养老金银行发放账户明细清单复印件或相关月平均收入证明；在职全国劳模需提供由单位劳动人事部门出具的月平均收入证明。 | | | | | | | | | | | |
| 劳模所在单位或街道（乡镇）工会核实意见：  经办人： （工会盖章）  年 月 日 | | | | | | | | 区局（产业）工会审核意见：  经办人 ： （工会盖章）  年 月 日 | | | | | | |

注：1、此表由劳模本人和单位共同填写，签字、盖章。

2、此表一式两联，一联留存基层工会，一联留存区局（产业）工会。

3、逾期未报将不列入本年度专项资金发放范围。

附件2

劳模特殊困难帮扶金申请表

（2018年度）

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| 姓 名 | | |  | | 性别 | |  | | | 身份证号 | | |  | | | |
| 就业状况（退休、在职、其他） | | | |  | | | | | | 联系电话 | | |  | | | |
| 家庭详细地址 | | | |  | | | | | | | | | | | | |
| 工作单位 | | | |  | | | | | | | 本人月平均收入  （工资/离退休费/养老金） | | | |  | |
| 劳模类型  （划√） | | | | 全国劳模 | | 享受全国劳模待遇 | | 全国五一劳动奖章获得者 | | | | 市劳模 | | 省部级  劳模 | | 享受市、省部级劳模待遇 |
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| **困 难 情 况** | | 困难情况的描述应包括：造成生活困难的原因、实际费用的支出情况、本人及家庭共同生活人员的收入情况等  申请人签字： 日期： | | | | | | | | | | | | | | |
| **困 难 分 类** | 以下由基层工会在序号前划“√” ：  1. 因本人患病、残疾、生活不能自理等造成家庭生活困难的；  2. 因高龄、独居、丧偶或孤老等造成生活困难的；  3. 因配偶、父母、子女患重病等造成家庭生活困难的；  4. 因家庭遭受意外灾害等原因造成生活困难的；  5. 本年度内（2017.10.1-2018.9.30）过世劳模家属一次性慰问金。 | | | | | | | | | | | | | | | |
| **填 表 说 明** | 1、本人患病，医保内自负医疗费用大，且医保关系不在本市的，应提供上一年医保年度医疗保险机构《城镇医保综合减负结算表》或《个人历史账户查询表》。  2、本人患重病、大病自费医疗费用较大的，应提供医疗保险机构出具的门诊大病证明回执，同时提供自费医疗费凭证。  3、本人瘫痪、残疾造成生活不能自理、护理费用较大的,应提供病史资料，或相关失能证明，相关的护理费用证明。  4、本人80周岁（含）以上独居或丧偶、孤老的，应提供相应的户籍资料、婚姻证明。  5、突发灾害或意外的，应提供相应证明资料，如火灾，提供消防出警证明、居委会家庭损失证明等等。  6、直系亲属患重病、大病的，医保内自负医疗费用大的，应提供医疗保险机构出具的门诊大病的证明回执，同时提供上一年医保年度医疗保险机构《城镇医保综合减负结算表》或《个人历史账户查询表》。 | | | | | | | | | | | | | | | |
| 劳模所在单位或街道（乡镇）工会核实意见：  经办人签字： （工会盖章）  年 月 日 | | | | | | | | | 区局（产业）工会审核意见：  该同志困难情况属实，为 类。  经办人签字 ： （工会盖章）  年 月 日 | | | | | | | |

注：1、此表由劳模本人和单位共同填写，签字、盖章。

2、此表一式两联，一联留存基层工会，一联留存区局（产业）工会。

3、逾期未报将不列入本年度专项资金发放范围。

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| 附件3  2018年度全国劳模生活困难补助金申请汇总表 | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |  | |
| 行业、街道（镇）、直属工会盖章： 经办人： 分管领导（签字）： 电话： | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |  | |
| **系统** | **序号** | **姓名** | **性别** | **身份证号** | **年龄** | | **工作单位及职务** | | | **就业**  **情况** | | **劳模类型** | | **本人月收入（工资/离休费/养老金）** | **其他收入** | **收入合计** | **备注** |  | | |  | |  | |  | |  | |
| **在职** | **退休** | **全国**  **劳模** | **享受全国**  **劳模待遇** |  | | |  | |  | |  | |  | |
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| 注：1.就业情况、劳模类型：请在相应栏内打“√”。 | | | | | |  | |  |
| 2.其他收入填写《本市劳模生活困难补助金申请表》中有关收入申报事项的合计金额数。 | | | | | | | | |

附件4

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 2018年度全国劳模特殊困难帮扶金申请汇总表 | | | | | | | | | | | | | | | | | | | | |
| 行业、街道（镇）、直属工会盖章： 经办人： 分管领导（签字）： 电话： | | | | | | | | | | | | | | | | |
| **系统** | **序号** | **姓名** | **性别** | **身份证号** | **年龄** | **工作单位及职务** | **就业**  **情况** | | | | **劳模类型** | | | **特殊困难简况** | **困难分类** | **医**  **保**  **内**  **自**  **负** | | **自费** | **家属医保自负** | **家属自费** | | **备注** |
| **在职** | **退休** | | | **全国劳模** | | **享受全国劳模待遇** |
|  |  |  |  |  |  |  |  |  | | |  | |  |  |  |  | |  |  |  | |  |
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| 注：1.本年度已故劳模只需在“特殊困难情况”一栏中填写“已故时间”。  2.支内返沪劳模请在备注栏内标注。  3.困难分类：填《本市劳模特殊困难帮扶金申请表》内“困难分类”栏所勾序号。4.就业情况、劳模类型：请在相应栏内打“√”。 | | | | | | |  | |  |  | |

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| 行业、街道（镇）、直属工会盖章： 经办人： 分管领导（签字）： 电话： | | | | | | | | | | | | | | | | | | |
| **系统** | **序号** | **姓名** | **性别** | **身份证号** | **年龄** | **工作单位及职务** | **就业**  **情况** | | **劳模类型** | | | | **特殊困难简况** | **困难分类** | **费用 合计** | **备注** | |
| **在职** | **退休** | **全国五一** | **市劳模** | **省部级** | **享受市、省部级劳模待遇** |
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注：1.本年度已故劳模只需在“特殊困难简况”一栏中填写“已故时间”。

2.支内返沪劳模请在备注栏内标注。

3.困难分类：填写《本市劳模特殊困难帮扶金申请表》内“困难分类”栏所勾序号。

4.就业情况、劳模类型：请在相应栏内打“ √”。