关于认真做好2019年度全国劳模、

市劳模专项补助资金发放工作的通知

各行业、街道、直属工会：

　　今年是新中国成立70周年，为把党和国家对劳动模范的关心关爱落到实处，区总工会将继续做好劳模困难帮扶工作，现将2019年度本市全国劳模、市劳模专项补助资金有关发放事项通知如下：：

一、专项补助资金发放内容

（一）春节慰问金

春节慰问金的发放对象是所有2019年春节前健在并保持荣誉称号的本市全国劳模、市劳模（此项工作已于年初完成）。全国劳模标准为每人2000元，市劳模标准为每人1000元。

（二）生活困难补助金

劳模生活困难补助金的发放对象是收入较低的全国劳模、退休市劳模，补助标准线为：在职全国劳模为本市上年度职工月平均工资的1.2倍；退休全国劳模为本市上年度月平均养老金的1.2倍；退休市劳模为本市上年度原城保或原镇保月平均养老金标准的1.1倍。月补助额为补助标准线与劳模本人实际收入的差额。

**全部收入包括：**

1．工资（指应发工资）、奖金、津贴、补贴及其他劳动收入；

2．离退休费或者养老金及领取的其他社会保险金；

3．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；

4．出租或者出售家庭资产获得的收入；

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．其他应当计入的收入。

劳模补助、荣誉津贴、劳保津贴不计入收入。

**有下列情形之一者不列为发放对象：**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；安排子女自费出国（境）留学的；拥有高值收藏物或者小汽车等高档消费品的；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）；其他不能列为发放对象的情形。

（三）特殊困难帮扶金

全国劳模、市劳模特殊困难帮扶资金主要用于缓解全国劳模、市劳模因本人或家属患病、发生意外等原因造成的生活困难，对劳模本人患大病、重病及住院等医疗费支出较多的给予必要的补助，对劳模直系亲属患重病或劳模家庭遭受意外灾害等造成生活特别困难的给予一定的补助。

特殊困难主要包括以下5方面情形：

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. 因本人高龄、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（2018.10.1-2019.9.30）过世劳模家属一次性慰问金。

已故劳模配偶无固定收入、生活特别困难的可以酌情列为发放对象。

二、工作安排

（一）申报审核

**1.本人提出书面申请。**劳模本人填报《本市劳模生活困难补助金申请表》或《本市劳模特殊困难帮扶金申请表》，并按填表要求分别提供以下**证明材料**：本人和家庭的月平均收入证明、病情诊断证明、自费医疗费用单据、突发事件（如事故或者灾情）鉴定报告等。

月平均收入证明的提供方式：社保关系不在本市的退休劳模、支内回沪劳模；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。

**2.基层工会调查核实、公示。**基层工会进行入户调查或者向相关机构核实情况，对符合申报条件、拟进行补助的人员在一定范围内公示后，在《本市劳模生活困难补助金申请表》或《本市劳模特殊困难帮扶金申请表》上出具意见并盖章，附相关证明材料向区总工会申报。

**3.区总核实、上报。**区总审核各行业、街道、直属工会上报的相关材料后，通过“上海市总工会劳模信息管理系统”填报，并上传证明材料。相关证明材料纸质件由区总留存备查。

**4.市总审核。**市总宣教部会同第三方专业咨询公司对各区局（产业）工会网上提交的申请进行初审后反馈区局（产业）工会，区局（产业）工会确认后，生成《2019年全国劳模生活困难补助金申请汇总表》、《2019年全国劳模特殊困难帮扶金申请汇总表》、《2019年市劳模生活困难补助金申请汇总表》和《2019年市劳模特殊困难帮扶金申请汇总表》纸质表，由分管主席签字并加盖公章后送市总宣教部。由市总宣教部报市总主席办公会议审定，下达至区局（产业）工会。

（二）发放形式

除全国劳模体检资金由市总工会划转至市工人疗养院、本市退休市劳模低收入生活困难补助金继续由市社保发放至劳模养老金账户、当年去世劳模家属慰问金汇入相关区局（产业）工会专门账户由区局（产业）工会代为发放外，其余款项由市总工会直接汇入劳模个人“VIP劳模银行卡”，严禁截留、挪用、冒领。

（三）时间节点

1.10月10日前，各行业、街道、直属工会对劳模信息（去世等）核实并确认。

2.10月18日前，各行业、街道、直属工会将“劳模特殊困难申请表（附件2）”、相关证明材料上报区总；

3. 10月23日前各行业、街道、直属工会将“劳模生活困难申请表（附件1）” 上报区总；

4.11月底，区总向各行业、街道、直属工会反馈帮困情况。

5.12月26日前，市总工会将全国劳模生活困难补助金、特殊困难帮扶金，市劳模特殊困难帮扶金汇入“VIP劳模银行卡”中，市劳模生活困难补助金转账至上海市社保中心账户，由市社保中心汇入劳模个人养老金账户。

三、工作要求

向全国劳模、市劳模发放专项补助资金，体现了党和政府对劳模的关心和关爱，各行业、街道、直属工会要高度重视专项补助资金的发放工作，把党和政府的关怀与温暖及时传递到劳模手中。各行业、街道、直属工会要本着高度负责的精神，按照规定的程序进行申报审核，各级工会要精心组织，严格把关，明确责任，做到申报不遗漏、不重复，审核不走过场，确保补助资金发放公平、公正、规范、合理。同时要结合全总《关于在庆祝新中国成立70周年之际开展走访慰问劳模活动的通知》要求，深入走访慰问劳动模范，认真听取劳模的意见和建议，进一步改进劳模服务管理工作。深入了解劳模的思想、身体及家庭等实际情况，对生活困难的劳模，要采取切实有效的措施，积极帮助他们解决实际困难。

区总将按照市总工会“决策正确、程序规范、依据明确、发放到人、劳模满意”的要求，对各单位发放工作进行跟踪，并通报相关情况，总结推广劳模管理服务工作的新方法、新经验，不断提高全市劳模管理服务工作水平。

联系人：任银花 蔡珺

联系电话：65375673、13621629356 13801760461

附件：[1.劳模生活困难补助金申请表](http://www.shzgh.org/down/zgh/2012092904.doc)

[2.劳模特殊困难帮扶金申请表](http://www.shzgh.org/down/zgh/2012092905.xls)

[3.](http://www.shzgh.org/down/zgh/2012092906.xls)2019年度全国劳模生活困难补助金申请汇总表

4.2019年度全国劳模特殊困难帮扶金申请汇总表

5.2019年度市劳模生活困难补助金申请汇总表

6.2019年度市劳模特殊困难帮扶金申请汇总表

杨浦区总工会

2019年9月27日

附件1

劳模生活困难补助金申请表

（2019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（2018年10月1日—2019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

（2019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（2018.10.1-2019.9.30）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  2019年度全国劳模生活困难补助金申请汇总表 | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |  | |
| 行业、街道、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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| 2019年度全国劳模特殊困难帮扶金申请汇总表 | | | | | | | | | | | | | | | | | | | | |
| 行业、街道、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、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“ √”。