附件

乡(镇) 村(居)城乡居民基本养老保险集体补助花名册

单位： 村(居) 股份经济合作社

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| **序号** | **补助对象姓名** | **身份证号码** | **个人缴费 标准** | **集体补助 标准** | **是否特殊群体** | **联系方式** | **备注** |
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| **合计** |  |  |  |  |  |  |  |