**基本养老保险一次性支付申请表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 申请人填写 | 参保人姓名 |  | | 社会保障码  (居民身份证号码) | | |  |  | |  |  |  | |  |  | | |  |  | |  |  |  | | |  |  |  |  |  |  |
| 参保时间 | | 年 月 | | | 已缴费年限 | | | 年 个月 | | | | | | | | 终止保险日期 | | | | | | | | 年 月 日 | | | | | | |
| 申请人姓名 | |  | | | 申请人与  参保人关系 | | |  | | | | | | | | 联系电话 | | | | | | | |  | | | | | | |
| 申请人 银行账号 | |  | | | | | | | | | | 发放银行 | | | | | | |  | | | | | | | | | | | |
| 申请事项 | | 是否一次性退保 | | | | | | | | | | 是否申领一次性丧葬补助费和抚恤金 | | | | | | | | | | | | | | | | | | |
| 承诺事项 | | 以下情况，请在下划线上填是或否：   1. 是否异地参保，若是，请填写具体参保地 2. 是否申领工亡待遇   本人郑重承诺填报和提交的所有信息均真实、准确、完整、有效，同时知悉本人如做出不实承诺，须接受所造成的的一切后果及其法律责任。  承诺人签名： | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 以下由社保经办机构填写 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **一次性退保 ( 退保类型： )** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 个人账户储存额或继承额 | | | 其中：个人缴费储存额 | | 95年底前支付统筹待遇 | | | | 丧葬补助费金额 | | | | | | | 抚恤金 | | | | | | | | 合计 | | | | | | | |
| 1 | | | 2 | | 3 | | | | 4 | | | | | | | 5 | | | | | | | | 6=1+3+4+5 | | | | | | | |
|  | | |  | |  | | | |  | | | | | | |  | | | | | | | |  | | | | | | | |
| 合计（大写）： 万 仟 佰 拾 元 角 分 ￥： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 社保意见：  储存额  继承额  经审核，实发丧葬补助费 元，抚恤金 元，个人账户 元，95年前底  统筹待遇 元，合计一次性支付 元。  社保中心盖章  经办： 复核： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

填报日期： 年 月 日