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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 附件1 **年度代办处稽核调查表** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **代办处（章）** | |  |  | |  | |  | |  | |  | |  | | 单位：元 |
| **项目** | | **女工特疾** | | **住院医疗** | | **意外伤害** | | **子女意外** | | **重大疾病** | | **住院津贴** | | **合计** | |
| **会费情况** | 基层直投会费 |  | |  | |  | |  | |  | |  | |  | |
| 经代办处上缴会费 |  | |  | |  | |  | |  | |  | |  | |
| 合计 |  | |  | |  | |  | |  | |  | |  | |
| **赔付情况** | 直赔职工互助金 |  | |  | |  | |  | |  | |  | |  | |
| 转账代办处互助金 |  | |  | |  | |  | |  | |  | |  | |
| 合计 |  | |  | |  | |  | |  | |  | |  | |
| **备 注** | 代办处管理制度 |  | | | | | | | | | | | | | |
| 需要说明的情况 |  | | | | | | | | | | | | | |
| 主管领导： | |  |  | | 填表人： | |  | |  | |  | | 年 月 | | 日 |