附件3

**医疗保险退费汇总表**

**险种： 单位：元**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **缴费人名称** | **缴费人识别号** | **单位社保编号** | **开户银行** | **开户账号** | **单位开户名称（全称）** | **开户银行****行号** | **费款所属期****起止日期** | **缴费时间** | **应缴金额** | **实缴金额** | **应退金额** |
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| **合计** |  |  |  |  |  |  |  |  |  |  |  |  |
| **税务部门意见：（盖章）****经办人：****年 月 日** | **社保（医保）经办机构意见：（盖章）****经办人：****年 月 日** |

**说明：本表一式两份、税务、社保（医保）各留存一份**