附件1：

“复教园丁保”参保人员汇总表

**单位： 联系人： 联系电话：**

|  |  |  |  |
| --- | --- | --- | --- |
| **序号** | **姓名** | **身份证号** | **联系电话** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
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| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |