附件2：

|  |  |
| --- | --- |
| 大同市在校学生2023年度城乡居民基本医疗保险征缴工作进度表 |  |
| 填报单位(盖章）： 截止时间： 月 日 |  |
| |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **序号** | **辖区** | **辖区在校学生人数（人）** | | | | **2023年城乡居民医保已征缴人数（人）** | | | | **城乡居民医保征缴完成率（%）** | **备注** | | **大中专等** | | **中小学幼儿园** | | **大中专等** | | **中小学幼儿园** | | | **本市户籍** | **非本市户籍** | **本市户籍** | **非本市户籍** | **本市户籍** | **非本市户籍** | **本市户籍** | **非本市户籍** |  |  | | **(1)** | **(2)** | | **(3)** | | **(4)** | | **(5)** | | **(6)** |  | | 1 | 市直 |  |  |  |  |  |  |  |  |  |  | | 2 | 平城 |  |  |  |  |  |  |  |  |  |  | | 3 | 云冈 |  |  |  |  |  |  |  |  |  |  | | 4 | 云州 |  |  |  |  |  |  |  |  |  |  | | 5 | 新荣 |  |  |  |  |  |  |  |  |  |  | | 6 | 开发 |  |  |  |  |  |  |  |  |  |  | | 7 | 阳高 |  |  |  |  |  |  |  |  |  |  | | 8 | 天镇 |  |  |  |  |  |  |  |  |  |  | | 9 | 浑源 |  |  |  |  |  |  |  |  |  |  | | 10 | 灵丘 |  |  |  |  |  |  |  |  |  |  | | 11 | 广灵 |  |  |  |  |  |  |  |  |  |  | | 12 | 合计 |  |  |  |  |  |  |  |  |  |  | | 备注： | （6）=（4）+（5）/（2）+（3）。此表由各地教育部门报送，市教育局汇总后报送至市医保局。 | | | | | | | | | | | |  |