**企业职工基本养老保险因病或非因工死亡待遇申领表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **去世人员信息** | 个人编号 | | |  | |  | | |  | | | |  | | |  | | |  | | |  | |  | | | |  | | | |  | | | 姓 名 | | | | | | | | | |  | | | | | | | | | |
| 公民身份号码  （社会保障号） | | |  | | |  | | |  | | | |  | | |  | | |  | | |  | | |  | | | |  | | | |  | | |  | |  | | | |  | | |  | |  | |  | |  | |  |
| 其他证件类型 | | |  | | | | | | | | | | | | | 证件号码 | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 人员类别 | | | □在职职工 □退休（职）人员 □离休人员 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 去世日期 | | | 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | 去世原因 | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| 有无民事赔偿  （勾选并填写） | | | □无  □有（丧葬费： 元，直系亲属抚恤费: 元） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **领取信息** | **□发放至去世人员账户 □申请人领取 □单位代领** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 领取人姓名 | |  | | | | | | | | 移动电话 | | | | | | | | | |  | | | | | | | | | | | | | | | | 与去世人员关系 | | | | | | | | | | | |  | | | | | |
| 公民身份号码 | |  | |  | | |  | | |  | | | |  | | |  | | |  | | | |  | | | |  | | | |  | | |  | |  | | |  | | |  | | |  | |  | |  | |  | |
| 开户银行 | |  | | | | | | | | | | | | | | | 银行卡卡号 | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 通讯地址 | | 省 市 县（市区） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申请（承诺）人姓名 | | |  | | | | | | | | | | | | | | | 移动电话 | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 公民身份号码 | | |  | |  | | |  | | |  | | | |  | | |  | | |  | | | |  | | | |  | | | |  | | |  | |  | | |  | | |  | | |  | |  | |  | |  | |
| **告 知 事 项** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1.参保人员死亡后，由其直系亲属按照相关规定申领死亡待遇。如多个继承人均符合领取条件的，申请人应征得其他直系亲属的同意，因待遇分配问题引起的纠纷及相关法律责任由申请人承担。其中依靠参保人员生前提供主要生活来源的直系亲属，符合条件并申领遗属抚恤金的，应一并提交《企业职工基本养老保险遗属抚恤金申领表》。遗属抚恤金按规定从参保人员个人账户储存额或余额中列支；个人账户储存额或余额不足的，在统筹基金中列支。  2.参保人员死亡后，如在多个统筹区同时存在职工基本养老保险关系的，其申请人不能重复申请领取丧葬抚恤费；如有民事赔偿的，丧葬费、直系亲属一次性抚恤费和遗属抚恤金与民事赔偿按照不重复享受的原则处理，民事赔偿不足的，再按规定补足。  3.参保人员死亡后，其遗属同时符合领取职工基本养老保险丧葬费、城乡居民基本养老保险丧葬补助金、工伤保险丧葬补助金和失业保险丧葬补助金条件的，由其遗属向社会保险经办机构书面确认，选择领取其中一份丧葬补助金或丧葬费。  4.参保人员或者退休人员死亡的，其个人账户储存额或余额，有指定收益人的，发给其指定受益人；无指定收益人的，发给其法定继承人。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **承 诺 内 容** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 经直系亲属协商一致，由本人代为申领丧葬费、直系亲属一次性抚恤费和个人账户储存额或者余额。  本人已认真阅读以上《告知事项》及相关规定，对办理条件已充分知晓。在此，本人郑重承诺，已经符合本业务办理条件，填报和提交的所有信息均真实、准确、完整、有效，并授权同意经办机构通过其他部门、机构、企业查询与承诺相关的个人信息，用于核实承诺内容的真实性。  同时，知悉本人如作出不实承诺，将被列入社会保险领域严重失信人名单，相关失信信息将在“信用中国”、人社门户网站等媒介公示，并接受由相关部门实施包括限制乘坐飞机、乘坐高等级列车和席次、获得贷款授信，通报批评，公开谴责等在内的跨部门联合惩戒，涉及犯罪的移交司法机关处理。  承诺人（签名）  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 单位  （街道、社区）  意见 | | 经办人姓名 | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | 移动电话 | | | | | | | | | | |  | | | | | | | | | | | | |
| 单位（街道、社区）盖章  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

说明：其他证件类型是指非内地居民所持证件，类型包括港澳台居民居住证、港澳居民来往内地通行证、台湾居民来往大陆通行证、外国人永久居留身份证、外国人护照。