附件2

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| 2018年度从业人员  参保“人身意外伤害险”人员名单 | | | | | |
| 单位名称： | | | | | |
| 联系人： | | | 手机： | | |
| 电话： | | |  | | |
| 序号 | 姓名 | 性别 | 年龄 | 身份证号码 | 备注 |
| 1 |  |  |  |  |  |
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| 10 |  |  |  |  |  |