附件4

**在职职工短期意外伤害保险报名表**

单位： 联系人： 电话：

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 序号 | 身份证号 | 性别 |  |  |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |
| 10 |  |  |  |  |