企业职工基本养老保险因病或非因工死亡遗属待遇及

个人账户储存额（余额）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**□**退休 | | | | | | | | | | | | | | | | | 去世日期 | | | | | | | | | | | | | | | | 年月日 | | | | | | | | | | | |
| **工作简历（在职去世人员填写）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 起止时间 | | | | | | | 何单位任何职务（工种） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **领取方式** | | | | **□**发放至去世人员账户 **□**遗属领取 **□**单位代领 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **遗属信息** | | 遗属姓名 | | |  | | | | | | | | | 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 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **告知事项** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1.参加企业职工基本养老保险的人员因病或非因工死亡的，其遗属可以领取丧葬补助金和抚恤金（合称遗属待遇）。遗属待遇为一次性待遇，所需资金从企业职工基本养老保险统筹基金中列支。  2.参保人员死亡后，由其遗属按照相关规定申领遗属待遇。如多个继承人均符合领取条件的，申请人应征得其他遗属的同意，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。  3.参保人员死亡后，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  申请领取遗属待遇。如同时符合企业职工基本养老保险、城乡居民基本养老保险遗属待遇、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，选择其中一种领取。  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。  5.在职参保人员死亡的遗属待遇领取地为其最后养老保险关系所在地（含临时基本养老保险缴费账户所在地），退休人员死亡的遗属待遇领取地为其企业职工基本养老保险待遇领取地。  6.退休人员死亡后如符合调整基本养老金情形，调整补发待遇根据以上领取信息发放。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **承诺内容** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 经遗属协商一致，由本人代为申领遗属待遇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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **申请人意见** | | | 申请人（签名）： | | | | | | | | | | | | | | | | | | | **单位**  **（街道、社区）**  **意见** | | | | | | | | | | 单位（盖章） | | | | | | | | | | | | | | | | | | |
| 公民身份号码： | | | | | | | | | | | | | | | | | | |
| 移动电话： | | | | | | | | | | | | | | | | | | |

说明：

1.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、外国人永久居留身份证、外国人护照。

2.在职去世人员如符合以下情形：①实施养老保险制度前参加工作人员；②2012年7月1日前到用人单位就业的转业、退伍军人；③2014年10月1日前原机关事业单位工作人员；申请人或单位需要填写去世人员上述工作简历信息，并提供职工档案等相关材料。

3.领取方式选择单位代领的，请核实领取单位户名和银行账号，领取方式选择遗属领取并勾选社保卡的，无需填写开户银行和银行卡卡号信息。

4. 此表一式两份，申请人、社会保险经办机构各一份。