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| 重庆市工伤保险待遇变更表 表10 | | | | | | | | | | | |
| 年 月 日 | | | | | | | | | | | |
| 单位名称（章）： |  |  | | 单位编码： | | | |  | | |  |
| 工伤 ( 亡 ) 人员姓名 |  | 身份证号码 | | | |  | | | | | | |
| 待遇类型 |  | 业务类别： 恢复□ 暂停□ 终止□ | | | | | | | | | | |
| 暂停原因 |  | 暂停日期 | | |  | | | | | | | |
| 终止原因 |  | 终止日期 | | |  | | | | | | | |
| 恢复原因 |  | 恢复日期 | | |  | | | | | | | |
| 供养亲属人员调整信息 | 姓名 | 身份证号码 | 与工亡 职工关系 | | | | 是否孤寡 | | 年龄 | 备注 | | |
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| 暂停原因 |  | | 暂停日期 | | | |  | | | | | |
| 终止原因 |  | | 终止日期 | | | |  | | | | | |
| 恢复原因 |  | | 恢复日期 | | | |  | | | | | |
| 附件张数 张 | |  |  | | | | 申请日期： 年 月 日 | | | | | |