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| 附件2  “关爱女性团体安康保险”投保清单 | | | | |
| 单位（盖章）： | |  | 日期： |  |
| 序号 | 姓名 | 联系电话 | 身份证号 | 保费 |
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| 联系人： | |  | 联系电话： | |