附件2

**2017年调整企业退休人员基本养老金审批汇总表**

**单位名称（章）：**  **填表日期：**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序 号 | 姓 名 | 性 别 | 出生年月 | 年 龄 | 倾斜类别 | 参加工作时间 | 退休时间 | 缴费年限 | 调整前养老金 | 增加额 | 调整后养老金 |
| 1 |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |  |
| 社会保险经办机构意见 |        | 人力资源和社会保障部门 意见 |  |

注：此表一式三份，由人社部门、社保部门、用人单位分别留存。