Приложение N 2

к приказу Фонда социального страхования

Российской Федерации

от 4 февраля 2021 г. N 26

Форма

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| Т | Е | Л | Ь | Н | О | Е |  | У | Ч | Р | Е | Ж | Д | Е | Н | И | Е |  | В | Ы | С |  |
| Ш | Е | Г | О |  | О | Б | Р | А | З | О | В | А | Н | И | Я |  | Н | А | Ц | И | О |  |
| Н | А | Л | Ь | Н | Ы | Й |  | И | С | С | Л | Е | Д | О | В | А | Т | Е | Л | Ь | С |  |
| К | И | Й |  | У | Н | И | В | Е | Р | С | И | Т | Е | Т |  | М | О | С | К | О | В | С |
| К | И | Й |  | Э | Н | Е | Р | Г | Е | Т | И | Ч | Е | С | К | И | Й |  | И | Н | С |  |
| Т | И | Т | У | Т |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | (полное наименование организации (обособленного подразделения), индивидуального предпринимателя или физического лица, не признаваемого индивидуальным предпринимателем) | | | | | | | | | | | | | | | | | | | | |  |
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|  |  |  | (фамилия, имя, отчество (при наличии) заявителя/его уполномоченного представителя) | | | | | | | | | | | | | | | | | | | | |  |

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| Сведения о застрахованном лице | | | | | | | | | | | | | | | | | | | | | | | |
| I.  Фамилия | | | | | | | | | | | | | | | | | | | | | | | |
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| Имя | | | | | | | | | | | | | | | | | | | | | | | |
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| Отчество (при наличии) | | | | | | | | | | | | | | | | | | | | | | | |
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| Дата рождения (дд-мм-гггг): | | | | | | | | | | |
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| СНИЛС (страховой номер индивидуального лицевого счета) | | | | | | | | | | | | | | |
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| ИНН застрахованного лица | | | | | | | | | | | | | | |
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| II. Сведения о документе, удостоверяющем личность: | | | | | | | | | | | | | | |
| Паспорт |  | Серия |  |  |  |  | Номер |  |  |  |  |  |  |  |

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| Дата выдачи (дд-мм-гггг) | | | | | | | | | | |
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| Кем выдан | | | | | | | | | | | | | | | | | | | | | | | |
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| Временное удостоверение личности |  | Номер |  |  |  |  |  |  |  |  |

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| Действует до (дд-мм-гггг) |  |  | - |  |  | - |  |  |  |  |

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| Иной документ |  | Серия |  |  | Номер |  |  |  |  |  |  |  |  |

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| Действует до (дд-мм-гггг) |  |  | - |  |  | - |  |  |  |  |

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| III. Сведения о документах, подтверждающих постоянное или временное проживание (пребывание) на территории Российской Федерации (для иностранных граждан и лиц без гражданства): |

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| Вид на жительство |  | Серия |  |  | Номер |  |  |  |  |  |  |  |  |

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| Дата выдачи/продления (дд-мм-гггг) |  |  | - |  |  | - |  |  |  |  |

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| Разрешение на временное проживание (пребывание) |  | Серия | |  | |  | | Номер | | | |  | |  | |  | |  | |  | |  |  |  |
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| Дата выдачи (дд-мм-гггг) | | |  | |  | | - | |  |  | - | |  | |  | |  | |  | |

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| IV. Иные сведения: <1> | | | | |
|  |  | Постоянное проживание |  | В зоне с правом на отселение |
|  |  | Работа |  | В зоне отселения |
|  |  |  |  | В зоне с льготными социально-экономическими условиями |

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| Причина радиации: |  | ЧАЭС |  | МАЯК |  | Семипалатинск |
|  |  | Подразделения особого риска | | |  |  |

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| V. Сведения о месте регистрации: | | | | | | | | | | | | | | | | | | | | | | | |
| Индекс | | | | | | | | | | | | | | | | | | | | | | | |
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| Регион | | | | | | | | | | | | | | | | | | | | | | | |
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| Район | | | | | | | | | | | | | | | | | | | | | | | |
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| Город/населенный пункт | | | | | | | | | | | | | | | | | | | | | | | |
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| Улица | | | | | | | | | | | | | | | | | | | | | | | |
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| Дом |  |  |  |  |  |  |  | Корпус |  |  |  | Строение |  |  |  |

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| Квартира |  |  |  |  |  |

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| VI. Сведения о месте фактического проживания (в случае выплаты пособий (оплаты отпуска) почтовым переводом): | | | | | | | | | | | | | | | | | | | | | | | |
| Индекс | | | | | | | | | | | | | | | | | | | | | | | |
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| Регион | | | | | | | | | | | | | | | | | | | | | | | |
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| Район | | | | | | | | | | | | | | | | | | | | | | | |
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| Город/населенный пункт | | | | | | | | | | | | | | | | | | | | | | | |
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| Улица | | | | | | | | | | | | | | | | | | | | | | | |
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| Дом |  |  |  |  |  |  |  | Корпус |  |  |  | Строение |  |  |  |

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| Квартира |  |  |  |  |  |

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| VII. Прошу выплатить полагающееся мне пособие (оплатить отпуск) выбранным мною способом: | | | | |
|  |  | на банковский счет |  | через иную организацию |
|  |  | почтовым переводом |  |  |

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| Сведения о банковском счете (в случае перечисления пособий (оплаты отпуска) на банковский счет): | | | | | | | | | | | | | | | | | | | | | | | |
| Наименование банка: | | | | | | | | | | | | | | | | | | | | | | | |
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| Счет получателя N: | | | | | | | | | | | | | | | | | | | | | | | |
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| БИК | | | | | | | | | |
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| Сведения о платежной карте Мир (в случае перечисления пособий (оплаты отпуска) на платежную карту Мир): | | | | | | | | | | | | | | | | | | | |
| N платежной карты, являющейся национальным платежным инструментом | | | | | | | | | | | | | | | | | | | |
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| Сведения об иной организации (в случае получения пособий (оплаты отпуска) через иную организацию): | | | | | | | | | | | | | | | | | | | | | | | |
| Наименование иной организации: | | | | | | | | | | | | | | | | | | | | | | | |
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| Адрес доставки пособия получателю: | | | | | | | | | | | | | | | | | | | | | | | |
| Индекс | | | | | | | | | | | | | | | | | | | | | | | |
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| Регион | | | | | | | | | | | | | | | | | | | | | | | |
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| Район | | | | | | | | | | | | | | | | | | | | | | | |
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| Город/населенный пункт | | | | | | | | | | | | | | | | | | | | | | | |
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| Улица | | | | | | | | | | | | | | | | | | | | | | | |
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| Дом |  |  |  |  |  |  |  | Корпус |  |  |  | Строение |  |  |  |

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| Квартира |  |  |  |  |  |

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| Контактный номер телефона заявителя/его уполномоченного представителя (с указанием кода) |

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| Полноту и достоверность указанных сведений подтверждаю, согласен с их передачей в территориальный орган Фонда социального страхования Российской Федерации и обработкой персональных данных в целях назначения и выплаты пособия (оплаты отпуска). |

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| Подпись заявителя/его уполномоченного представителя |  |

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| Дата подачи сведений (дд-мм-гггг) |  |  | - |  |  | - |  |  |  |  |

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| Сведения заполнены в полном объеме. | | | | |
| Должность, фамилия, имя, отчество (при наличии) уполномоченного представителя организации (обособленного подразделения), фамилия, имя, отчество (при наличии) индивидуального предпринимателя (его уполномоченного представителя) либо фамилия, имя, отчество (при наличии) физического лица (его уполномоченного представителя), не признаваемого индивидуальным предпринимателем. | | | | |
| Начальник расчетного отдела Такташова Юлия Анатольевна | | | | |
|  |  |  |  | М.П.  (при наличии) |
| (подпись) |  | (дата) |  |
| Контактный номер телефона  (с указанием кода) страхователя  (уполномоченного представителя) | | | | |

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| Адрес электронной почты страхователя (уполномоченного представителя) (при наличии) |  | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Отметка должностного лица территориального органа Фонда социального страхования Российской Федерации |

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| Сведения получены. |  |  |  |  |
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| (фамилия, имя, отчество (при наличии) |  | (подпись) |  | (дата) |

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