附件2

沙坡头区2024年“乡村振兴健康保”缴纳统计表

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| **序号** | **乡镇** | **行政村** | **实施对象** | **姓名** | **身份证号** | **保险费（元）** |
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备注：实施对象为脱贫户、监测对象。