附件1：

团体重大疾病保险参保律师名单

 **律师事务所：**

**参加保险律师名单：**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **序号** | **姓 名** | **单 位** | **身份证号** | **手机号码** |
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附件2：

省律协律师团体重大疾病保险投保声明

本人同意广东省律师协会以本人为被保险人投保律师团体重大疾病保险，认可重大疾病保险金额为人民币100,000元。同意投保人广东省律师协会与有关保险公司约定指定重大疾病保险的受益人，即受益人为本人或保险事故发生时被保险人的法定继承人。

被保险人所在律师事务所: (**盖章**)

**被保险人签名列表：**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 序号 | 姓名 | 身份证号 | 签名 | 签名日期 |
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**注:“姓名”、“身份证号”栏应由电脑打印，其他各栏应由注册律师本人亲自填写，不得打印，不得由他人代填，填写时请务必使用钢笔或签字笔，字迹清晰工整，易于辨认。如填写错误、拒绝授权等可能引起保险合同对其本人无效的法律后果，由其本人自行承担。**

附件3：

团体重大疾病保险新增参保律师名单

 **律师事务所：**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **序号** | **姓 名** | **单 位** | **身份证号** | **备 注** |
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