Приложение N 11

к приказу Фонда социального страхования

Российской Федерации

от 4 февраля 2021 г. N 26

Форма

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|  |  | (полное наименование организации (обособленного подразделения), индивидуального предпринимателя или физического лица, не признаваемого индивидуальным предпринимателем) | | | | | | | | | | | | | | | | | | | | |
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|  |  | (полное наименование специализированной службы по вопросам похоронного дела) | | | | | | | | | | | | | | | | | | | | |

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| Заявление о возмещении  стоимости услуг по погребению | | | | | | | | | | | | | | | | | | | | | | | |
| Прошу в соответствии с [пунктом 15](consultantplus://offline/ref=0E76B246DC4B2D1900FAE72929AFB3F6A78778EBC421743F9A288E365CA54E3A233F00E4E89F0F443AEAA101BD4E8F3A601780084B435F69G669J) Положения об особенностях назначения и выплаты в 2021 году застрахованным лицам страхового обеспечения по обязательному социальному страхованию на случай временной нетрудоспособности и в связи с материнством и иных выплат, утвержденного постановлением Правительства Российской Федерации от 30 декабря 2020 г. N 2375, возместить стоимость услуг по погребению умершего застрахованного лица (умершего несовершеннолетнего члена семьи застрахованного лица). | | | | | | | | | | | | | | | | | | | | | | | |
| Сведения об умершем застрахованном лице или застрахованном лице, несовершеннолетний член семьи которого умер: | | | | | | | | | | | | | | | | | | | | | | | |
| Фамилия | | | | | | | | | | | | | | | | | | | | | | | |
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| Имя | | | | | | | | | | | | | | | | | | | | | | | |
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| Отчество (при наличии) | | | | | | | | | | | | | | | | | | | | | | | |
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| СНИЛС (страховой номер индивидуального лицевого счета) умершего застрахованного лица или застрахованного лица, несовершеннолетний член семьи которого умер: | | | | | | | | | | | | | | |
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| Сведения о лице, которому оказаны услуги: | | | | | | | | | | | | | | | | | | | | | | | |
| Фамилия | | | | | | | | | | | | | | | | | | | | | | | |
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| Имя | | | | | | | | | | | | | | | | | | | | | | | |
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| Отчество (при наличии) | | | | | | | | | | | | | | | | | | | | | | | |
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| Статус лица: (код: "1" - родитель (иной законный представитель) или иной член семьи умершего несовершеннолетнего; "2" - супруг, близкий родственник, иной родственник, законный представитель умершего или иное лицо, взявшее на себя обязанность осуществить погребение умершего) |  |  |
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| Банковские реквизиты для возмещения стоимости гарантированного перечня услуг по погребению: | | | | | | | | | | | | | | | | | | | | | | | |
| Наименование банка: | | | | | | | | | | | | | | | | | | | | | | | |
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| Счет N | | | | | | | | | | | | | | | | | | | | | | | |
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| БИК | | | | | | | | | |
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| Лицевой счет организации, который открыт в органах Федерального казначейства в соответствии с бюджетным законодательством Российской Федерации | | | | | | | | | | | | |
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| Код бюджетной классификации | | | | | | | | | | | | | | | | | | | | | | | |
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| Справки о смерти и счет за оказанные услуги прилагаются на \_\_\_ листах. | | | | | | | | | | | | | | | | | | | | | | |
| Сведения о специализированной службе по вопросам похоронного дела: | | | | | | | | | | | | | | | | | | | | | | |
| ИНН/КПП | | | | | | | | | | | | | | | | | | | | | | |
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| Адрес места нахождения: | | | | | | | | | | | | | | | | | | | | | | | |
| 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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| Офис/квартира |  |  |  |  |  |

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| Контактный номер телефона  (с указанием кода)  специализированной службы  по вопросам похоронного дела |

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| Руководитель (заместитель руководителя) специализированной службы по вопросам похоронного дела: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
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| (подпись) |  | (дата) |  |

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| Сведения о работодателе (заполняется страхователем): | | |
| Работодатель является страхователем: | | |
|  |  | по отношению к умершему на день его смерти |
|  |  | по отношению к одному из родителей (иному законному представителю) или иному члену семьи умершего несовершеннолетнего на день смерти этого несовершеннолетнего |
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| Регистрационный номер | | | | | | | | | | | | | | | | | | | | | | |  |
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| Код подчиненности | | | | | | | | | | | | | | | | | | | | | | |  |
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| Адрес места нахождения организации (обособленного подразделения) адрес места жительства индивидуального предпринимателя или физического лица, не признаваемого индивидуальным предпринимателем: | | | | | | | | | | | | | | | | | | | | | | | |
| Индекс | | | | | | | | | | | | | | | | | | | | | | | |
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| Регион | | | | | | | | | | | | | | | | | | | | | | | |
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| Город/населенный пункт | | | | | | | | | | | | | | | | | | | | | | | |
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| Улица | | | | | | | | | | | | | | | | | | | | | | | |
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| Дом |  |  |  |  |  |  |  | Корпус |  |  |  | Строение |  |  |  |

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| Офис/квартира |  |  |  |  |  |

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| Руководитель (уполномоченный представитель) страхователя | | | | | |
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| (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) | | | | | |
|  |  |  |  | М.П.  (при наличии) |  |
| (подпись) |  | (дата) |  |

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

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| Адрес электронной почты страхователя (его уполномоченного представителя) (при наличии) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |