

NATIONAL HEALTH INSURANCE SYSTEM
CONTRIBUTION REMITTANCE FORM

EMPLOYER



EMPLOYER’S REGISTRATION NUMBER

EARNINGS AND CONTRIBUTION - CONTINUATION

EMPLOYEE'S NHI NUMBER	NAME OF EMPLOYEES	S E X		WEEK # 1	WEEK # 2	WEEK # 3	WEEK # 4	WEEK # 5 OR MONTHLY SALARY	TOTAL EARNINGS FOR THE MONTH	TOTAL EMPLOYEE / EMPLOYER CONTRIBUTION (7 ½)	TOTAL UNEMPLOYED SPOUSE CONTRIBUTION (3 ¾)	COMMENTS
			Earnings	\$	\$	\$	\$	\$				
			Employee (3.75)	\$	\$	\$	\$	\$				
			Employer (3.75)	\$	\$	\$	\$	\$				
			Unemployed Spouse (3.75)	\$	\$	\$	\$	\$				
			Earnings	\$	\$	\$	\$	\$				
			Employee (3.75)	\$	\$	\$	\$	\$				
			Employer (3.75)	\$	\$	\$	\$	\$				
			Unemployed Spouse (3.75)	\$	\$	\$	\$	\$				
			Earnings	\$	\$	\$	\$	\$				
			Employee (3.75)	\$	\$	\$	\$	\$				
			Employer (3.75)	\$	\$	\$	\$	\$				
			Unemployed Spouse (3.75)	\$	\$	\$	\$	\$				
			Earnings	\$	\$	\$	\$	\$				
			Employee (3.75)	\$	\$	\$	\$	\$				
			Employer (3.75)	\$	\$	\$	\$	\$				
			Unemployed Spouse (3.75)	\$	\$	\$	\$	\$				
			Earnings	\$	\$	\$	\$	\$				
			Employee (3.75)	\$	\$	\$	\$	\$				
			Employer (3.75)	\$	\$	\$	\$	\$				
			Unemployed Spouse (3.75)	\$	\$	\$	\$	\$				
			Earnings	\$	\$	\$	\$	\$				
			Employee (3.75)	\$	\$	\$	\$	\$				
			Employer (3.75)	\$	\$	\$	\$	\$				
			Unemployed Spouse (3.75)	\$	\$	\$	\$	\$				
			Earnings	\$	\$	\$	\$	\$				
			Employee (3.75)	\$	\$	\$	\$	\$				
			Employer (3.75)	\$	\$	\$	\$	\$				
			Unemployed Spouse (3.75)	\$	\$	\$	\$	\$				
Total —————→												

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CONTRIBUTION REMITTANCE FORM

EMPLOYER



EMPLOYER’S REGISTRATION NUMBER

EARNINGS AND CONTRIBUTION

FOR THE MONTH OF

EMPLOYEE’S NHI NUMBER	NAME OF EMPLOYEES	S E X		WEEK # 1	WEEK # 2	WEEK # 3	WEEK # 4	WEEK NO. 5 OR MONTHLY SALARY	TOTAL EARNINGS FOR THE MONTH	TOTAL EMPLOYEE / EMPLOYER CONTRIBUTION (7 ½)	TOTAL UNEMPLOYED SPOUSE CONTRIBUTION (3 ¾)	COMMENTS
			Earnings	\$	\$	\$	\$	\$				
			Employee (3.75)	\$	\$	\$	\$	\$				
			Employer (3.75)	\$	\$	\$	\$	\$				
			Unemployed Spouse (3.75)	\$	\$	\$	\$	\$				
			Earnings	\$	\$	\$	\$	\$				
			Employee (3.75)	\$	\$	\$	\$	\$				
			Employer (3.75)	\$	\$	\$	\$	\$				
			Unemployed Spouse (3.75)	\$	\$	\$	\$	\$				
			Earnings	\$	\$	\$	\$	\$				
			Employee (3.75)	\$	\$	\$	\$	\$				
			Employer (3.75)	\$	\$	\$	\$	\$				
			Unemployed Spouse (3.75)	\$	\$	\$	\$	\$				
			Earnings	\$	\$	\$	\$	\$				
			Employee (3.75)	\$	\$	\$	\$	\$				
			Employer (3.75)	\$	\$	\$	\$	\$				
			Unemployed Spouse (3.75)	\$	\$	\$	\$	\$				

Total →

I certify that the above contributions are due in respect of the employees listed for the periods shown and I enclose cheque/cash as payment.

Signature of Employer _____ Date: D____ M____ Y ____

OFFICAL USE ONLY

Cashier _____ Receipt No. _____ Date: D____ M____ Y ____ Verified _____

Posted _____ Date: D____ M____ Y ____ Checked _____

CHEQUE NUMBER