



NATIONAL HEALTH INSURANCE
APPLICATION FOR RETURN OF CONTRIBUTIONS FORM

Form R

INSTRUCTIONS

Please use block letters. A copy of the certificate issued by the employer detailing total earnings paid and total contributions paid for the period must be submitted.

PERSONAL INFORMATION (to be filled by employee)

LAST NAME: _____ MAIDEN NAME: _____ GENDER: MALE ☐

FIRST NAME: _____ MIDDLE NAME: _____ FEMALE ☐

NHI MEMBERSHIP NUMBER: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____ | TELEPHONE # (284) _____ | (284) _____

EMPLOYER: _____ | YEAR OF APPLICABLE REFUND: _____

GROSS INCOME: \$ _____ | TOTAL VALUE OF CONTRIBUTIONS PAID: _____

Please make refund cheque payable to: _____

I declare that the information provided above is true and correct.

Signature **Date:** D____ M____ Y ____

OFFICIAL USE

Officer's Name: _____ Signature: _____

Date: D____ M____ Y ____

Total Refund Paid: _____ Cheque No.: _____

Comments: _____