

**TURKS AND CAICOS ISLANDS
NATIONAL INSURANCE BOARD
NATIONAL INSURANCE LEGISLATION**

**MONTHLY CONTRIBUTION STATEMENT
FOR THE MONTH OF _____ 20_____**

PLEASE READ INSTRUCTIONS ON REVERSE BEFORE COMPLETING THIS FORM

NAME: _____ (Employer/Self-Employed Vol. Contributors)

REGISTRATION # _____ INSURANCE NUMBER _____

WEEKLY INCOME OR EARNINGS _____

ADDRESS: _____

P.O. BOX: _____ TELEPHONE # _____

PART 'A' CONTRIBUTION DUE THIS MONTH

	Nat. Ins #	EMPLOYEE'S SURNAME	EMPLOYEE'S FIRST NAME	MIDDLE INITIAL	EARNINGS					TOTAL FOR MONTH
					WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5	
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										

PART 'B'	EMPLOYEES STARTING THIS MONTH			TOTAL EARNINGS:	
		Nat. Ins #	EMPLOYEE'S NAME	DATE STARTED	CONTRIBUTIONS PAYABLE:
	1				ADDITIONAL CHARGE PAYABLE:
	2				TOTAL AMOUNT PAYABLE:
	3				

4					
5					
CERTIFICATION					
I/WE HERBY CERTIFY THAT THE INFORMATION IN PARTS 'A', 'B', 'C', IS TRUE AND CORRECT					
				SIGN: _____	DATE: _____

PART 'C'	EMPLOYEES LEAVING THIS MONTH				
		Nat. Ins #	EMPLOYEE'S NAME	DATE LEFT	
	1				AMT. COLLECTED _____ CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/>
	2				RECEIPT# _____
	3				SIGN: _____ DATE: _____
4				CONTRIBUTIONS RECORDED BY: _____	
5				SIGN: _____ DATE: _____	