

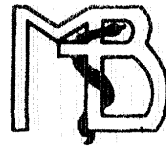
**MEDICAL BENEFITS SCHEME**

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**EMPLOYER'S REGISTRATION NUMBER**

*Medical Benefits Scheme (Collection of Contributions) Regulations 1978*

RETURN FOR.....TO.....20.....



**YOU ARE REQUIRED TO COMPLETE ALL COLUMNS OF THIS FORM IN RESPECT OF ALL PERSONS EMPLOYED BY YOU DURING THE PERIOD STATED ABOVE AND RETURN IT TO ME.**

*SUPERINTENDENT  
Medical Benefits Scheme  
Nevis Street  
St. John's*

**DECLARATIONS**

I.....  
*hereby declare that the Particulars contained in the return are in every respect fully and truly stated according to the best of my knowledge and belief.*

.....*Signature*

.....*Name of Employer (Please Print)*

.....*Address*

.....*Date*

