## **MEDICAL BENEFITS SCHEME**

EMPLO	YER'S REGISTRATION NUMBER	
Medical Benefits Sci	neme (Collection of Contributions) Regulations 1978	
RETURN FOR		
	PLETE ALL COLUMNS OF THIS FORM IN RESPECT BY YOU DURING THE PERIOD STATED ABOVE	
	SUPERINTENDENT Medical Benefits Scheme Nevis Street St. John's	
	DECLARATIONS .	
	DECHARATIONS .	
· I		
hereby declare that the Particulars co	ontained in the return are in every respect fully and truly stated	,,,,,,,
according to the best of my knowledg	ze ana vettef.	
		ure

Name of Employer (Please Print)

......Date

1 Employee's Medical Benefit Registration No.	Full Name of Employee (Surname Last)	3 Present Address	4 Occupation	5 Date of Birth			6 Period of	7 Certificate to	
				D	D M Y	Employment	Section 1 - 6 Signature of Employee	Remarks	
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