

Did You Send NIB Your Contribution Statement?

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) OR Contributor)

REGISTRATION # _____ INSURANCE NUMBER _____

WEEKLY INCOME OR EARNINGS _____

ADDRESS: _____

P.O. BOX: _____ TELEPHONE # _____

PART 'A' CONTRIBUTION DUE THIS MONTH

No. Emp.	EMPLOYEE'S SURNAME	EMPLOYEE'S FIRST NAME	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								

PART 'B' EMPLOYEES STARTING THIS MONTH

No. Emp.	EMPLOYEE'S NAME	DATE STARTED
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

PART 'C' EMPLOYEES LEAVING THIS MONTH

No. Emp.	EMPLOYEE'S NAME	DATE LEFT
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

TOTAL EARNINGS: _____
CONTRIBUTIONS PAYABLE: _____
ADDITIONAL CHARGE PAYABLE: _____
TOTAL AMOUNT PAYABLE: _____

CERTIFICATION
I HEREBY CERTIFY THAT THE INFORMATION IN PARTS A, B, C, IS TRUE AND CORRECT.
SIGN: _____ DATE: _____

AMT. COLLECTED: _____ CASH CHECKS
RECEIPT: _____
CONTRIBUTIONS RECEIVED BY: _____ DATE: _____
SIGN: _____ DATE: _____

The National Insurance Board reminds all customers paying contributions through the bank to submit your contribution statements immediately after making your payment to

operationspls@tcinib.tc

IMPORTANT!

If you made a deposit and have not sent your contribution statement, please do so immediately so we can apply the payment to your account. Send the contribution statement and a copy of the deposit slip to us by email.

**For further assistance, please call
946-1048 / 941-5806 / 332-2038**

