

**NATIONAL HEALTH INSURANCE  
SELF-EMPLOYED MONTHLY REMITTANCE FORM**

**Form U**



**PERSONAL INFORMATION**

(A) LAST NAME: \_\_\_\_\_

(B) FIRST NAME: \_\_\_\_\_

(C) REGISTRATION NUMBER: \_\_\_\_\_

(D) SELF-EMPLOYED NUMBER: \_\_\_\_\_

(E) MONTH FOR WHICH CONTRIBUTION IS DUE: \_\_\_\_\_

(F) INSURABLE EARNINGS: \$ \_\_\_\_\_

(G) CONTRIBUTION DUE: (7½% OF F) \$ \_\_\_\_\_

(H) UNEMPLOYED SPOUSE (3.75% OF F) \$ \_\_\_\_\_

(I) SURCHARGE: (10% OF F)\*\* \$ \_\_\_\_\_

(J) AMOUNT REMITTED: \$ \_\_\_\_\_

Signature .....

Date: D\_\_\_\_ M\_\_\_\_ Y \_\_\_\_

\*\*\*Contributions are due on or before the 14<sup>th</sup> of each month. Payments being made after the deadline must be accompanied with a 10% surcharge.

**OFFICIAL USE ONLY**

Cashier: \_\_\_\_\_

Receipt No. \_\_\_\_\_

Date: D\_\_\_\_ M\_\_\_\_ Y \_\_\_\_

Verified: \_\_\_\_\_

Posted: \_\_\_\_\_

Date: D\_\_\_\_ M\_\_\_\_ Y \_\_\_\_

Checked: \_\_\_\_\_