



This automated Monthly Remittance Form (R3A Form) designed by the Medical Benefits Scheme, is for the sole purpose of reporting monthly/weekly deductions for employers/employees.

All information should be entered in the shaded areas only.

All employers are required to fill in the Registered Employer Name, Address and the Contribution Month and Year at the top of the form.

At the top right hand corner of the form you are required to fill in the employer's registration number.

The correct registration numbers, full names of employees, gender of employees, weekly or monthly earnings should be reported in the spaces provided. In addition, the number of weeks worked should be recorded in the columns provided.

The down arrow in the gender (sex) and pay type (M/W) columns will allow you to choose from the drop down menu.

The comments column should be used to communicate any other pertinent information relating to the employees' employment status.

You may download and save the file to your computer for subsequent use. After completing the form you must print it on legal size paper (8 1/2 x 14) and submit it to the Medical Benefits Scheme's office along with your payment.

All forms should be signed and dated by the employer or authorized signatory.

This form will only accommodate online calculations for employers with seven (7) or less employees. Employers with eight (8) or more employees may save this form and print as many copies as needed.

Thank you for using the Medical Benefits Scheme Automated Remittance Form