Mail Original with Remittance and make Inquiries to:

NATIONAL EMPLOYEES
HEALTH PLAN
PO BOX 55459
DETROIT MI 48267

ACCOUNT NAME AND ADDRESS
ABC COMPANY **12345 MAIN ST** **ANYTOWN, MI 48123**

EMPLOYERS CONTRIBUTION REPORT		
ACCOUNT NO.	DUE DATE	Based on Wks. Worked Mo. Ending
789	**7/10/2000**	**Jun 2000**

TERMINATIONS AND NON-CONTRIBUTIONS

ENTER STATUS CHANGE DATE (IF NO CONTRIBUTION, LINE OUT RATE)
T - TERMINATED
W - DISABLED
S - INSUFFICIENT HOURS
L. - LAID OFF (TEMPORARY)
V - LEAVE OF ABSENCE
R - RETIRED
X - DECEASED

ENTER THE FOLLOWING ON THE LINE(S) BELOW THE LAST NAME PRINTED
EMPLOYEE NAME, SOC. SEC. NO., STATUS CHANGE. (HIRE DATE)
AND WEEKS PAID FOR.

NEW HIRES

(A) EMPLOYEE NAME		(B) SOC. SEC. NO.	(C) HOURS	(D) CODE	(E) EMPLOYEE STATUS CHANGE DATE	(F) AMOUNT
Payments are due no later than the 10th of each month, pursuant to the regulations of ERISA. The Trustees of the Fund established a Delinquency Control Program which will be strictly enforced. Failure to pay on time may result in interest charges and liquidated damages.	**LOCAL**					
DAVIS, GEORGE	**614**	**123-45-6789**	226			
JONES, TOM	**614**	**098-76-5432**	178			
SMITH, JOHN	**614**	**543-12-6789**	-	L	######	
GOLDMAN, MARY	614	205-07-3284	43		D.O.H 6/23/00	

(1)	TOTAL HOURS	**447**
(2)	RATE PER HOUR	**2.70**
(3)	DUE THIS PAGE (1 x 2)	**1206.90**
TOTAL DUE (sum of line 3's)		**1206.90**

DUE THIS PAGE **1206.90**

TOTAL DUE **$ 1,206.90**

MAKE CHECK PAYABLE TO:

NATIONAL EMPLOYEES
HEALTH PLAN
PO BOX 55459
DETROIT MI 48267

Employers remitting on an hourly basis ignore column (F)
Employers remitting on an hourly basis ignore column (C)

IMPORTANT ***- Column (d) must be completed for all non-contributions***

CERTIFIYING SIGNATURE _____ DATE _____ PHONE NO _____

HOURLY SAMPLE