

GOVERNMENT OF BERMUDA

Ministry of Finance

Department of Social Insurance

Government Administration Building Ground Floor, 30 Parliament Street – Hamilton HM12 P.O. Box HM 1537 – Hamilton, HM FX – Bermuda Telephone: (441) 294-9242

www.socialinsurance.gov.bm

CONTRIBUTION YEAR CALENDAR 2024/2025

Full Weekly Rate: \$71.84 Half Weekly Rate: \$35.92 Yearly Rate: \$3,735.68

| AUGUST 2024 | | | | | | SEPTEMBER 2024 | | | | | | OCTOBER 2024 | | | | | | NOVEMBER 2024 | | | | | | | | | | | | | |
|----------------------------|--------------------------|---------------------------|---------------------|--------------------------|--------------------------|---------------------------|--------------------------|-----------------------|--------------------------|---------------------|--------------------------|--------------------------|---------------------------|----------------------|--------------------------|----------------------------|--------------------------|--------------------------|--------------------------|---------------------------|---------------------|---------------------|---------------------|----------------------------|---------------------------|--------------------------|---------------------|---------------------------|--------------------------|--------------------------|--------------------------|
| Cont. Wk | M | Т | W | Т | F | S | S | Cont. Wk | M | Т | W | Т | F | S | S | Cont. Wk | М | Т | W | Т | F | S | S | Cont. Wk | М | T | W | Т | F | S | S |
| 1 2 3 4 | 5 12 19 26 | 6 13 20 27 | 7 14 21 28 | 1 8 15 22 29 | 2 9 16 23 30 | 3 10 17 24 31 | 4 11 18 25 | 5 6 7 8 9 | 2 9 16 23 30 | 3 10 17 24 | 4 11 18 25 | 5 12 19 26 | 6 13 20 27 | 7 14 21 28 | 1 8 15 22 29 | 10 11 12 13 | 7 14 21 28 | 1 8 15 22 29 | 2 9 16 23 30 | 3 10 17 24 31 | 4 11 18 25 | 5 12 19 26 | 6 13 20 27 | 14 15 16 17 | 4 11 18 25 | 5 12 19 26 | 6 13 20 27 | 7 14 21 28 | 1 8 15 22 29 | 2 9 16 23 30 | 3 10 17 24 |
| | | | | | | \$28 | 7.36 | | | l | | | | \$359 | .20 | | | | | | | \$28 | 7.36 | | | | | | | \$28 | 7.36 |
| DECEMBER 2024 | | | | | JANUARY 2025 | | | | | FEBRUARY 2025 | | | | | MARCH 2025 | | | | | | | | | | | | | | | | |
| Cont. Wk | M | Т | W | Т | F | S | S | Cont. Wk | M | Т | W | Т | F | S | S | Cont. Wk | M | Т | W | Т | F | S | S | Cont. Wk | M | Т | W | Т | F | S | S |
| 18 19 20 21 22 | 2 9 16 23 30 | 3 10 17 24 31 | 4 11 18 25 | 5 12 19 26 | 6 13 20 27 | 7 14 21 28 | 1 8 15 22 29 | 23 24 25 26 | 6 13 20 27 | 7 14 21 28 | 1 8 15 22 29 | 2 9 16 23 30 | 3 10 17 24 31 | 4 11 18 25 | 5 12 19 26 | 27 28 29 30 | 3 10 17 24 | 4 11 18 25 | 5 12 19 26 | 6 13 20 27 | 7 14 21 28 | 1 8 15 22 | 2 9 16 23 | 31 32 33 34 35 | 3 10 17 24 31 | 4 11 18 25 | 5 12 19 26 | 6 13 20 27 | 7 14 21 28 | 1 8 15 22 29 | 2 9 16 23 30 |
| | | | | | _ | \$35 | 9.20 | | | _ | | | | \$28 | 7.36 | | | | | | _ | \$28 | 7.36 | | | | | | _ | \$35 | 9.20 |
| APRIL 2025 | | | | | | | | | <u>2025</u> | | | | | | | UNE | 202 | | | | | | <u>J</u> | | 2025 | | | | | | |
| Cont. Wk | M | Т | W | ı | F | S | S | Cont. Wk | M | T | W | 1 1 | F 2 | S | S 4 | Cont. Wk | M | • | W | ' | F | S | S 1 | Cont. Wk | M | ı | W | T | F | S | S |
| 36 37 38 | 7 14 21 | 1 8 15 22 | 2 9 16 23 | 3 10 17 24 | 4 11 18 25 | 5 12 19 26 | 6 13 20 27 | 40 41 42 43 | 5 12 19 26 | 6 13 20 27 | 7 14 21 28 | 8 15 22 29 | 9 16 23 30 | 10 17 24 31 | 11 18 25 | 44 45 46 47 48 | 2 9 16 23 30 | 3 10 17 24 | 4 11 18 25 | 5 12 19 26 | 6 13 20 27 | 7 14 21 28 | 8 15 22 29 | 49 50 51 52 | 7 14 21 28 | 1 8 15 22 29 | 9 16 23 30 | 3 10 17 24 31 | 4 11 18 25 | 5 12 19 26 | 6 13 20 27 |
| 39 | 20 | 23 | 50 | | | \$287 | 7.36 | | | | | | | \$287 | 7.36 | | | | | | | \$359 | .20 | | | | | | | \$28 | 7.36 |

DEPARTMENT OF SOCIAL INSURANCE SOCIAL INSURANCE CONTRIBUTIONS

CONTRIBUTION RATES with effect from 6th August, 2025

WEEKLY RATES OF CONTRIBUTIONS

| Category of Insured Person | Payable by Employee | Payable by Employer | TOTAL |
|---|------------------------|------------------------|----------|
| Employed person over school leaving age and under the age of 65 | \$ 35.92 | \$ 35.92 | \$ 71.84 |
| Employed persons over the age of 65 | | \$35.92 | \$ 35.92 |
| Self-employed persons over school leaving age and under the age of 65 | \$ 71.84 | | \$ 71.84 |
| Self-employed persons over the age of 65 | \$ 35.92 | | \$ 35.92 |
| Voluntary Contributions under age 65 | | | \$ 71.84 |

NOTES FOR EMPLOYEES

- 1. As a general rule, every person over the age of 18 who is gainfully occupied in Bermuda for a period of more than 4 hours per week is required to pay Social Insurance Contributions.
- 2. If you are over pension age (i.e. age 65) you do not have to pay Social Insurance Contributions, but your employer is required to pay on your behalf.
- 3. If you are a full time student under the age of 26 at a school, training institution, university or other similar body and intend working on a Saturday, Public Holiday or a period of vacation, then you are deemed not to be an employed person and you and your employer shall be exempt from liability for contributions. Employers and Employees are jointly responsible to ensure that employees are registered for Social Insurance and obtain a valid Social Insurance number.