

# EMPLOYEE SSP1 INFORMATION

## Part A About your employee

**Surname or family name**

Mr Robert Redford

**Other names**

**Address**

777 Lucky Street  
Network House  
Epsom  
County  
BR5 6BP  
United Kingdom

**National Insurance (NI) number**

AB123456C

**Clock, payroll or employee**

7

**Tax Reference number**

635PJ76543210

This is also known as the  
Employer PAYE reference.

## Part B Why you cannot get Statutory Sick Pay (SSP)

### I am filling in this form because

I cannot pay you SSP on or after

27 / Oct / 2023

I have ticked the boxes below to tell you why you cannot get SSP.

### I cannot pay you SSP because

**A**  You can claim a social security benefit again that you claimed before because of an illness or disability.

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**B**  Your contract of employment is for a fixed period and has ended.

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**C**  Your contract of employment has been brought to an end.

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**D**  You will soon have been getting SSP for 28 weeks or you have had SSP for 28 weeks.

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**E**  Your average earnings before your illness or disability were not high enough.

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**F**  You are expecting a baby soon or you have just had a baby.

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**G**  You have been sick on and off for more than 3 years.

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**H**  You were away from work because of a trade dispute which started before the first day you were sick.

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**I**  You were in legal custody or you were serving a term of imprisonment when you became sick.  
Or you are now in legal custody or have been sentenced to a term of imprisonment.

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**J**  You were working outside the UK on the day you first became sick and I was not liable to pay employer's Class 1 NI Contributions on your earnings on that day.

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**K**  You have not started working for me yet.

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## Part C Medical certificates

Please send this form to your employee with any medical certificates you have which cover a period you cannot pay SSP for.

Medical certificates are also called sick notes or doctor's statements.

Tick one of the following boxes

I have enclosed Medical Certificates that cover a period I cannot pay SSP for.

I have **not** enclosed Medical Certificates.

## Part D Employer's declaration

I **declare** that the information I have given on this form is correct and complete as far as I know and believe.

I **understand** that if this employee has been getting SSP, I must continue to pay SSP up to and including the date I have written **on page 2** of this form.

Employer's Name	Demo Employer Limited
Signature	
Date	30/03/2023
Position in firm	
Phone number	0123456789
Fax number	
Email address	
Address	777 Lucky Street Network House Epsom County BR5 6BP United Kingdom
Business Stamp	