

# EMPLOYEE SSP1 INFORMATION

*Part A*      **About your employee**

<b>Surname or family name</b>	Mr Robert Redford
<b>Other names</b>	
<b>Address</b>	777 Lucky Street Network House Epsom County BR5 6BP United Kingdom
<b>National Insurance (NI) number</b>	AB123456C
<b>Clock, payroll or employee</b>	7
<b>Tax Reference number</b>	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 / 2025

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.
- 
- B** ☐ Your contract of employment is for a fixed period and has ended.
- 
- C** ☐ Your contract of employment has been brought to an end.
- 
- D** ☒ You will soon have been getting SSP for 28 weeks or you have had SSP for 28 weeks.
- 
- E** ☐ Your average earnings before your illness or disability were not high enough.
- 
- F** ☐ You are expecting a baby soon or you have just had a baby.
- 
- G** ☐ You have been sick on and off for more than 3 years.
- 
- H** ☐ You were away from work because of a trade dispute which started before the first day you were sick.
- 
- 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.
- 
- 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.
- 
- K** ☐ You have not started working for me yet.
-

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	30/03/2025
Position in firm	
Phone number	0123456789
Fax number	
Email address	
Address	777 Lucky Street Network House Epsom County BR5 6BP United Kingdom
Business Stamp	