# EMPLOYEE SSP1 INFORMATION

## *Part A* About your employee

| | |
|---|---|
| **Surname or family name** | Mr Robert Redford |
| **Other names** | |
| **Address** | 777 Lucky Street<br>Network House<br>Epsom<br>County<br>BR5 6BP<br>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 / 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** | Y | 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.<br>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<br>Network House<br>Epsom<br>County<br>BR5 6BP<br>United Kingdom |
| **Business Stamp** | |