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## EMPLOYEE SSP1 INFORMATION

### About an employee

**Surname :** Hawn  
**Forename :** Goldie  
**Second Forename :**  
**NINO :** NA  
**Works No. :** 12  
**Tax Reference No** 489L  
**Address** Oxford  
UB8 2RR  
United Kingdom

I am filling in this form because

I cannot pay you SSP

I cannot pay you SSP after

03 / Jun / 2015

I cannot pay you SSP Because

A You claimed Incapacity Benefit or severe Disablement Allowance during the last 8 weeks or you are entitled to the 52 weeks benefit protection so you may be

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B Your contract of employment has expired.

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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

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E You have not earned enough money to qualify for SSP.

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F You are aged 65 or over.

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

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H You have already been sick on and off for 3 years.

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I Y You were away from work because of a trade dispute on the first day

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J You were in legal custody or you were serving a term of imprisonment when you became sick.

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K 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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L You have not started working for me yet.

The employee's first day's of sickness

The first day of sickness or first day of linked spell.

03 / Jun / 2015

About the SSP that has been paid.

How many weeks or days of SSP will have been paid to this

0 weeks

0 days

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How many qualifying days are there in a week ?

1 days

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Please tick which days of the week the employee works.

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

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Provide dates of all periods of sick absences from the first date

From

To

03 / Jun / 2015

09 / Jun / 2015

Employer's declaration

Employer's Name :

Robert Redford

Employer's Account

931PQ12345678

Date :

23/08/2015

Telephone No. :

0161 1234 567

Fax No. :

Employer's Address :

Network House  
Arundel Road  
Uxbridge Industrial Estate  
Uxbridge  
UB8 2RR  
United Kingdom