

IS82 web v04

## **NHS Low Income Scheme**

### Proof of income if you and/or your partner are employed

If you are applying for help with health costs through the NHS Low Income Scheme and you and/or your partner are employed, you will need to provide proof of your and /or your partner's employed income. If you and/or your partner cannot provide the payslips needed, you will need to complete this form and send it/them with your completed HC1 application form.

If you or your partner is paid:

- weekly send a copy of the five most recent, consecutive payslips leading up to today
- fortnightly send a copy of the four most recent, consecutive payslips leading up to today
- four weekly or monthly send a copy of the two most recent, consecutive payslips leading up to today.

If you and/or your partner are able to provide payslips as described above, you do not need to complete this form; please send a copy of the payslips with your completed HC1 application form.

If you and/or your partner are unable to provide payslips as described above, please complete this form.

- · Part A must be completed by you or your partner
- Part B must be completed by the employer.

If you have any questions or difficulty in completing the form, please contact us to speak to an advisor on 0300 330 1343.

# Part A – To be completed by you or your partner if you cannot provide the payslip(s) needed

| Title:                  | Mr / Miss / Mrs / Ms / Other                                |  |  |  |  |
|-------------------------|---|--|--|--|--|
| Last name:              |   |  |  |  |  |
| First name(s):          |   |  |  |  |  |
| Full address:           |   |  |  |  |  |
|                         |   |  |  |  |  |
|                         |   |  |  |  |  |
|                         |   |  |  |  |  |
| Job title / occupation: |   |  |  |  |  |
| Staff / payroll number: |   |  |  |  |  |
| NI number:              |   |  |  |  |  |
| Declaration:            | I authorise my employer to complete this form on my behalf. |  |  |  |  |
|                         | Signature:  |  |  |  |  |

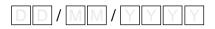
#### Part B – To be completed by the employer if you cannot provide the payslip(s) needed

Please provide the information we ask for below then return the form to your employee. If you have any questions or difficulty completing the information, please call us on 0300 330 1343.

Please tell us about the most recent, consecutive pay periods leading up to today. Please enter the gross basic pay and show separately any additions such as overtime, bonus and commission.

If your employee only recently started work, on what date did they start?

How often is the employee paid?



- □ Weekly complete columns 1 to 5 below
- Fortnightly complete columns 1 to 4 below
- Four weekly complete columns 1 and 2 below
- Monthly complete columns 1 and 2 below
- Other complete columns 1 to 4 below and tell us how often they are paid in the box below.

Please tell us below about your employee's sick, maternity or paternity pay leading up to today.

Paid every:

What period does the payment cover?  $\Box$  Week

- Fortnight
- G Four weeks
- Month
- Other
  - I Other

|                            | 1 | 2 | 3 | 4 | 5 |
|----------------------------|---|---|---|---|---|
| Pay date                   |   |   |   |   |   |
| Basic pay                  | £ | £ | £ | £ | £ |
| Overtime                   | £ | £ | £ | £ | £ |
| Bonus                      | £ | £ | £ | £ | £ |
| Commission                 | £ | £ | £ | £ | £ |
| Additions (please specify) | £ | £ | £ | £ | £ |
|                            | £ | £ | £ | £ | £ |
| Income Tax                 | £ | £ | £ | £ | £ |
| National Insurance         | £ | £ | £ | £ | £ |
| Pension or superannuation  | £ | £ | £ | £ | £ |
| Other                      | £ | £ | £ | £ | £ |

#### Name and position held:

#### **Business Address:**

(or business stamp)

#### Employer telephone number:

(including area code)