

NHS Low Income Scheme

Proof of earnings

If you or your partner are employed, you must send copies of payslips with your application for help with health costs. This could be a photocopy, a printout or a photo taken on your phone, as long as it's clear.

If you or your partner is paid:

- **Weekly / every 2 weeks** - send last five payslips
- **Every 4 weeks / monthly** - send last two payslips

If you are unable to send payslips

If you or your partner are unable to send payslips as proof of earnings, complete this form and include it with your application.

Part A must be completed by you or your partner

Part B must be completed by the employer

If you have any questions about this form, call us on 0300 330 1343 between 8am and 6pm Monday to Friday or 9am to 3pm Saturday.

Part A – Employee's details

Last name:

First name(s):

Address including
postcode:

Job title / occupation:

Staff / payroll number:

NI number:

Part B – To be completed by the employer

Provide the information requested then return the form to your employee.

If you have any questions about this form, contact us on 0300 330 1343 between 8am and 6pm Monday to Friday or 9am to 3pm Saturday.

Employer name:

Employer address and postcode:

(or business stamp)

Employer telephone number:

Employer email address:

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

What date did your employee start?

D	D	/	M	M	/	Y	Y	Y	Y
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How often is the employee paid?

- Weekly or every 2 weeks – complete columns 1 to 5
- Every 4 weeks or monthly – complete columns 1 and 2
- Other – complete columns 1 to 4 and tell us how often they are paid in the box below.

Paid every:

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

If any of the pay periods include pay for sick, maternity or paternity, please state the period this covers.

From:

D	D	/	M	M	/	Y	Y	Y	Y
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To:

D	D	/	M	M	/	Y	Y	Y	Y
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