

## 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	<input type="text"/>
Last name:	<input type="text"/>	
First name(s):	<input type="text"/>	
Full address:	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
Job title / occupation:	<input type="text"/>	
Staff / payroll number:	<input type="text"/>	
NI number:	<input type="text"/>	

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.

Paid every:

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

- What period does the payment cover?
- Week
  - Fortnight
  - Four weeks
  - Month
  - Other

	1	2	3	4	5
Pay date					
Basic pay	£	£	£	£	£
Overtime	£	£	£	£	£
Bonus	£	£	£	£	£
Commission	£	£	£	£	£
Additions (please specify)	£	£	£	£	£
<input style="width: 200px; height: 20px;" type="text"/>	£	£	£	£	£
Income Tax	£	£	£	£	£
National Insurance	£	£	£	£	£
Pension or superannuation	£	£	£	£	£
Other <input style="width: 100px; height: 20px;" type="text"/>	£	£	£	£	£

**Name and position held:**

**Business Address:**  
(or business stamp)

**Employer telephone number:**  
(including area code)