



(i) **Illness Benefit** – For completion by the Department of Employment Affairs and Social Protection ( A claim must be made with your local office – residents of Republic of Ireland Only)

(ii) **Employment and Support Allowance** – For completion by the Department of Communities (A claim must be made with your local office – residents of Northern Ireland Only)

(iii) **Statutory Sick Pay Certification** – For completion by Claimant's Employer (residents of Northern Ireland Only)

Web Reference

Claimant's Name

I certify that the above named has been in receipt of Illness Benefit \ Employment and Support Allowance \ Statutory Sick Pay (Delete as applicable) for the period

/  /  to  /  /  at a rate of €  per week

I certify that the above named is not entitled to Illness Benefit \ Employment and Support Allowance \ Statutory Sick Pay (Delete as applicable) for the period

/  /  to  /  /  at a rate of €  per week

as (please state reason)

  
  
  

Official's Name  
(block capitals)

Official's Signature

Date

Official Stamp