



(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**

