

Appendices

Decision to suspend benefit

Customer's Surname

Customer's other names

NINO

I have decided to suspend benefit as detailed below after considering all available evidence, that the customer will not suffer hardship as a result.

Payment of

Name of benefit

is suspended / part-suspended

Use if end date is known

from / / to / /

Use if period is indefinite

from and including / /

because

Reason for suspension / part-suspension

Signature

Name **IN BLOCK CAPITALS**

Date

Date customer notified

Legislation used making this decision

Reconsideration of decision to suspend benefit

I have re-examined the above decision. In exercising my discretion the suspension is lifted from

Date suspension lifted

Reason for lifting suspension.
For example, customer suffering hardship, new evidence obtained

Signature

Date

Date customer notified

Form SUSP1

Decision to terminate benefit	
Customer's Surname	<input type="text"/>
Customer's other names	<input type="text"/>
	<input type="text"/>
NINO	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	I have decided to terminate benefit, as detailed below.
Name of benefit	<input type="text"/>
is terminated	
<i>Use if end date is known</i>	from <input type="text"/> / <input type="text"/> / <input type="text"/>
	because
<i>Reason for termination</i>	
<input type="text"/>	
Signature	<input type="text"/>
Name IN BLOCK CAPITALS	<input type="text"/>
Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
Date customer notified	<input type="text"/> / <input type="text"/> / <input type="text"/>
Reconsideration of decision to terminate benefit	
	I have re-examined the above decision. I have revised the decision disallowing benefit, and benefit is awarded from
<i>Date benefit awarded from</i>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<i>Reason for re-awarding benefit</i>	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
Date customer notified	<input type="text"/> / <input type="text"/> / <input type="text"/>