

(1 April 2020 – to date)

UNEMPLOYMENT INSURANCE ACT 63 OF 2001

(Government Notice 88 in Government Gazette 23064 dated 28 January 2002. Commencement date: 1 April 2002 [Proc. No. R27, Gazette No. 23283])

PUBLICATION OF REGULATIONS IN TERMS OF SECTION 54 OF THE UNEMPLOYMENT INSURANCE ACT, 2001

Government Notice R400 in Government Gazette 23283 dated 28 March 2002. Commencement date: 1 April 2002.

as amended by:

Government Notice R363 in Government Gazette 25033 dated 12 March 2003. Commencement date: 1 April 2003.

Government Notice 536 in Government Gazette 26291 dated 23 April 2004. Commencement date: 1 May 2004.

Government Notice R823 in Government Gazette 27891 dated 10 August 2005. Commencement date: 1 August 2005.

Government Notice R948 in Government Gazette 32614 dated 5 October 2009. Commencement date: 5 October 2009 – unless otherwise indicated

Government Notice R1434 in Government Gazette 42140 dated 28 December 2018. Commencement date: 28 December 2018.

Government Notice R1421 in Government Gazette 42821 dated 4 November 2019. Commencement date (excluding regulations 5B and 6(f): 4 November 2019.

Government Notice R173 in Government Gazette 43023 dated 14 February 2020. Commencement date: 14 February 2020.

Government Notice R1421 in Government Gazette 42821 dated 4 November 2019. Commencement date of regulations 5B and 6(f): 1 April 2020.

Under section 54 of the Unemployment Insurance Act, 2001 (Act No. 63 of 2001), I MEMBATHISI MPHUMZI SHEPHERD MDLADLANA, Minister of Labour, hereby publish Regulations and forms in the *Government Gazette* which will come into operation with effect from 1 April 2002.

Prepared by:

(Signed)

MINISTER OF LABOUR

DEPARTMENT OF LABOUR

UNEMPLOYMENT INSURANCE ACT

REGULATIONS

The Minister of Labour has, under section 54 of the Unemployment Insurance Act, 2001 (Act 63 of 2001), made the Regulations set out in the Schedule hereto.

SCHEDULE

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FORMS

1. In these Regulations, unless the context otherwise indicates-

"Act" means the Unemployment Insurance Act, 2001 and any word or expression to which a meaning has been assigned in the Act, has that meaning;

"Annexure" means an Annexure to these Regulations;

"certificate of service" means a certificate of service in terms of section 42 of the Basic Conditions of Employment Act, 1997 (Act no. 75 of 1997);

"identity document" means a 13 digit bar-coded RSA identity document and or *[sic]* an RSA bar-coded passport, and includes valid foreign identity documents and passports, as well as permits and other identifying documents contemplated in or issued in terms of the Refugees Act, 1998 (Act No. 130 of 1998);

(Definition of "identity document" amended by regulation 2 of Government Notice R948 in Government Gazette 32614 dated 5 October 2009 with retrospective effect from 1 April 2002)

(Definition of "identity document" substituted by regulation 2 of Government Notice R173 in Government Gazette 43023 dated 14 February 2020)

"life partner" means any major person who is a party to the opposite sex or same sex relationship with another major person, which relationship must be intended to be permanent, exclude any other person and involve cohabitation, an obligation of mutual emotional support between the parties and a reciprocal obligation to support one another financially in circumstances where the one has the means to do so and the other requires such support in order to maintain, without recourse to the Public funds, his or her financial and social standing and standard of living.

(Definition of "life partner" inserted by regulation 3 of Government Notice R948 in Government Gazette 32614 dated 5 October 2009)

"official" means a claims officer or an agent or official appointed in terms of section 58(9) of the Act to assist in administering the Act.

"small enterprise" means a small enterprise contemplated in section 1 of the National Small Enterprise Act, 1996 (Act No. 102 of 1996).

(Definition of "small enterprise" inserted by regulation 2 of Government Notice R1434 in Government Gazette 42140 dated 28 December 2018)

2. Proof of identity

- (1) An official must require an applicant for benefits or for the payment of any amount in terms of the Act to produce an identity document, but may not retain the document.
- (2) No claim for benefits may be processed and no benefits may be paid, unless the applicant has produced an identity document in terms of sub-regulation (1).

3. Reduced working time benefits in terms of section 12(1B) of the Act

- (1) The income derived from continued employment contemplated in section 12(1B) of the Act plus the amount of benefits calculated, may not exceed the benefits that would have been paid if the contributor had become wholly unemployed.
- (2) Reduced working time benefits must be calculated based on the remuneration of the contributor.
(Regulation 3 repealed by regulation 4 of Government Notice R948 in Government Gazette 32614 dated 5 October 2009 with retrospective effect from 1 April 2002)
(Regulation 3 inserted by regulation 3 of Government Notice R1434 in Government Gazette 42140 dated 28 December 2018)

4. Illness benefits in terms of section 22 of the Act

- (1) An application for illness benefits in terms of section 22 of the Act must be made at an employment office by submitting a completed UI 2.2.
- (2) A contributor must, when applying for benefits or as soon thereafter as possible, submit -
 - (a) an identity document;
 - (b) if the applicant's employment has been terminated, a certificate of service;
 - (c) details of a valid bank account.
- (3) An official may authorise any person to submit a claim on behalf of an applicant for illness benefits who is unable to apply personally. The official must require that person to submit satisfactory proof of their identity and that they have been authorised to apply on behalf of the applicant.
- (4) A contributor who has applied for illness benefits in terms of section 22 must complete a declaration in the form of UI 3 covering each period for which benefits are claimed.
- (5) An application for illness benefits in terms of section 22 of the Act must be accompanied by medical certificates on UI 2.2, completed and signed by a medical practitioner, chiropractor or homeopath who has treated the applicant.
- (6)
 - (a) An official may require an applicant to be examined by a medical practitioner, chiropractor or homeopath nominated by the official.
 - (b) The Unemployment Insurance Fund must pay the costs of a medical examination in terms of paragraph (a).

- (7) Illness benefits may be paid for any medically recognisable disease, symptom or condition which prevents the applicant from working.
- (8) In terms of section 20(1)(b) of the Act, illness benefits may only be paid in cases of alcoholism or drug dependence for the period during which a person is admitted to and undergoes treatment at a registered rehabilitation centre or psychiatric hospital.
- (9) A contributor whose application for illness benefits has been approved, may be paid benefits in respect of any period approved by an official in terms of the Act.

5. Maternity benefits in terms of section 25 of the Act

- (1) An application for maternity benefits in terms of section 25 of the Act must be made at an employment office and must be in the form of a complete UI 2.3.
- (2) An applicant for maternity benefits, when making the application or as soon thereafter as possible, must submit -
 - (a) an identity document;
 - (b) if the employee's services have been terminated, a certificate of service;
 - (c) details of a valid bank account.
- (3) A contributor who has applied for benefits in terms of section 25 must submit a declaration in the form of UI 4 covering each period for which maternity benefits are claimed.
- (4) An application for maternity benefits must be accompanied by a medical certificate on UI 2.3 completed and signed by a medical practitioner or registered midwife who has examined the applicant.
- (5)
 - (a) An official may require an applicant to be examined by a medical practitioner nominated by the official.
 - (b) The Unemployment Insurance Fund must pay the costs of a medical examination required in terms of sub-section (a).
- (6) A contributor who applies for maternity benefits before the birth of her child, if required by the claims officer, must submit a notification and declaration of birth on form UI 4 completed by herself and a medical practitioner or registered midwife.

- (7) A contributor whose application for maternity benefits has been approved may be paid benefits in respect of any period approved by an official in terms of the Act.

5A. Application for parental benefits in terms of section 26B of the Act

- (1) An application for parental benefits in terms of section 26B of the Act must be made at an employment office and must be in the form of a complete UI 2.9.
- (2) An applicant for parental benefits, when making the application, must submit -
- (a) an identity document;
 - (b) a full birth certificate of the child with full details of parents;
 - (c) a surrogate motherhood agreement in terms of the Children's Act, 2005 (Act No. 38 of 2005); or
 - (d) an interim court order placing the child in the care of the prospective adoptive parent pending the finalisation of an adoption order in respect of that child;
 - (e) details of a valid bank account, in the form of UI 2.8; and
 - (f) remuneration received by the employee whilst still in employment, in the form of UI 2.7.

(Regulation 5A inserted by regulation 2 of Government Notice R1421 in Government Gazette 42821 dated 4 November 2019, with effect from 4 November 2019)

5B. Application for commissioning parental benefit in terms of section 29B of the Act

- (1) An application for commissioning parental benefits in terms of section 29B of the Act must be made at an employment office and must be in the form of a complete UI 2.9.
- (2) An applicant for commissioning parental benefits, when making the application must submit -
- (a) an identity document;
 - (b) a surrogate motherhood agreement in terms of the Children's Act, 2005 (Act No. 38 of 2005);
 - (c) details of a valid bank account in the form of UI 2.8;
 - (d) remuneration received by the employee whilst still in employment, in the form of UI 2.7; and
 - (e) birth certificate of the child with full details of parents.

(Regulation 5B inserted by regulation 3 of GNR 1421 of 2019 with effect from 1 April 2020)

6. Adoption benefits in terms of section 28 of the Act

- (1) An application for adoption benefits in terms of section 28 of the Act must be lodged at an employment office by submitting a completed UI 2.4.
- (2) A contributor who has applied for adoption benefits must when making the application, or as soon thereafter as possible, submit -
 - (a) an identity document;
 - (b) if the employee's services have been terminated, a certificate of service;
 - (c) details of a valid bank account;
 - (d) a certified copy of the birth certificate of the child; and
 - (e) a certified copy of the order of adoption.
 - (f) interim court order placing the child in the care of the prospective adoptive parent pending the finalisation of an adoption order in respect of that child.

(Regulation 6(2)(f) inserted by regulation 4 of GNR 1421 of 2019 with effect from 1 April 2020)

- (3) A contributor who has applied for adoption benefits in terms of section 28 must submit to the official a declaration in the form of UI 5 covering each period for which adoption benefits are claimed.
- (4) A contributor whose application for adoption benefits has been approved may be paid benefits in respect of any period approved by the official in terms of the Act.

7. Dependant's benefits in terms of section 31 of the Act

- (1) An application for dependant's benefits must be made at an employment office by submitting-
 - (a) in the case of a surviving spouse or life partner, a completed UI 2.5, or
 - (b) in the case of a child, a completed UI 2.6.
- (2) An application for dependant's benefits, when applying or as soon thereafter possible, must submit -
 - (a) the identity documents of both the deceased and the applicant;
 - (b) details of a valid bank account;

- (c) a certified copy of a death certificate, post-mortem certificate or burial order of the deceased contributor;
- (d) in the case of a surviving spouse, a certified copy of a marriage certificate or customary union certificate;
- (e) in the case of a surviving life partner, proof that the applicant is the surviving life partner of the deceased contributor;
- (f) in the case of a child under the age of 21 years at the time of death of the deceased contributor, a certified copy of the birth certificate of the child and documentary proof of the child's relationship to the deceased;
- (g) in the case of a child who was 21 years or older at the time of death of the deceased, documentary proof that the child is a learner or was wholly or mainly dependant upon the deceased.

(3)

- (a) A contributor may nominate a beneficiary in terms of section 30(2A) of the Act by submitting the nomination form UI 53 to the Fund immediately on commencement of employment.
- (b) A contributor may change the nomination at any time by submitting a new nomination on form UI 53.
- (c) If a contributor did not in terms of paragraph (a), complete a nomination form at the commencement of new employment, the Fund must accept as valid, a nomination form completed at the previous employer.

(Regulation 7(3) added by regulation 4 of Government Notice R1434 in Government Gazette 42140 dated 28 December 2018)

8. Appeals in terms of section 37(1) of the Act.

- (1) An appeal against a decision of the Commissioner or a claims officer in terms of section 37(1) must be made by submitting a completed UI 12 by hand or registered post to the Regional Appeals Committee at the respective Labour Centres of the Department of Labour.

(Regulation 8(1) substituted by regulation 4 of Government Notice 536 in Government Gazette 26291 dated 23 April 2004)

- (2) An appeal must be lodged within 90 days of the decision appealed against.
- (3) The Regional Appeals Committee may require the appellant to submit any further information that it considers necessary to deal with the appeal.

(Regulation 8(3) amended by regulation 5 of Government Notice 536 in Government Gazette 26291 dated 23 April 2004)

- (4) The Appeals Committee must notify the appellant in writing within 30 days of its decision.

9. Referral to arbitration in terms of section 37(2) of the Act

- (1) A person who is dissatisfied with the decision of the Regional Appeals Committee may refer the matter to the National Appeals Committee for final decision in terms of section 37(2) by submitting a completed UI 13 to 94 Church Street, Pretoria, 0001, or registered post to Unemployment Insurance Fund, Pretoria, 0052 or by telefax to (012) 337-1893.

(Regulation 9(1) substituted by regulation 6 of Government Notice 536 in Government Gazette 26291 dated 23 April 2004)

- (2)

(Regulation 9(2) deleted by regulation 7 of Government Notice 536 in Government Gazette 26291 dated 23 April 2004)

- (3) The National Appeals Committee may at any time permit a person to refer a dispute after the time limit in sub-regulation (1), on good cause shown.

(Regulation 9(3) amended by regulation 8 of Government Notice 536 in Government Gazette 26291 dated 23 April 2004)

- (4)

(Regulation 9(4) deleted by regulation 9 of Government Notice 536 in Government Gazette 26291 dated 23 April 2004)

- (5)

(Regulation 9(5) deleted by regulation 10 of Government Notice 536 in Government Gazette 26291 dated 23 April 2004)

10.

(Regulation 10 repealed by regulation 5 of Government Notice R1434 in Government Gazette 42140 dated 28 December 2018)

11.

(Regulation 11 repealed by regulation 5 of Government Notice R1434 in Government Gazette 42140 dated 28 December 2018)

12.

(Regulation 12 repealed by regulation 5 of Government Notice R1434 in Government Gazette 42140 dated 28 December 2018)

13. Providing information in terms of section 56

- (1) An employer must, within seven days of the end of the month in which it commences activities as an employer, submit a completed declaration, UI 19 to the Commissioner.
- (2) Every employer must provide the Commissioner with all information in terms of sections 56(2) or (3) of the Act and must do so by submitting declarations of their employees electronically or by completing form UI 19.
- (3) Any information submitted to the Commissioner in terms of sub-regulations (1) and (2) must be submitted to the Unemployment Insurance Fund, 230 Lillian Ngoyi Street; ABSA Building, Pretoria, 0001 or to Private Bag x 0052, Pretoria, 0001
- (4) Domestic and small enterprise employers may declare employees and pay contributions annually provided that the contributor's services are not terminated, in which case, the declaration must be done upon termination.

(Regulation 13 substituted by regulation 6 of Government Notice R1434 in Government Gazette 42140 dated 28 December 2018)

14. Transitional Provisions

- (1) Any claim for benefits made against the Fund on or after 1 April 2002 must be dealt with in terms of the Act.
- (2) For the purposes of sub-regulation (1) -
 - (a) an application for unemployment benefits is made on the day that the contributor applies for benefits at an employment office in terms of section 17(1) of the Act;
 - (b) an application for illness, maternity, adoption or dependant's benefits is made on the date that application is made at an employment office or, if application is made by post, the date the application is received at an employment office.
- (3) An application for maternity benefits in respect of a childbirth that occurred on or before 31 March 2002 must be made within six months of the childbirth.
- (4) An application for dependant's benefits in respect of a contributor in terms of the Unemployment Insurance Act, 1966 who died prior to 1 April 2002 must be made within six months of the death of the contributor except that, on good cause shown, the Commissioner may accept an application after the six-month period.

- (5) Sub-regulation (4) does not apply to a claim for dependant's benefits made more than three years after the death of the contributor.
- (6) Subject to sub-regulation (7), any entitlement to benefits that accrued to a contributor in terms of the Unemployment Insurance Act, 1966 is deemed to have accrued in terms of the Act.
- (7) Any contributor who on 31 March 2002 had accrued an entitlement of more than 238 days benefits is deemed to have an entitlement of 238 days benefits with effect from 1 April 2002.
- (8) A contributor who was not a contributor in terms of the Unemployment Insurance Act, 1966 is deemed to have commenced employment as a contributor on 1 April 2001.
- (9) Sub-regulation (8) does not apply to a contributor who was not in employment as a contributor on 1 April 2002.

15. Commencement

These Regulations come into operation on 1 April 2002.

FORMS

UI-1

REGISTER TO CONFIRM CONTINUED UNEMPLOYMENT AND CONTINUED CAPACITY AND AVAILABILITY FOR WORK IN TERMS OF SECTION 17(4)(d) - READ WITH REGULATION 3(3)

Please note that Form UI-1 is no longer in use

UNEMPLOYMENT INSURANCE ACT 63 OF 2001 AS AMENDED
APPLICATION FOR UNEMPLOYMENT BENEFITS IN TERMS OF SECTION 17(1) – Read with Regulation 3(1) and 12(1) B

Identity Document										Date of Birth (dd/mm/yy)			Gender		
First Names										Surname					
Postal Address										Code		Code /Telephone No.			
Residential Address										Code		Cell No.			
Occupation										E-Mail Address				Fax number	
Education															

Details of previous application if Identity Document differs to current.

a) Name and ID No under which you applied:

FURTHER REQUIREMENTS (NOT MANDATORY TO REDUCED WORK TIME)		ONLY APPLICABLE TO REDUCED WORK TIME APPLICANTS		IMPORTANT: READ THIS SECTION BELOW:	
1. Are you registered as a workseeker with a Labour Centre established by the DOL?	Yes No	1. Are you currently employed?	Yes No	I declare that I am / was unemployed/ I am working reduced hours from _____ (indicate date). In the event of my application being successful, the Claims Officer will authorise the payment of benefits. I also undertake to inform the Claims Officer as soon as I am re-employed or receiving "full/normal pay" and understand that failure to do so will constitute fraud. In the event of an overpayment occurring as a result of any application I have submitted, I undertake that I will refund the full amount to the Fund.	
2. Are you capable and available for work?	Yes No	2. Are / Were you on Reduced Work Time?	Yes No		
3. If you are not capable of and available for work, please explain: _____		3. Has your employer completed a UI-2.7?	Yes No		

I declare that the above information is true and correct. SIGNATURE OF APPLICANT _____ DATE: ____/____/____	SIGNATURE OF OFFICIAL _____ DATE: ____/____/____	Claim approved from _____ Application refused in terms of _____ Claims Officer (please print) _____ Signature _____ Date _____	DEPARTMENT OF EMPLOYMENT AND LABOUR OFFICE STAMP <div style="border: 1px solid black; height: 50px; width: 100%;"></div>
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(Form UI-2.1 substituted by regulation 7(1) of Government Notice R1434 in Government Gazette 42140 dated 28 December 2018)

(Form UI-2.1 substituted by regulation 5 of Government Notice R1421 in Government Gazette 42821 dated 4 November 2019, with effect from 4 November 2019)

**UNEMPLOYMENT INSURANCE ACT 63 OF 2001 AS AMENDED
APPLICATION FOR ILLNESS BENEFITS IN TERMS OF SECTION 22(1)**

Identity Document										Date of Birth (dd/mm/yy)			Gender		
<div style="display: flex; justify-content: space-between;"> Male Female </div>															
First Names										Surname					
Postal Address										Code		Code /Telephone No			
Residential Address										Code		Cell No			
Occupation										E-Mail Address		Fax Number			
Education															
<div style="display: flex; justify-content: space-between;"> <div> SPECIAL SCHOOL CERT. BELOW GRADE 8 </div> <div> GRADE 8-9 GRADE 10 - 11 </div> <div> GRADE 12 ABOVE GRADE 12 </div> </div>															

Details of previous application if Identity Document differs to current

a) Name and ID No under which you applied:

ARE YOU STILL EMPLOYED

☐ YES

☐ NO

NB: IF YOU ARE STILL EMPLOYED, FORM UI 2.7 MUST ALSO BE COMPLETED.

IMPORTANT: READ THIS SECTION BELOW:

In the event of my application being successful, the Claims Officer will authorise the payment of benefits. I also undertake to inform the Claims Officer as soon as I am re-employed and understand that failure to do so will constitute fraud.

In the event of an overpayment as a result of any application I submitted, I undertake that I will refund the full amount to the Fund.

MEDICAL CERTIFICATE (To be completed by a registered medical practitioner)

I, _____ am a qualified _____ Qualifications _____

My Registration number is _____. I confirm that _____

is suffering from _____ (optional)

This patient was not capable of performing work from ____/____/____ to ____/____/____

Signature _____ Date _____

Tel No. _____ Address _____

Medical Practice Stamp
(if available)

Where a Proxy was appointed by Doctor or Legal Representative proof must be attached.

FOR OFFICIAL USE ONLY:

I declare that the above information is true and correct. SIGNATURE OF APPLICANT Date: ____/____/____	SIGNATURE OF OFFICIAL Date: ____/____/____	Claim approved from: _____	Department of Employment and Labour Office Stamp
		Application refused in terms of: _____	
		Claims officer (Please Print): _____	
		Signature: _____	
Date: ____/____/____		Date: ____/____/____	

(Form UI-2.2 substituted by regulation 7(1) of Government Notice R1434 in Government Gazette 42140 dated 28 December 2018)

(Form UI-2.2 substituted by regulation 5 of Government Notice R1421 in Government Gazette 42821 dated 4 November 2019, with effect from 4 November 2019)

[illegible]**MEDICAL CERTIFICATE** (To be completed by a registered medical practitioner.)

Date Received

Medical Practice Stamp (if available)

Prepared by:

**UNEMPLOYMENT INSURANCE ACT 63 OF 2001 AS AMENDED
APPLICATION FOR MATERNITY BENEFITS IN TERMS OF SECTION 25(1)**

Identity Document		Date of Birth (dd/mm/yy)															
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First Names			Surname														
Postal Address			Code		Code /Telephone No												
Residential Address			Code		Cell No												
Occupation			E-Mail Address		Fax Number												
Education																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">SPECIAL SCHOOL CERT.</td> <td style="width: 50%;"></td> </tr> <tr> <td>BELOW GRADE 8</td> <td></td> </tr> </table>		SPECIAL SCHOOL CERT.		BELOW GRADE 8		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">GRADE 8-9</td> <td style="width: 50%;"></td> </tr> <tr> <td>GRADE 10 - 11</td> <td></td> </tr> </table>		GRADE 8-9		GRADE 10 - 11		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">GRADE 12</td> <td style="width: 50%;"></td> </tr> <tr> <td>ABOVE GRADE 12</td> <td></td> </tr> </table>		GRADE 12		ABOVE GRADE 12	
SPECIAL SCHOOL CERT.																	
BELOW GRADE 8																	
GRADE 8-9																	
GRADE 10 - 11																	
GRADE 12																	
ABOVE GRADE 12																	
Details of previous application if Identity Document differs to current. a) Name and ID No under which you applied:																	
ARE YOU STILL EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO NB: IF YOU ARE STILL EMPLOYED, FORM UI-2.7 MUST ALSO BE COMPLETED.																	
IMPORTANT: READ THIS SECTION BELOW: In the event of my application being successful, the Claims Officer will authorise the payment of benefits. I also undertake to inform the Claims Officer as soon as I am re-employed and understand that failure to do so will constitute fraud. In the event of an overpayment occurring as a result of any application I submitted, I undertake that I will refund the full amount to the Fund.			MEDICAL CERTIFICATE (to be completed by a registered medical practitioner or midwife) I, _____ am a qualified _____. Qualifications _____ My registration number is _____. I confirm that _____ is under my treatment and is pregnant. The expected due date of birth is _____. OR I confirm that _____ gave birth / stillborn / miscarriage on _____. Signature _____ Date _____ Tel No. _____ Address _____ <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto;"> Medical Practice Stamp (If available) </div>														

FOR OFFICIAL USE ONLY:

I declare that the above information is true and correct. SIGNATURE OF APPLICANT Date: ____/____/____	SIGNATURE OF OFFICIAL Date: ____/____/____	Claim approved from: _____ Application refused in terms of: _____ Claims officer (Please Print): _____ Signature: _____ Date: ____/____/____	Department of Employment and Labour Office Stamp
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(Form UI-2.3 substituted by regulation 7(1) of Government Notice R1434 in Government Gazette 42140 dated 28 December 2018)

(Form UI-2.3 substituted by regulation 5 of Government Notice R1421 in Government Gazette 42821 dated 4 November 2019, with effect from 4 November 2019)

UNEMPLOYMENT INSURANCE ACT 63 OF 2001 AS AMENDED
APPLICATION FOR ADOPTION BENEFITS IN TERMS OF SECTION 26A (1), 27(3) and 29A(1) Read with Regulation 6(1)

Identity document <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	Identity document of child <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	Date of Birth (dd/mm/yy) <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
First name <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		Surname <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
Postal Address <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		Code <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Code /Telephone No <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Residential Address <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		Code <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Cell No <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Occupation <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	E-Mail Address <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Fax Number <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
Education			
<div style="border: 1px solid black; padding: 2px;">SPECIAL SCHOOL CERT.</div>	<div style="border: 1px solid black; padding: 2px;">GRADE 8-9</div>	<div style="border: 1px solid black; padding: 2px;">GRADE 12</div>	
<div style="border: 1px solid black; padding: 2px;">BELOW GRADE 8</div>	<div style="border: 1px solid black; padding: 2px;">GRADE 10 - 11</div>	<div style="border: 1px solid black; padding: 2px;">ABOVE GRADE 12</div>	

Details of previous application if Identity Document differs from current

a) Name and Identity number under which you applied:

ARE YOU STILL EMPLOYED

YES

NO

NB: IF YOU ARE STILL EMPLOYED, FORM UI 2.7 MUST ALSO BE COMPLETED.

IMPORTANT: READ THIS SECTION BELOW:

In the event of my application being successful, the Claims Officer will authorise the payment of benefits. I also undertake to inform the Claims Officer as soon as I am re-employed and understand that failure to do so will constitute fraud.

In the event of an overpayment as a result of any application I submitted, I undertake that I will refund the full amount to the Fund.

FOR OFFICIAL USE ONLY:

<p>I declare that the above information is true and correct.</p> <p style="text-align: center;">SIGNATURE OF APPLICANT</p> <p>Date: / /</p>	<p style="text-align: center;">SIGNATURE OF OFFICIAL</p> <p>Date: / /</p>	<p>Claim approved from: _____</p> <p>Application refused in terms of: _____</p> <p>Claims officer (Please Print): _____</p> <p>Signature: _____</p> <p>Date: / /</p>	<p style="text-align: center;">Department of Employment and Labour Office Stamp</p>
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(Form UI-2.4 substituted by regulation 7(1) of Government Notice R1434 in Government Gazette 42140 dated 28 December 2018)

(Form UI-2.4 substituted by regulation 5 of Government Notice R1421 in Government Gazette 42821 dated 4 November 2019, with effect from 4 November 2019)

UNEMPLOYMENT INSURANCE ACT 63 OF 2001 AS AMENDED
APPLICATION FOR DEPENDANT'S BENEFITS BY SURVIVING SPOUSE OR LIFE PARTNER IN TERMS OF SECTION 30 Read with Regulation 7(1)

A. PARTICULARS OF DECEASED CONTRIBUTOR:

Identity Document		Date of Birth (dd/mm/yy)	Gender	
<div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>		<div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>	<div style="display: flex; justify-content: space-between;"> Male <div style="border: 1px solid black; width: 40px; height: 1.2em;"></div> Female <div style="border: 1px solid black; width: 40px; height: 1.2em;"></div> </div>	
First Names	Surname		Date of Death	
<div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>	<div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>		<div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>	
Last Residential Address			Code	
<div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>			<div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>	
Details of previous application if Identity Document differs to current				
a) Name and ID/passport No under which deceased applied:				
<div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>				

B. PARTICULARS OF SURVIVING SPOUSE OR LIFE PARTNER

Identity Document		Date of Birth (dd/mm/yy)	Gender	
<div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>		<div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>	<div style="display: flex; justify-content: space-between;"> Male <div style="border: 1px solid black; width: 40px; height: 1.2em;"></div> Female <div style="border: 1px solid black; width: 40px; height: 1.2em;"></div> </div>	
First Names	Surname			
<div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>	<div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>			
Postal Address			Code	Tel No
<div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>			<div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>	<div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>
Residential Address			Code	Cell No
<div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>			<div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>	<div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>
E-Mail Address				
<div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>				

I declare that I am one of _____ surviving spouses or the only surviving spouse or life partner of the abovementioned deceased contributor, that I was not divorced from him/her and that information given in this document is true and correct.

In the event of an overpayment occurring as a result of this application, I undertake that I will refund the full amount to the Fund.

I understand that it is an offence to make a false statement.

FOR OFFICIAL USE ONLY:

<p>I declare that the above information is true and correct.</p> <p style="text-align: center;">SIGNATURE OF APPLICANT</p> <p>Date: ____/____/____</p>	<p style="text-align: center;">SIGNATURE OF OFFICIAL</p> <p>Date: ____/____/____</p>	<p>Claim approved from: _____</p> <p>Application refused in terms of: _____</p> <p>Claims officer (Please Print): _____</p> <p>Signature: _____</p> <p>Date: ____/____/____</p>	<p>Department of Employment and Labour</p> <p>Office Stamp</p>
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(Form UI-2.5 substituted by regulation 7(1) of Government Notice R1434 in Government Gazette 42140 dated 28 December 2018)

(Form UI-2.5 substituted by regulation 5 of Government Notice R1421 in Government Gazette 42821 dated 4 November 2019, with effect from 4 November 2019)

UNEMPLOYMENT INSURANCE ACT 63 OF 2001 AS AMENDED
APPLICATION FOR DEPENDANT'S BENEFITS BY A GUARDIAN / DEPENDANT CHILD OR NOMINATED BENEFICIARY IN TERMS OF SECTION 30 READ WITH
REGULATION 7(1) AND 7(2)

A. PARTICULARS OF DECEASED CONTRIBUTOR:

Identity Document										Date of Birth (dd/mm/yy)			Gender	
													Male <input type="checkbox"/> Female <input type="checkbox"/>	
First Names										Surname			Date of Death	
Last Residential Address										Code				
Details of previous application if Identity Document differs from current														
a) Name and Identity Document under which deceased applied:														

B. PARTICULARS OF APPLICANT:

Guardian of a minor child <input type="checkbox"/>										Dependant child <input type="checkbox"/>			Nominated beneficiary <input type="checkbox"/>	
Identity Document										Date of Birth (dd/mm/yy)			Gender	
													Male <input type="checkbox"/> Female <input type="checkbox"/>	
First Names										Surname				
Postal Address										Code			Tel No	
Residential Address										Code			Cell No	

C. CHILD'S DETAILS:

First Names										Surname		
Residential Address										Code		

D. NOMINATED BENEFICIARY'S DETAILS:

First Names										Surname		
Residential Address										Code		

In the event of an overpayment occurring as a result of this application, I undertake that I will refund the full amount to the Fund.
 I understand that it is an offence to make a false statement.

FOR OFFICIAL USE ONLY:

I declare that the above information is true and correct. SIGNATURE OF APPLICANT Date: ____/____/____	SIGNATURE OF OFFICIAL Date: ____/____/____	Claim approved from: _____ Application refused in terms of: _____ Claims officer (Please Print): _____ Signature: _____ Date: ____/____/____	Department of Employment and Labour Office Stamp
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(Form UI-2.6 substituted by regulation 7(1) of Government Notice R1434 in Government Gazette 42140 dated 28 December 2018)

(Form UI-2.6 substituted by regulation 5 of Government Notice R1421 in Government Gazette 42821 dated 4 November 2019, with effect from 4 November 2019)

**UNEMPLOYMENT INSURANCE ACT 63 OF 2001 AS AMENDED
REMUNERATION RECEIVED BY THE EMPLOYEE WHILST STILL IN EMPLOYMENT**

To: The Claims Officer

Statement in respect of payment made to the undermentioned Contributor who is still in my employment but is unable to work due to Illness; Maternity leave; Adoption Leave, Commissioning Parental leave, Parental leave or is on Reduced Working Time (RWT)

Full names of contributor: _____

Identity Document.															
--------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name of Employer: _____

Employers UIF Reference No.

--	--	--	--	--	--	--	--

 /

--

(A) In terms of section 5(1)b, 19(1), 24(2), 26A(1), 27(3) and 29A(1) of the abovementioned Act, I hereby certify that the contributor would receive less than 100% of his/her remuneration as from ____/____/____ (full date) due to:

Parental Leave		Commissioning Parental leave (SURROGACY)		Illness Leave		Maternity Leave		Adoption Leave		Reduced working time	
----------------	--	------------------------------------------	--	---------------	--	-----------------	--	----------------	--	----------------------	--

Periods during which different rates of remuneration were received while on leave/RWT (TO BE INDICATED IN CALANDER MONTHS)				Gross remuneration received <u>whilst</u> on leave/RWT (Per month)
From		To		
From		To		
From		To		
From		To		
From		To		
From		To		
From		To		
From		To		
From		To		

(B) The contributor is expected to/has resumed full working hours on ____/____/____.

SIGNATURE OF EMPLOYER OR AUTHORISED AGENT

DATE: ____/____/____

EMPLOYER STAMP (if available)

(Form UI-2.7 substituted by regulation 7(1) of Government Notice R1434 in Government Gazette 42140 dated 28 December 2018)

(Form UI-2.7 substituted by regulation 5 of Government Notice R1421 in Government Gazette 42821 dated 4 November 2019, with effect from 4 November 2019)

Prepared by:

To be completed by the Financial Institution (Bank/Post Office)

NB: No alterations should be made on this form

Identity Document

[illegible]

Account number

--	--	--	--	--	--	--	--

[illegible]

Savings account

Current account

Transmission account

Dormant:

Active

Name of Bank / Post Office official

--

Bank Stamp

Date: _____

I, _____
(Full name and surname in block letters)

Identity Document

[illegible]

I declare that the information as furnished by the abovementioned Financial Institution is to my knowledge accurate and complete. I indemnify the UIC of any liability in the event of payment being made into the provided banking account should this account be incorrect or incomplete.

Date _____

Prepared by:

UNEMPLOYMENT INSURANCE ACT 63 OF 2001 AS AMENDED
APPLICATION FOR PARENTAL BENEFITS IN TERMS OF SECTION 26A (1), 27(3) and 29A (1) Read with Regulation 6(1)

PLEASE SELECT THE TYPE OF BENEFITS YOU WISH TO APPLY FOR:

Parental	Adoption	Commissioning Parental
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Identity Document <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	Identity Document of child <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	Date of Birth (dd/mm/yy) <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	Gender Male <div style="border: 1px solid black; height: 15px; width: 40px;"></div> Female <div style="border: 1px solid black; height: 15px; width: 40px;"></div>
----------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------

First name <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	Surname <div style="border: 1px solid black; height: 15px; width: 100%;"></div>
---------------------------------------------------------------------------------------	------------------------------------------------------------------------------------

Postal Address <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	Code <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	Code /Telephone No <div style="border: 1px solid black; height: 15px; width: 100%;"></div>
-------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------

Residential Address <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	Code <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	Cell No <div style="border: 1px solid black; height: 15px; width: 100%;"></div>
------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------	------------------------------------------------------------------------------------

Occupation <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	E-Mail Address <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	Fax Number <div style="border: 1px solid black; height: 15px; width: 100%;"></div>
---------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------

Education SPECIAL SCHOOL CERT. <div style="border: 1px solid black; height: 15px; width: 40px;"></div>	GRADE 8-9 <div style="border: 1px solid black; height: 15px; width: 40px;"></div>	GRADE 12 <div style="border: 1px solid black; height: 15px; width: 40px;"></div>
BELOW GRADE 8 <div style="border: 1px solid black; height: 15px; width: 40px;"></div>	GRADE 10 - 11 <div style="border: 1px solid black; height: 15px; width: 40px;"></div>	ABOVE GRADE 12 <div style="border: 1px solid black; height: 15px; width: 40px;"></div>

Details of previous application if Identity Document differs from current

a) Name and Identity Document under which you applied:

ARE YOU STILL EMPLOYED

YES

NO

NB: IF YOU ARE STILL EMPLOYED, FORM UI 2.7 MUST ALSO BE COMPLETED.

IMPORTANT: READ THIS SECTION BELOW:

In the event of my application being successful, the Claims Officer will authorise the payment of benefits. I also undertake to inform the Claims Officer as soon as I am re-employed and understand that failure to do so will constitute fraud.

In the event of an overpayment as a result of any application I submitted, I undertake that I will refund the full amount to the Fund.

FOR OFFICIAL USE ONLY:

I declare that the above information is true and correct. SIGNATURE OF APPLICANT Date: ____/____/____	SIGNATURE OF OFFICIAL Date: ____/____/____	Claim approved from: _____ Application refused in terms of: _____ Claims officer (Please Print): _____ Signature: _____ Date: ____/____/____	Department of Employment and Labour Office Stamp
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(Form UI-2.9 inserted by regulation 6 of Government Notice R1421 in Government Gazette 42821 dated 4 November 2019, with effect from 4 November 2019)

UNEMPLOYMENT INSURANCE ACT 63 OF 2001 AS AMENDED
APPLICATION FOR PAYMENT OF PARENTAL BENEFITS
IN TERMS OF REGULATION 6(3)

Identity Document

[illegible]

1.	Surname:																												
2.	Previous surname: <i>(Only if it changed since submission of current claim)</i>																												
3.	First names:																												
4.	Contact number:																												
IN THE EVENT OF A CHANGE OF ADDRESS INDICATE YOUR NEW DETAILS																													
5.	Postal address:																												
6.	Residential address: <i>(If different from postal address)</i>																			Postal code									
<p>7. (a) If you have commenced work indicate date: ____/____/____</p> <p>(b) Name of new employer: _____ Employer Contact number: _____</p> <p>(c) If the Reduced Work Time period has come to an end indicate the date ____/____/____</p>																													
➤ NB IF YOUR BANKING DETAILS HAVE CHANGED FORM UI-2.8 MUST BE COMPLETED AND SUBMITTED																													
<p>I declare that :</p> <ul style="list-style-type: none"> I am unemployed and have not been employed since I last submitted my application completed a continuation form and that I have not received remuneration or payment in kind for any work performed without notifying the Claims Officer. I am on Reduced Work Time <i>(if applicable)</i> I am aware of the fact that it is an offence to complete this continuation form while I am in employment/ not on Reduced Work Time without informing the Claims Officer that I have resumed work. I furthermore declare that the information given is true and correct. I am aware that it is an offence to willfully make a false statement. 																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>_____ Signature of applicant</p> </div> <div style="width: 10%; text-align: center;"> <p>____/____/____ Date</p> </div> <div style="width: 45%;"></div> </div>																													
<p>NB! ➤ THIS FORM MUST BE SUBMITTED TO YOUR NEAREST DEPARTMENT OF EMPLOYMENT AND LABOUR OFFICE.</p> <p>➤ NO POST DATED FORMS WILL BE ACCEPTED OR PROCESSED.</p> <p>➤ IN THE EVENT OF YOU RESUMING EMPLOYMENT OR BACK TO YOUR NORMAL WORKING HOURS YOU ARE REQUIRED TO INFORM THE DEPARTMENT OF EMPLOYMENT AND LABOUR OFFICES IMMEDIATELY AND TO REQUEST THE NEW/CURRENT EMPLOYER TO SUBMIT A DECLARATION (UI-19).</p>																													

<u>Date Received:</u>	
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(Form UI-2.9P inserted by regulation 6 of Government Notice R1421 in Government Gazette 42821 dated 4 November 2019, with effect from 4 November 2019)

UNEMPLOYMENT INSURANCE ACT 63 OF 2001 AS AMENDED
APPLICATION FOR COMISSIONING PARENTAL BENEFITS IN TERMS OF SECTION 26A (1), 27(3) and 29A (1) Read with Regulation 6(1)

Identity Number	<input type="text"/>	Identity document of child	<input type="text"/>	Date of Birth (dd/mm/yy)	<input type="text"/>	Gender	<input type="text"/>	<input type="text"/>											
First name	<input type="text"/>	Surname	<input type="text"/>																
Postal Address	<input type="text"/>			Code	<input type="text"/>	Code /Telephone No	<input type="text"/>												
Residential Address	<input type="text"/>			Code	<input type="text"/>	Cell No	<input type="text"/>												
Occupation	<input type="text"/>	E-Mail Address	<input type="text"/>		Fax Number	<input type="text"/>													
Education	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">SPECIAL SCHOOL CERT.</td> <td style="width: 50%;"><input type="text"/></td> </tr> <tr> <td>BELOW GRADE 8</td> <td><input type="text"/></td> </tr> </table>		SPECIAL SCHOOL CERT.	<input type="text"/>	BELOW GRADE 8	<input type="text"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">GRADE 8-9</td> <td style="width: 50%;"><input type="text"/></td> </tr> <tr> <td>GRADE 10 - 11</td> <td><input type="text"/></td> </tr> </table>		GRADE 8-9	<input type="text"/>	GRADE 10 - 11	<input type="text"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">GRADE 12</td> <td style="width: 50%;"><input type="text"/></td> </tr> <tr> <td>ABOVE GRADE 12</td> <td><input type="text"/></td> </tr> </table>			GRADE 12	<input type="text"/>	ABOVE GRADE 12	<input type="text"/>
SPECIAL SCHOOL CERT.	<input type="text"/>																		
BELOW GRADE 8	<input type="text"/>																		
GRADE 8-9	<input type="text"/>																		
GRADE 10 - 11	<input type="text"/>																		
GRADE 12	<input type="text"/>																		
ABOVE GRADE 12	<input type="text"/>																		

Details of previous application if Identity document differs from current

a) Name and Identity document under which you applied:

ARE YOU STILL EMPLOYED

☐ YES

☐ NO

NB: IF YOU ARE STILL EMPLOYED, FORM UI 2.7 MUST ALSO BE COMPLETED.

IMPORTANT: READ THIS SECTION BELOW:

In the event of my application being successful, the Claims Officer will authorise the payment of benefits. I also undertake to inform the Claims Officer as soon as I am re-employed and understand that failure to do so will constitute fraud.

In the event of an overpayment as a result of any application I submitted, I undertake that I will refund the full amount to the Fund.

FOR OFFICIAL USE ONLY:

I declare that the above information is true and correct. SIGNATURE OF APPLICANT Date: / /	SIGNATURE OF OFFICIAL Date: / /	Claim approved from: _____ Application refused in terms of: _____ Claims officer (Please Print): _____ Signature: _____ Date: / / /	Department of Employment and Labour Office Stamp
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(Form UI-2.12 inserted by regulation 6 of Government Notice R1421 in Government Gazette 42821 dated 4 November 2019, with effect from 4 November 2019)

[illegible]

<u>Date Received</u>

(Form UI-2.12P inserted by regulation 6 of Government Notice R1421 in Government Gazette 42821 dated 4 November 2019, with effect from 4 November 2019)

UNEMPLOYMENT INSURANCE ACT 63 OF 2001
ILLNESS BENEFITS IN TERMS OF SECTION 22

ID NO/PASSPORT.

[illegible]

1. Surname:

2. Previous surname: *(Only if it changed since your previous application)*

3. First names:

4. Telephone number:

IN THE EVENT OF A CHANGE OF ADDRESS INDICATE YOUR NEW DETAILS

5. Postal address:

6. Residential address: *(If different from postal address)* Postal code

7. Date returned to work: ____/____/____

I declare, except as stated in item 7, that I have not worked since the date of my application for illness benefits and have not been entitled to my normal remuneration/or will receive a portion of my normal remuneration as declared by my employer on prescribed form UI-2.7 submitted with my application form.

I furthermore declare that the information given is true and correct. I am aware that it is an offence to willfully make a false statement.

In the event of an overpayment occurring as a result of this application I undertake that I will refund the full amount to the Fund.

Signature of applicant /Proxy: _____ Date: ____/____/____

NB: IF YOUR BANKING DETAILS HAVE CHANGED, FORM UI-2.8 MUST BE COMPLETED

Where the forms are signed by a Proxy attach proof of appointment.

NB! ➤ THIS FORM MUST BE SUBMITTED TO YOUR NEAREST DEPARTMENT OF LABOUR OFFICE.

➤ **NO POST DATED FORMS WILL BE ACCEPTED OR PROCESSED.**

IN THE EVENT OF YOU RESUMING EMPLOYMENT YOU ARE REQUIRED TO INFORM THE DEPARTMENT OF LABOUR OFFICES IMMEDIATELY AND TO REQUEST THE NEW/CURRENT EMPLOYER TO SUBMIT A DECLARATION (UI-19).

MEDICAL CERTIFICATE

(To be completed by an authorized practitioner in terms Section 20(1)(c) of Act 63 of 2003)

I, _____ am a qualified _____
qualifications _____. My registration number is _____.
I confirm that _____ is suffering from _____.
This patient was not capable of performing work from _____ to _____.
Signature _____ Date _____ Tel No. _____
Address _____

Date Received

(Form UI-3 substituted by regulation 7(1) of Government Notice R1434 in Government Gazette 42140 dated 28 December 2018)

UNEMPLOYMENT INSURANCE ACT 63 OF 2001
APPLICATION FOR CONTINUATION OF PAYMENT FOR MATERNITY BENEFITS
IN TERMS OF SECTION 26

ID NO/ Passport.

[illegible]

1.	Surname:																																			
2.	Previous surname: <i>(Only if it changed since your previous application)</i>																																			
3.	First names:																																			
4.	Telephone number:																																			
IN THE EVENT OF A CHANGE OF ADDRESS INDICATE YOUR NEW DETAILS																																				
5.	Postal address:																																			
6.	Residential address: <i>(If different from postal address)</i>																										Postal code									
7.	Date returned to work:																																			
<p>8. DECLARATION:</p> <p>I declare, except as stated in item 7, that I have not worked since the date of my application for maternity benefits and have not been entitled to my normal remuneration/or will receive a portion of my normal remuneration as declared by my employer on prescribed form UI-2.7 submitted with my application form.</p> <p>I furthermore declare that the information given is true and correct. I am aware that it is an offence to willfully make a false statement. In the event of an overpayment occurring as a result of this application I undertake that I will refund the full amount to the Fund.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p>Signature of applicant _____</p> </div> <div style="width: 10%; text-align: center;"> <p>_____/_____/_____ Date</p> </div> <div style="width: 45%;"></div> </div>																																				
<p>NB: IF YOUR BANKING DETAILS HAVE CHANGED, FORM UI-2.8 MUST BE COMPLETED</p>																																				

NB! ➤ THIS FORM MUST BE SUBMITTED TO YOUR NEAREST DEPARTMENT OF LABOUR OFFICE.

➤ NO POST DATED FORMS WILL BE ACCEPTED OR PROCESSED.

➤ IN THE EVENT OF YOU RESUMING EMPLOYMENT YOU ARE REQUIRED TO INFORM THE DEPARTMENT OF LABOUR OFFICES IMMEDIATELY AND TO REQUEST THE NEW/CURRENT EMPLOYER TO SUBMIT A DECLARATION (UI-19).

MEDICAL CERTIFICATE (to be completed by a medical practitioner or registered midwife)

I, _____ am a qualified _____. Qualifications _____

My registration number is _____. I confirm that _____ is under my treatment and is pregnant.

The expected due date of birth is _____.

OR

I confirm that _____ gave birth/ stillborn / miscarriage on _____.

Signature _____ Date _____ Tel No. _____

Address _____

Date Received

(Form UI-4 substituted by regulation 7(1) of Government Notice R1434 in Government Gazette 42140 dated 28 December 2018)

UNEMPLOYMENT INSURANCE ACT 63 OF 2001
APPLICATION FOR CONTINUATION OF PAYMENT FOR ADOPTION BENEFITS
IN TERMS OF REGULATION 6(3)

ID NO/ PASSPORT.

[illegible]

1.	Surname:																																	
2.	Previous surname: <i>(Only if it changed since your previous application)</i>																																	
3.	First names:																																	
4.	Telephone number: (a)	Cell Number										(b)	Landline Number																					
IN THE EVENT OF A CHANGE OF ADDRESS INDICATE YOUR NEW DETAILS																																		
5.	Postal address:																																	
6.	Residential address: <i>(If different from postal address)</i>																										Postal code							
7.	Date of Commencement of Adoption Leave:	____/____/____																																
8.	If you have commenced work indicate date:	____/____/____																																
➤ NB IF YOUR BANKING DETAILS HAVE CHANGED FORM UI-2.8 MUST BE COMPLETED AND SUBMITTED																																		
<p>I declare that :</p> <p>I declare, except as stated in Item 7, that I have not worked since the date of my application for adoption benefits and have not been entitled to my normal remuneration or will receive a portion of my normal remuneration as declared by my employer on prescribed form UI-2.7 submitted with my application form.</p> <p>I furthermore declare that the information given is true and correct. I am aware that it is an offence to willfully make a false statement. In the event of an overpayment occurring as a result of this application I undertake that I will refund the full amount to the Fund.</p>																																		
<p>NB! ➤ THIS FORM MUST BE SUBMITTED TO YOUR NEAREST DEPARTMENT OF LABOUR OFFICE.</p> <p>➤ NO POST DATED FORMS WILL BE ACCEPTED OR PROCESSED.</p> <p>➤ IN THE EVENT OF YOU RESUMING EMPLOYMENT OR BACK TO YOUR NORMAL WORKING HOURS YOU ARE REQUIRED TO INFORM THE DEPARTMENT OF LABOUR OFFICES IMMEDIATELY AND TO REQUEST THE NEW/CURRENT EMPLOYER TO SUBMIT A DECLARATION.</p>																																		

Date Received _____

(Form UI-5 substituted by regulation 7(1) of Government Notice R1434 in Government Gazette 42140 dated 28 December 2018)

[illegible]

<u>Date Received:</u>	
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(Form UI-6A inserted by regulation 7(1) of Government Notice R1434 in Government Gazette 42140 dated 28 December 2018)

Notice of appeal against a decision of the Commissioner or a claims officer

Application in terms of section 37(1) read with regulation 8(1)

A person entitled to benefits in terms of the Act may appeal against a decision of the Commissioner to suspend that person's right to benefits, or a decision of a claims officer relating to the payment or non payment of benefits. This Notice of appeal must be sent to the Appeal Committee, Unemployment Insurance Board, 94 Church Street, Pretoria, 0002.

1. Personal details

- 1.1 Name _____
- 1.2 ID number _____
- 1.3 Passport number _____
- 1.4 Residential address _____
- 1.5 Postal address _____
- 1.6 E mail address _____
- 1.7 Tel number (include the code) _____
- 1.8 Cell number _____

2. Employer details

- 2.1 Name of employer (prior to unemployment) _____
- 2.2 UIF reference number _____
- 2.3 Physical address _____
- 2.4 Postal address _____
- 2.5 E mail address _____
- 2.6 Tel number _____
- 2.7 Fax number _____

3. Decision appealed against

- 3.1 What decision are you appealing against?

- 3.2 Which body made the decision?

- 3.3 When was the decision made?

3.4 When were you notified about the decision?

3.5 Why are you appealing against the decision?

3.6 In what respects do you think the decision is incorrect or unfair?

3.7 What outcome do you seek from this appeal?

Signature _____

Date _____

For official purposes

On the _____ the Appeal Committee decided that the appeal was

☐ Successful

☐ Unsuccessful because _____

Signature of chairperson _____ Date _____

UNEMPLOYMENT INSURANCE ACT 63 OF 2001**Referral of dispute to CCMA for arbitration**

Application in terms of section 37(2) read with regulation 9(1)

A person who is dissatisfied with the decision of the Appeal Committee may refer a dispute to the CCMA for arbitration within 30 days of receiving notification of the decision.

The person referring the dispute must serve it on the Commissioner by hand, registered post or fax, and then on to the CCMA (with proof of this service) in the province in which the application for benefits was considered.

1. Personal details

1.1 Surname _____

1.2 First Name _____

1.3 ID number _____

1.4 Passport number _____

1.5 UIF number (Employers reference No) _____

1.6 Residential address _____

1.7 Postal address _____

1.8 E mail address _____

1.9 Tel number (include the code) _____

1.10 Fax number (include the code) _____

1.11 Cell number _____

2. Dispute details

2.1 What is the nature of the dispute (ie what is the dispute about)?

2.2 What factors do you think the Appeal Committee failed to consider?

2.3 What other information do you want to draw to the CCMA's attention?

2.4 What outcome do you seek from this arbitration?

3. Documents to attach to this form:

- 3.1 Your Notice of appeal against a decision of the Commissioner or a claims officer
- 3.2 The decision from the Appeal Committee
- 3.3 Use additional pages if required

Signature _____

Date _____

UNEMPLOYMENT INSURANCE ACT 63 OF 2001**Record of undertaking**

Record of undertaking in terms of Section 38 read with Regulation 10(1)

A labour inspector may secure an undertaking from an employer who has failed to comply with certain provisions of the Act.

I (name) _____ ID No _____
 representing the employer (name of employer) _____ located
 at (address of employer) _____

admit that the employer has failed to comply with the Act in the following respects -

The employer undertakes to rectify these acts or omissions by -

Signature of authorised employer representative

Name of labour inspector

Signature of labour inspector

Witnesses

Date

UNEMPLOYMENT INSURANCE ACT 63 OF 2001
Receipt of payment by employer
 Receipt of payment in terms of Section 38(2)(c) read with Regulation 10(2)

A labour inspector must provide a receipt in respect of payment received from an employer

I, _____ ID No _____ an inspector in the
 Department of Labour, appointed in terms of the Act, acknowledge receipt of the amount
 R _____ (sum also in words) _____
 from _____ (employer's name) being an amount owed to
 _____ in terms of section _____
 of the Act 63 of 2001, and/or in terms of an undertaking dated _____
 The amount was paid by (cheque / cash / other) _____

Received by: _____
 Designation: _____
 Date: _____

UNEMPLOYMENT INSURANCE ACT 63 OF 2001**Issue of compliance order**

Issue of compliance order in terms of Section 39(1) and 39(2) read with Regulation 11

A labour inspector may issue a compliance order if he or she has reasonable grounds to believe that an employer has not complied a provision of the Act.

An employer may object to the Director-General, Labour within 30 days of receiving this order.

1. Employer details

1.1 Name of employer _____

1.2 Physical address _____

1.3 Postal address _____

1.4 E mail address _____

1.5 Address of each workplace _____

1.6 Tel number (include the code) _____

1.7 Fax number (include the code) _____

2. Non compliance details

2.1 You have failed to comply with the following section of the Act _____

2.2 You have failed to comply with a written undertaking in that you -

2.3 The extent of your non compliance is as follows:

3. The order

3.1 You are ordered to pay the Fund the amount of _____

3.2 You are ordered to take the following steps:

3.3 If you fail to comply with the above the following steps maybe taken:

Name of labour inspector

Signature of labour inspector

Date of issue

Date of service of compliance order to employer

Received by employer

UNEMPLOYMENT INSURANCE ACT 63 OF 2001**Objection to compliance order**

Objection to compliance order in terms of section 40 read with regulation 12

An employer may object to a compliance order within 30 days of receiving the order by referring the dispute for resolution to the Director-General, Labour.

1. Employer details

- 1.1 Name of employer _____
- 1.2 Physical address _____
- 1.3 Postal address _____
- 1.4 E mail address _____
- 1.5 Tel number (include the code) _____
- 1.6 Fax number (include the code) _____

2. Objection details

- 2.1 To which portion of the compliance order do you object?

- 2.2 What is the nature of your objection?

- 2.3 Is there any other information you wish to draw to the Director's-General attention?

- 2.4 What outcome do you seek from this objection?

3. Documents

You must include:

- 3.1 The compliance order 3.2 Record of undertaking (if applicable)

Signature _____ Date _____

PLEASE NOTE: UI-19 MUST BE COMPLETED FOR CHANGE OF INFORMATION ABOUT EMPLOYEES

1.1 UIF Employer Reference. No _____ Branch No _____

1.2 Name of employer: _____

1.3 Physical address _____

1.4 Postal address: _____

1.5 Address where employees listed in Item 2 work _____

1.6 PAYE Reference No. (If registered with SARS) _____

(if different to the above address) _____

1.7 Company Registration No: _____

1.8 E mail address _____ 1.9 Fax number _____

1.10 Tel number _____ 1.11 Authorised person ¹ _____

[illegible]

EMPLOYER SIGNATURE _____

DATE _____

¹ If the employer is not resident in the RSA, or is a body corporate not registered in the RSA, an authorised person must carry out the duties of the employer in terms of this Act.

² Remuneration is defined in terms of section 1 of the Unemployment Insurance Contributions Act

³ Frequency of salary/wage payment i.e. M=Monthly, W=Weekly, D=Daily and H=Hourly

⁴ Total contribution = the amount payable by both employer and employee i.e. 2% X amount of column G

⁵ Employers may also submit these details electronically from their payrolls or on the UIF's Website at www.uif.gov.za – Telephone no (012) 337 1680.

UI-19

An employer must by the seventh day of each month inform the Commissioner with all the information during the previous month regarding the employer's contact details or employees remuneration details including new appointments and termination of service. The employer must forward this form to the Unemployment Insurance Fund at (012) 337-1943/44 or 337-1580/81/82 **or submit same at any branch of the UIF which is closest to the employer. The completed form can also be faxed to any of the following numbers: Pta (012) 309 5142/5286; Jhb (011) 497 3293; Dbn (031) 366 2156; Polokwane (015) 290 1670; Mmabatho (018) 384 2658; East Ldn (043) 701 3263; Bllftn (051) 447 9353; CT (021) 441 8024; Wrb (013) 656 0233; PE (041) 506 5142; Gmn (011) 873 2219; George (044) 873 2568; Pmb (033) 394 5069. Or mail to: uif.declarations@labour.gov.za**

1.1	UIF Employer Reference No	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	Branch No	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	1.2	PAYE Reference No (If registered with SARS)	<div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>
1.3	Trading name of business				1.4	Physical Address	
1.5	Address where employees listed in Item 2 work (if different to the address in 1.4)				1.6	Postal address	
1.7					1.7	Co. Reg.No (CIPRO No)	<div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div>
1.8	E-mail address	1.9	Fax No	1.10	Phone No	1.11 Authorised person**	

[illegible]

EMPLOYER SIGNATURE		DATE	
DESCRIPTIONS	Code	(J) Reason for Non-Contribution ***	Employer Stamp (if available)
** If the employer is not resident in the RSA, or is a body corporate not registered in the RSA, an authorised person must carry out the duties of the employer in terms of this Act.	1	Temporary employees (less than 24 hours per month)	
	2	Employees who earn commission only	
D* Remuneration means actual basic salary plus payment in kind (Declare actual gross salary)	3	No income paid for the payroll period	
If paid Weekly, convert wages to monthly salary (weekly wages X 52/12)			
E* Total Hours Worked ie. Actual hours worked during the month			
Employers may also submit these details electronically from payrolls or on the UIF's website at www.labour.gov.za			
* Only Applicable for Commercial employers. Domestic employers – provide Surname and initials			
**** Constructive dismissal can only be determined by the CCMA : Bargaining-Council or Labour Court			

REASON FOR TERMINATION CODES									
2	Deceased	6	Resigned	10	Illness /Medically boarded	14	Business Closed	18	Commissioning Parental
3	Retired	7	Constructive Dismissal****	11	Retrenched/Staff Reduction	15	Death of Domestic Employer	19	Parental Leave
4	Dismissed	8	Insolvency/Liquidation	12	Transfer to another Branch	16	Voluntary Severance Package		
5	Contract Expired	9	Maternity/Adoption	13	Absconded	17	Reduced Work Time		

(Form UI-19 substituted by Government Notice R823 in Government Gazette 27891 dated 10 August 2005)

(Form UI-19 substituted by regulation 7(1) of Government Notice R1434 in Government Gazette 42140 dated 28 December 2018)

(Form UI-19 substituted by regulation 5 of Government Notice R1421 in Government Gazette 42821 dated 4 November 2019, with effect from 4 November 2019)

NOMINATION FORM FOR UIF DEPENDANTS BENEFITS (PLEASE NOTE THAT NO ALTERATIONS ARE ACCETED ON THIS FORM)

I _____, Identity Document
(Employee's full name & surname)

[illegible]

Currently employed at _____ UIF Ref Number _____, hereby
nominate the below individual(s) indicated to have access to my UIF Dependents Benefits in the event of my death.

1. SPOUSE / LIFE PARTNER

Surname	Full Names	Relationship to employee	Date of Birth	Identity Document

2. CHILD/REN UNDER THE AGE OF 21 OR LEARNER OR DEPENDANT CHILD

Surname	Full Names	Date of Birth	Identity Document

3. **NOMINATED BENEFICIARY OF YOUR CHOICE** (if more than 1 nominee, the percentage must be allocated per nominee)

Surname	Full Names	Date of birth	Valid ID/Passport/Permit Number	Relationship to employee	Allocated percentage
Total Percentage					100%

I, _____ the undersigned understand that my circumstances and those of the persons shown above as dependants and/or nominees may change. In the event there is a change, I undertake to complete and re-submit the form UI-53 to my Employer for submission to the Department of Employment & Labour.

Signed at: _____ on the _____

EMPLOYEE'S SIGNATURE

FULL NAME OF EMPLOYER REPRESENTATIVE

EMPLOYER'S SIGNATURE

DATE _____

• PLEASE NOTE THAT NO ALTERATIONS ARE ACCEPTED ON THIS FORM

(Form UI-53 inserted by regulation 7(2) of Government Notice R1434 in Government Gazette 42140 dated 28 December 2018)

(Form UI-53 substituted by regulation 5 of Government Notice R1421 in Government Gazette 42821 dated 4 November 2019, with effect from 4 November 2019)

Prepared by: