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## GOVERNMENT NOTICES • GOEWERMENTSKENNISGEWINGS

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### DEPARTMENT OF LABOUR

NO. R. 1421

04 NOVEMBER 2019

### DEPARTMENT OF EMPLOYMENT AND LABOUR

### UNEMPLOYMENT INSURANCE ACT, 2001 (ACT NO. 63 OF 2001)

### AMENDMENT OF UNEMPLOYMENT INSURANCE ACT REGULATIONS

The Minister of the Department of Employment and Labour has, in terms of section 54 of the Unemployment Insurance Act, 2001 (Act No. 63 of 2001), and after consultation with the Unemployment Insurance Board, made the regulations in the Schedule that will come into operation as follows:

Regulation 5A of the Amendment Regulations will come into operation on date of publication.

Regulations 5B and 6(f) of the Amendment Regulations will come into operation from 01 April 2020.



MR. T. W. NXESI, MP

MINISTER OF EMPLOYMENT AND LABOUR

DATE: 31/10/2019

## SCHEDULE

### Definition

1. In this Schedule "the Regulations" means the regulations published under Government Notice No. R. 400 of 28 March 2002 as amended by Government Notice No. 536 of 23 April 2004, Government Notice No. R. 823 of 10 August 2005, Government Notice No. R. 948 of 5 October 2009 and Government Notice No. R. 1434 of 28 December 2018.

### Insertion of regulation 5A in the Regulations

2. The following regulation is hereby inserted after regulation 5 of the Regulations:

#### **"Application for parental benefits in terms of section 26B of the Act**

- 5A.** (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."

### Insertion of regulation 5B in the Regulations

3. The following regulation is hereby inserted after regulation 5A of the Regulations:

#### **"Application for commissioning parental benefit in terms of section 29B of the Act**

- 5B** (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.”

#### **Amendment of regulation 6 of the Regulations**

4. Regulation 6 of the Regulations is hereby amended by the insertion of the following paragraph after paragraph (e) of sub-regulation (2):

“(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.”

#### **Amended forms**

5. Forms 2.1; 2.2; 2.3; 2.4; 2.5; 2.6; 2.7; 2.8; 19 and 53 are hereby substituted for the evenly numbered forms in the Annexure.

#### **New forms**

6. Forms 2.1P; 2.2P; 2.3P; 2.4P; 2.9P; 2.12P; 2.9; and 2.12

#### **Short title**

7. These regulations are called the Unemployment Insurance Act Amendment Regulations, 2019 and shall come into operation as follows:

Regulation 5A of the Amendment Regulations will come into operation on date of publication

Regulations 5B and 6(f) of the Amendment Regulations will come into operation from 01 April 2020

Date Received

Date Received

## UI-2.7

**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. 

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

 / 

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(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	
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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)**

**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:																									
<b>IN THE EVENT OF A CHANGE OF ADDRESS INDICATE YOUR NEW DETAILS</b>																										
5.	Postal address:																									
6.	Residential address: <i>(If different from postal address)</i>																			Postal code						
7. (a) If you have commenced work indicate date:    ____/____/____ (b) Name of new employer: _____ Employer Contact number: _____ (c) If the Reduced Work Time period has come to an end indicate the date ____/____/____																										
➤ NB IF YOUR BANKING DETAILS HAVE CHANGED FORM UI-2.8 MUST BE COMPLETED AND SUBMITTED																										
I declare that : <ul style="list-style-type: none"> <li>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.</li> <li>I am on Reduced Work Time <i>(if applicable)</i></li> <li>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.</li> <li>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.</li> </ul>																										
_____ Signature of applicant										____/____/____ Date																
<b>NB! ➤ THIS FORM MUST BE SUBMITTED TO YOUR NEAREST DEPARTMENT OF EMPLOYMENT AND LABOUR OFFICE.</b> ➤ NO POST DATED FORMS WILL BE ACCEPTED OR PROCESSED. ➤ 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).																										

<u>Date Received:</u>	
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UI-53

**NOMINATION FORM FOR UIF DEPENDANTS BENEFITS** (PLEASE NOTE THAT NO ALTERATIONS ARE ACCETED ON THIS FORM)I \_\_\_\_\_, Identity Document \_\_\_\_\_  
(Employee's full name & surname)

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

Currently employed at \_\_\_\_\_ UIF Ref Number \_\_\_\_\_, hereby nominate the below individual(s) indicated to have access to my UIF Dependants 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
<b>Total Percentage</b>					<b>100%</b>

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 &amp; 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



DESCRIPTIONS		Code		(d) 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 <a href="http://www.labour.gov.za">www.labour.gov.za</a>				
*	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	Mutuality/Adaptation	13	Abandonment	17	Reduced Work Time		

**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**

**Details of previous application if Identity Document differs to current.**

a) Name and ID No under which you applied:

<p>I declare that the above information is true and correct.</p> <p>SIGNATURE OF APPLICANT</p> <p>_____</p> <p>DATE: ____/____/____</p>	<p>SIGNATURE OF OFFICIAL</p> <p>_____</p> <p>DATE: ____/____/____</p>	<p>Claim approved from _____</p> <p>Application refused in terms of _____</p> <p>Claims Officer (please print) _____</p> <p>Signature _____ Date _____</p>	<p>DEPARTMENT OF EMPLOYMENT AND LABOUR</p> <p>OFFICE STAMP</p>
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UI-2.8

# **UNEMPLOYMENT INSURANCE ACT 63 OF 2001 AS AMENDED** **AUTHORISATION TO PAY BENEFITS INTO BANKING ACCOUNT**

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

***NB: No alterations should be made on this form***

Name of account holder \_\_\_\_\_,  
*(Full name and surname in block letters)*

**Identity Document**

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

Name of Financial Institution \_\_\_\_\_

Branch code

Account number

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

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

Indicate with an "X"

Savings account	<input type="checkbox"/>
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Current account	<input type="checkbox"/>
-----------------	--------------------------

Transmission account	<input type="checkbox"/>
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Dormant:	<input type="checkbox"/>
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Active	<input type="checkbox"/>
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***I declare that the abovementioned information is correct and complete in every aspect and that the Unemployment Insurance Commissioner will not be held liable for any incorrect payment which might arise due to incorrect/incomplete information supplied by me.***

\_\_\_\_\_  
 Name of Bank / Post Office official



\_\_\_\_\_  
 Signature of Bank/ Post Office Official

Bank Stamp

Date: \_\_\_\_\_

**To be completed by the Applicant**

I, \_\_\_\_\_  
*(Full name and surname in block letters)*

**Identity Document**

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Hereby authorise the Unemployment Insurance Commissioner/Claims Officer to pay my benefits, if approved, into the abovementioned account held at the Financial Institution, unless otherwise instructed in writing.

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.

\_\_\_\_\_  
 Signature of applicant

\_\_\_\_\_  
 Date

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

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

**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:		<b>SIGNATURE OF APPLICANT</b>  I declare that the above information is true and correct.  Date:        /        /		<b>SIGNATURE OF OFFICIAL</b>  Date:        /        /		Claim approved from: _____  Application refused in terms of: _____  Claims officer (Please Print): _____  Signature: _____ Date:        /        /		<b>Department of Employment and Labour</b> <b>Office Stamp</b>	
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UI-2.1P

**UNEMPLOYMENT INSURANCE ACT 63 OF 2001 AS AMENDED**  
**APPLICATION FOR PAYMENT OF UNEMPLOYMENT BENEFITS**  
**IN TERMS OF SECTION 17(4) READ WITH REGULATION 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:																											
<b><u>IN THE EVENT OF A CHANGE OF ADDRESS INDICATE YOUR NEW DETAILS</u></b>																												
5.	Postal address:																											
6.	Residential address: <i>(If different from postal address)</i>																					Postal code						
7. (a) If you have commenced work indicate date:    ____/____/____ (b) Name of new employer: _____ Employer Contact number: _____ (c) If the Reduced Work Time period has come to an end indicate the date:    ____/____/____																												
➤ 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"> <li>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.</li> <li>I am on Reduced Work Time <i>(if applicable)</i></li> <li>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.</li> <li>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.</li> </ul>																												
										_____/_____/____																		
Signature of applicant										Date																		
<p><b>NB! ➤ THIS FORM MUST BE SUBMITTED TO YOUR NEAREST DEPARTMENT OF EMPLOYMENT AND LABOUR OFFICE.</b></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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UI-2.2

**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	
												Male	Female
First Names										Surname			
Postal Address										Code /Telephone No			
Residential Address										Code		Cell No	
Occupation										Code		Fax Number	
E-Mail Address													
Education				GRADE 8-9				GRADE 12					
SPECIAL SCHOOL CERT.				GRADE 10 - 11				ABOVE GRADE 12					
BELOW GRADE 8													

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 \_\_\_\_\_ (optional)  
is suffering from \_\_\_\_\_

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	SIGNATURE OF OFFICIAL		Department of Employment and Labour Office Stamp
	Date: _____ / _____ / _____		
Claim approved from: _____		Date: _____ / _____ / _____	
Application refused in terms of: _____			
Claims officer (Please Print): _____			
Signature: _____			



### UI-2.3

**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)																			
												Surname																	
First Names																													
Postal Address										Code		Code / Telephone No																	
Residential Address										Code		Cell No																	
Occupation										Code		Fax Number																	
Education										E-Mail Address																			
<table border="1"> <tr> <td colspan="2">SPECIAL SCHOOL CERT.</td> <td colspan="2"></td> </tr> <tr> <td colspan="2">BELOW GRADE 8</td> <td colspan="2"></td> </tr> </table>										SPECIAL SCHOOL CERT.				BELOW GRADE 8				<table border="1"> <tr> <td>GRADE 8-9</td> <td></td> </tr> <tr> <td>GRADE 10 - 11</td> <td></td> </tr> </table>		GRADE 8-9		GRADE 10 - 11		<table border="1"> <tr> <td>GRADE 12</td> <td></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

**NO** **YES**

***NO***

***NO***

**NOTE: 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** \_\_\_\_\_

Date \_\_\_\_\_

**Signature**

**Tel No.** \_\_\_\_\_

**Tel No.**

---

**Address**

### Address

Medical Practice Stamp  
(If available)

**FOR OFFICIAL USE ONLY:**

**I declare that the above information is true and correct.**

**SIGNATURE OF APPLICANT**

**SIGNATURE OF OFFICIAL**

**Claim approved from:**

**Application refused in terms of:**

**Claims officer (Please Print):**

**Signature:**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Department of Employment and Labour  
Office Stamp**

ate:



# Identity Document

[illegible]

- [illegible]

[illegible]

**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 for payment I undertake that I will refund the full amount to the Fund.**

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

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

- |            |  |
|------------|--|
| <b>NB!</b> | ➤ <b>THIS FORM MUST BE SUBMITTED TO YOUR NEAREST DEPARTMENT OF EMPLOYMENT AND LABOUR OFFICE.</b>   |
|            | ➤ <b>NO POST DATED FORMS WILL BE ACCEPTED OR PROCESSED.</b>  |
|            | ➤ <b>IN THE EVENT OF YOU RESUMING EMPLOYMENT 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).</b> |

Date Received

UI-2.4

**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										Identity document of child										Date of Birth (dd/mm/yy)		Gender							
																						Male		Female					
First name																				Surname									
Postal Address																				Code /Telephone No									
																				Code									
Residential Address																				Cell No									
																				Code									
Occupation																				Fax Number									
E-Mail Address																													
Education										GRADE 8-9										GRADE 12									
SPECIAL SCHOOL CERT.																													
BELOW GRADE 8										GRADE 10 - 11										ABOVE GRADE 12									

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:

I declare that the above information is true and correct. <b>SIGNATURE OF APPLICANT</b>	<b>SIGNATURE OF OFFICIAL</b>	<b>Department of Employment and Labour Office Stamp</b>
Date: ____ / ____ / ____	Date: ____ / ____ / ____	Date: ____ / ____ / ____

UI-2.5

**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:**

<i>Identity Document</i>									
<i>First Names</i>									
<i>Last Residential Address</i>									
<i>Details of previous application if Identity Document differs to current</i>									
a) <i>Name and ID/ passport No under which deceased applied:</i>									

<i>Date of Birth (dd/mm/yy)</i>	<i>Gender</i>	<i>Date of Death</i>
<div style="display: flex; justify-content: space-between;"> <div style="width: 15px; height: 15px;"></div> <div style="width: 15px; height: 15px;"></div> <div style="width: 15px; height: 15px;"></div> <div style="width: 15px; height: 15px;"></div> <div style="width: 15px; height: 15px;"></div> <div style="width: 15px; height: 15px;"></div> <div style="width: 15px; height: 15px;"></div> <div style="width: 15px; height: 15px;"></div> <div style="width: 15px; height: 15px;"></div> <div style="width: 15px; height: 15px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="width: 40px; text-align: center;">Male</div> <div style="width: 40px; text-align: center;">Female</div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> </div>

**B. PARTICULARS OF SURVIVING SPOUSE OR LIFE PARTNER**

<i>Identity Document</i>									
<i>First Names</i>									
<i>Surname</i>									
<i>Date of Birth (dd/mm/yy)</i>									
<i>Gender</i>									
<i>Postal Address</i>									
<i>Residential Address</i>									
<i>E-Mail Address</i>									

<i>Date of Birth (dd/mm/yy)</i>	<i>Gender</i>	<i>Tel No</i>
<div style="display: flex; justify-content: space-between;"> <div style="width: 15px; height: 15px;"></div> <div style="width: 15px; height: 15px;"></div> <div style="width: 15px; height: 15px;"></div> <div style="width: 15px; height: 15px;"></div> <div style="width: 15px; height: 15px;"></div> <div style="width: 15px; height: 15px;"></div> <div style="width: 15px; height: 15px;"></div> <div style="width: 15px; height: 15px;"></div> <div style="width: 15px; height: 15px;"></div> <div style="width: 15px; height: 15px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="width: 40px; text-align: center;">Male</div> <div style="width: 40px; text-align: center;">Female</div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> </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 style="text-align: center;">Department of Employment and Labour Office Stamp</p>
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UI-2.6

**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	
<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Names										Surname		Date of Death	
<input type="text"/>										<input type="text"/>		<input type="text"/>	
Last Residential Address										Code		<input type="text"/>	

Details of previous application if Identity Document differs from current

a) Name and Identity Document under which deceased applied:

**B. PARTICULARS OF APPLICANT:**

Identity Document										Date of Birth (dd/mm/yy)		Gender	
<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Names										Surname		Nominated beneficiary	
<input type="text"/>										<input type="text"/>		<input type="text"/>	
Postal Address										Code		Tel No	
<input type="text"/>										<input type="text"/>		<input type="text"/>	
Residential Address										Code		Cell No	
<input type="text"/>										<input type="text"/>		<input type="text"/>	
C. CHILD'S DETAILS:										Date of Birth (dd/mm/yy)		Gender	
First Names										Surname		Nominated beneficiary	
<input type="text"/>										<input type="text"/>		<input type="text"/>	
Residential Address										Code		Tel No	
<input type="text"/>										<input type="text"/>		<input type="text"/>	
D. NOMINATED BENEFICIARY'S DETAILS:										Date of Birth (dd/mm/yy)		Gender	
First Names										Surname		Nominated beneficiary	
<input type="text"/>										<input type="text"/>		<input type="text"/>	
Residential Address										Code		Tel No	
<input type="text"/>										<input type="text"/>		<input type="text"/>	

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. <b>SIGNATURE OF APPLICANT</b> Date: ____/____/____	<b>SIGNATURE OF OFFICIAL</b> Claim approved from: Application refused in terms of: Claims officer (Please Print): Signature: Date: ____/____/____	<b>Department of Employment and Labour</b> <b>Office Stamp</b>
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UI-2.9

**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	Identity Document of child	Date of Birth (dd/mm/yy)	Gender																																
<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>											<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>											<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>											<table border="1"> <tr><td>Male</td><td>Female</td></tr> </table>	Male	Female
Male	Female																																		

First name	Surname
Postal Address	Code /Telephone No
Residential Address	Code
Occupation	Code
E-Mail Address	Fax Number

Education	GRADE 8-9	GRADE 12
SPECIAL SCHOOL CERT.		
BELOW GRADE 8	GRADE 10 - 11	ABOVE GRADE 12

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	SIGNATURE OF OFFICIAL	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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