DEPARTMENT OF LABOUR

NO. 670 14 JULY 2017

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

CALL FOR COMMENTS ON THE AMENDMENTS TO THE REGULATIONS TO THE UNEMPLOYMENT INSURANCE ACT, 2001

I, Nelisiwe Mildred Oliphant, Minister responsible for Department of Labour, under Section 54 (1) of the Unemployment Insurance Act, 2001 (Act No. 63 of 2001) intend to make amendments to the Regulations to the Unemployment Insurance Act, 2001 as set out in the Schedule.

Interested persons or organisations are hereby invited to submit written comments on the draft regulations within 30 calendar days from the date of publication.

Comments shall be forwarded to:

(a) Post to:

The Department of Labour (UIF)

P.O. Box 1851

Pretoria

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No. 40978 **69**

(b) Hand to:

The Department of Labour (UIF)

Directorate: Legal Services

230 Lillian Ngoyi Street;

Pretoria

0001

Any enquiries in connection with the Notice can be directed to M.C. Phathela at Cornelius.phathela@labour.gov.za, Tel: 012 333 1775 or 012 333 1775; Torn Buys at tom.buys@labour.gov.za; Tel: 012 337 1851

Comments received after the closing date may not be considered.

N. M Oliphant (MP)

MINISTER OF LABOUR

DATE: 01/06/3017

SCHEDULE

General explanatory note



___ Words underlined with a solid line indicate insertions in the existing regulations

Definition

In this Schedule "the Regulations" means the regulations published by Government Notice No. R. 400 of 28 March 2002 as amended by Government Notice No. R363 of 12 March 2003, Government Notice No. R 536 23 of 2004, Government Notice No.R823 of 10 August 2005, Government Notice No 27946 dated 2 September 2005, Government Notice No. R948 of 5 October 2009, and Government Notice No 36674 dated 19 July 2013

Amendment of regulation 1 of the Regulations

- 2. Regulation 1 of the Regulations is hereby amended by the insertion after the definition of "official" of the following definition:
 - "small enterprise" means a small enterprise contemplated in section 1 of the National Small Enterprise Act, 1996 (No. 102 of 1996)."

Substitution of regulation 3 of the Regulations

3. Regulation 3 of the Regulations is hereby substituted for the following regulation:

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

- 3. (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."

Amendment of regulation 7 of the Regulations

- **4.** Regulation 7 of the Regulations is hereby amended by the addition of the following sub-regulation:
 - "(3)(a) The 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 the employment.

- No. 40978 **71**
- (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, before his or her death, in terms of paragraph (a) complete the nomination form at commencement of new employment the Fund must accept as valid a nomination form completed at the previous employer.

Repeal of regulations 10, 11 and 12 of the Regulations

5. Regulations 10, 11 and 12 of the Regulations are hereby repealed.

Amendment of regulation 13 of the Regulations

- 6. The following regulation is hereby substituted for Regulation 13 of the Regulations:
 - "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 <u>declaration</u>, **[UI 18]** <u>UI 19</u> to the Commissioner.
 - (2) Every employer [who is required to] must provide [information to] 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 [a completed] form UI 19 [to the Commissioner].
 - (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, [94 Church Street], 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."

New forms

- 7.(1) Forms UI 2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 2.7, 3, 4, 5, 6A and 19 are hereby substituted for the evenly numbered forms in the Annexure.
- (2) Form UI 53 is hereby inserted in the Regulations.

Short title

 These regulations are called the Unemployment Insurance Fund Act Regulations Amendment Regulations, 2017.

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BELOW GRADE 8 Use the UI-2.8 form for Banking Details Details of previous application	GRADE 10 - 11	ABOVE GRADE 12	RADE 12	
a) Name and ID No under which you applied:				
FURTHER REQUIREMENTS	FURTHER REQUIREMENTS FOR REDUCED WORK TIME in term of section 12(1B)	VORK TIME in term of	section	IMPORTANT: READ THIS SECTION BELOW:
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Centre established by the DOL.	b 2. Are / Were you on Reduced Work Time:		Yes No	authorisec 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
	3. Has your employer completed a UF-2.7?		Yes No	understand that failure to do so will constitute fraud.
2. Are you can able and available for work? Yes No				In the event of an overpayment occurving as a result of this application I undertake that I will refund the full amount to the Fund.
				I declare that the above information is true and correct.
If you are not capable of and available for work, please explain:				SIGNATURE OF APPLICANT:
Signature of applicant:				Date:/
Signature of Official	Claim approved from: Application refused in terms of:			OFFICE STAMP
. Date:/	Claims officer (Please Print):			
COMPLETE YES NO	Signature: Date:			

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IF YOU HAVE RETURNED TO WORK, STATE DATE:			I, My Beriotzotian number ie	am a qualified Qualifications
			is suffering from	
IMPORTANT: READ THIS SECTION BELOW:			This patient was not capable of performing work from	performing work from to
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I declare that the above information is true and correct.				
Where a Proxy was appointed by Doctor or Legal Representative proof will be required	gal Representative proof will be require			
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	COMPLETE YES	NO	Dates	

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Education SPECIAL SCHOOL CERT. BELOW GRADE 8 Use the UI-2.8 form for Banking Details Details of revious a pulcation a) Name and ID / Passport No under which you applied:	GRADE 8-9 GRADE 10 - 11		GRADE 12 ABOVE GRADE 12	
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Date,	COMPLETE	YES NO	Signature: Date:	

	UNEMPLOYMENT IN APPLICATION FOR ADOPTION BENEFITS I	UNEMPLOYMENT INSURANCE ACT 63 OF 2001 ADOPTION BENEFITS IN TERMS OF SECTION 28 Read with Regulation 6(1)	1 Regulation 6(1)	UI-2.4
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First name		Surname		
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SPECIAL SCHOOL CERT.	GRADE 8-9	GRADE 12		
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		Claims officer (Please Print):		
Date	COMPLETE YES NO	Signature: Date:		

APPLICATION FOR DEI A. PARTICULARS OF DECRASED CONTRIBUTOR:	UNEMPLOYMENT INSURANCE ACT 63 OF 2001 APPLICATION FOR DEPENDANT'S BENEFITS BY SURVIVING SPOUSE OR LIFE PARTNER IN TERMS OF SECTION 30 Read with Regulation 7(1) BECEASED CONTRIBUTOR:	SURANCE ACT 63 (OF 2001 IER IN TERMS OF SEC	CTION 30 Read with Regulation 7(1)	UI-2.5
13 Divit Bar-Coded Identity Document. Passiort Number	Date o' i	Gender Male	Female		
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a) Name and ID/ passport. No under which deceased applied:	ä				
B. PARTICULARS OF SURVIVING SPOUSE OR LIFE P.	B. PARTICULARS OF SURVIVING SPOUSE OR LIFE PARTNER: (NOTE; In the case of a surviving spouse(s), a marriage certificate or proof of customary marriage, or religious union is required)	ge certificate or proof of c	ustomary marriage, or religiou	s union is required)	
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Occupation	E-Mail Address				
Use the UF.2.8 form for Banking Details					
I declare that I am one of surviving spouses or the that I was not divorced from him/her and that information I understand that it is an offence to make a false statement.	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. I understand that it is an offence to make a false statement.	g spouse or life ocument is true	partner of the ab and correct.	ovementioned deceased contributor,	
Signature of applicant	Date //				
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APPLICATION FOR DEPENDA	UNEMPLOYMENT INSURANCE ACT 63 0F 2001 NT'S BENEFITS BY PERSONS OTHER THAN SPOUSE OR LIFE PA REGULATION 7(1) AND 7(2)	INCE ACT 63 01 SPOUSE OR LI 7(1) AND 7(2)	UI-2.6 APPLICATION FOR DEPENDANT'S BENEFITS BY PERSONS OTHER THAN SPOUSE OR LIFE PARTNER OF DECEASED IN TERMS OF SECTION 30 READ WITH REGULATION 7(2)
A. PARTICULARS OF DECEASED CONTRIBUTOR:			
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First Names	Surname	Male	Female Date of Dearth
Last Residential Address		Code	
Details of previous application			
a) Name and ID No/ Passport no. under which deceased applied:			
B. PARTICULARS OF APPLICANT: Guardian of a minor child	child Independent child	Nomina	Nominated beneficiary
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First Names	Surname		
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C. CHILD'S DETAILS:		Code	
First Names	Surname		
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D CHILD'S DETAILS: First Names	Surname		
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I declare that the information is true and correct. I understand that it is an offence to make a false estatement	fand that it is an offense to make a false statement.	Code	
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UI-2.7

UNEMPLOYMENT INSURANCE FUND REMUNERATION RECEIVED BY THE EMPLOYEE WHILST STILL IN EMPLOYMENT

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	acor.				
Name of Employer: _					
Employers UIF Refere	ence No.				/
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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; An employer must by the seventh day of each month inform the Commissioner of any changes arising during the previous month regarding the employer's contact details or employees contributor (YES OR NO) Jub (011) 497 3293; Dbn (031) 366 2156; Polokwane (015) 290 1670; Mmabatho (018) 384 2658; East Ldn (043) 701 3263; Bifin (051) 447 9353; CT (021) 441 8024; Wtb contributor Indicate whether or nondeclare that the above information is true and correct. 1.11Authorised person** (4) Reason for Non-Contribution *** Temporary employees (less that 24 hours per mouth) No laceme paid for the payroll period Reason for Termination (Use Termination Cudes as supplied at the bottom of the page) þ 1.2 PAYE Reference No (If registered with SARS) DATE Þ **Termination Date** FAX: 0866 323 503 Z Voluntary Severance Package Reduced Work Time Death of Domestic Employer M Ω A information to be supplied in terms of Section 56(1&3) read with Regulation 13(1&2) Co. Reg.No (CIPRO No) Þ Commencement date of Þ Code 2 1.4 Physical Address Z 12 5 12 Postal address Z Phone No Employers Declaration of Employees for the month A UNEMPLOYMENT INSURANCE ACT 63 OF 2001 REASON FOR TERMINATION CODES Ilhess /Medically boarded Retrenched/Staff Reduction Transfer to another Branch A (013) 656 0233;PE (041) 586 1541;Gmn (011) 873 2219;George (044) 873 2568; Pmb (033) 394 5069. 1.10 1.6 Total Hours Worked during Month DESCRIPTIONS employer is not resident to the RSA, or is a body corporate not registered in the RSA, an authorised person must carry Employers may also submit these details electronically from payrolls or on the UIF's website at www.labour.dov.za(Ufiling) Tel.no (012) 337 156801700. Only Applicable for Commercial Employers, For Domestic Employers provide Surname and Initials Can only be determined by CCMA1, Barçaining Council or Labour Court Remuneration paid to Employee Per Month u Total (Gross) 1.5 Address where employees listed in Item 2 work (if different to the address in 1.4) 2222 Name of Employer), ID No 24 Remuseration means actual basic sulary plus payment in Icha (Declare actual gross salary) if fraid Weekly, convert wages to monthly salary; (weekly wages X 52/12) Total Hours Worked fer. Actual lunus worked during the month Constructive Dismissal **** Insolvency/Liquidation Maternity/Adoption Fax No (13 Digit bar-coded RSA ID No) understand that it is an offence to make a false statement. 1.9 ID Number out the duties of the employer in terms of this Act. EMPLOYER DETAILS 1.1 UIF Employer Reference No EMPLOYER SIGNATURE **1.3** Trading name of business EMPLOYEE DETAILS Contract Expired B Initials Retired Dismissed E-mail address Surname < 200 1.8 e ‡ å ¥ 4

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DEPARTMENT OF LABOUR

(CONFIRM)



Office Stamp

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Your urgent response will be appreciated.								

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Yours faithfully