
GOVERNMENT NOTICES • GOEWERMENTSKENNISGEWINGS

DEPARTMENT OF LABOUR

NO. R. 1131

02 SEPTEMBER 2019

DEPARTMENT OF EMPLOYMENTS AND LABOUR

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, Thembelani Waltermade Nxesi, MP Minister of Employment and Labour, under Section 55 (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 14 calendar days from the date of publication.

Comments shall be forwarded to :

(a) Post to:

The Department of Employment and Labour (UIF)

P O Box 1851

Pretoria

0001

(b) Hand Delivery to:

The Department of Employment and Labour (UIF)

Directorate: Legal Services

230 Lillian Ngoyi Street;

Pretoria

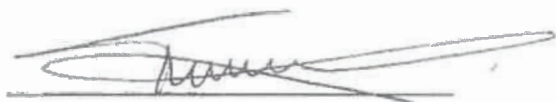
0001;

Any enquiries in connection with the Notice can be directed to M.C. Phathela at

Cornelius.phathela@labour.gov.za, Tel: 012 337 1775 / 1411 or Thembisile Mokoena at

Thembisile.Mokoena@labour.gov.za, Tel: 012 337 1441 / 1747

Comments received after the closing date may not be considered.



T. W. NXESI, MP

MINISTER OF EMPLOYMENT AND LABOUR

DATE: 26/08/2019

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; 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.

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

Identity Document

[illegible]

1.	Surname:																																			
2.	Previous surname: <i>(Only if it changed since you current applications)</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									
7.	If you have commenced work indicate date:	<div style="display: flex; justify-content: space-between; width: 100%;"> ____/____/____ </div>																																		
➤ 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>																																				
															<div style="border-top: 1px solid black; width: 100%;"></div>																					
Signature of Applicant															Date																					
<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 IMMEDIATELY AND TO REQUEST THE NEW/CURRENT EMPLOYER TO SUBMIT A DECLARATION.</p>																																				

Date Received _____

UI-2.7

UNEMPLOYMENT INSURANCE FUND
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 12(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 resume/d full working hours on ____/____/____.

SIGNATURE OF EMPLOYER OR AUTHORISED AGENT

DATE: ____/____/____

EMPLOYER STAMP
(if available)

UI-2.9P

UNEMPLOYMENT INSURANCE ACT 63 OF 2001 AS AMENDED
APPLICATION FOR PAYMENT OF PARENTAL BENEFITS
IN TERMS OF REGULATIONS 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:																																			
<u>IN THE EVENT OF A CHANGE OF ADDRESS INDICATE YOUR NEW DETAILS</u>																																				
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 applications/ 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. 																																				
																									_____/_____/_____											
Signature of applicant																									Date											
<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>	
-----------------------	--

Date Received _____



labour

 Department:
 Labour
 REPUBLIC OF SOUTH AFRICA


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
Total Percentage					100%

 I, _____ the undersigned understand that my circumstances and those of the
 persons shown above as dependents 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

 EMPLOYERS SIGNATURE

 DATE

• PLEASE NOTE THAT NO ALTERATIONS ARE ACCEPTED ON THIS FORM

UI-2.1

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 <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 <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	First Names <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.	GRADE 8-9	GRADE 12	
BELOW GRADE 8	GRADE 10 - 11	ABOVE GRADE 12	

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? <div style="display: flex; justify-content: flex-end; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">Yes</div> <div style="border: 1px solid black; padding: 2px 5px;">No</div> </div>	1. Are you currently employed? <div style="display: flex; justify-content: flex-end; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">Yes</div> <div style="border: 1px solid black; padding: 2px 5px;">No</div> </div>	<p>I declare that I am / was unemployed/ I am working reduced hours from _____ (indicate date).</p> <p>In the event of my application being successful, the Claims Officer will authorise the payment of benefits.</p> <p>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.</p> <p>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.</p>
2. Are you capable and available for work? <div style="display: flex; justify-content: flex-end; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">Yes</div> <div style="border: 1px solid black; padding: 2px 5px;">No</div> </div>	2. Are / Were you on Reduced Work Time? <div style="display: flex; justify-content: flex-end; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">Yes</div> <div style="border: 1px solid black; padding: 2px 5px;">No</div> </div>	
3. If you are not capable of and available for work, please explain: _____	3. Has your employer completed a UI-2.7? <div style="display: flex; justify-content: flex-end; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">Yes</div> <div style="border: 1px solid black; padding: 2px 5px;">No</div> </div>	

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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Date Received:

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 <input type="checkbox"/> Female <input type="checkbox"/>		
First Names										Surname					
Postal Address										Code			Code/Telephone No		
Residential Address										Code			Cell No		
Occupation										E-Mail Address			Fax Number		
Education															
SPECIAL SCHOOL CERT.										GRADE 8-9			GRADE 12		
BELOW GRADE 8										GRADE 10 - 11			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

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

Medical Practice Stamp (if available)

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)			
<div style="display: flex; justify-content: space-between;"> <div>First Names</div> <div>Surname</div> </div>													
Postal Address										Code		Code /Telephone No	
Residential Address										Code		Cell No	
Occupation										E-Mail Address		Fax Number	
Education													
SPECIAL SCHOOL CERT.				GRADE 8-9				GRADE 12					
BELOW GRADE 8				GRADE 10 - 11				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

☐ 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 occurring as a result of any application I submitted, I undertake that I will refund the full amount of 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 _____

Medical Practice Stamp
(If available)

FOR OFFICIAL USE ONLY:

<p>I declare that the above information is true and correct.</p> <p align="center">SIGNATURE OF APPLICANT</p> <p>Date: ____/____/____</p>	<p 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 align="center">Department of Employment and Labour Office Stamp</p>

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 <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			
SPECIAL SCHOOL CERT.	GRADE 8-9	GRADE 12	
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. 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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APPLICATION FOR DEPENDANT'S BENEFITS BY SURVIVING SPOUSE OR LIFE PARTNER IN TERMS OF SECTION 30 Read with Regulation 7(1)

No. 42678 21

A. PARTICULARS OF DECEASED CONTRIBUTOR:

B. PARTICULARS OF APPLICANT:

C. CHILD'S DETAILS:

D. CHILD'S DETAILS:

FOR OFFICIAL USE ONLY:

<p>I declare that the above information is true and correct.</p> <p>SIGNATURE OF APPLICANT</p> <p>Date: ____/____/____</p>	<p>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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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
----------	----------	------------------------

Identity Document	Identity Document of child	Date of Birth (dd/mm/yy)	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	Male <input type="text"/> Female <input type="text"/>

First name	Surname
<input type="text"/>	<input type="text"/>

Postal Address	Code	Code /Telephone No
<input type="text"/>	<input type="text"/>	<input type="text"/>

Residential Address	Code	Cell No
<input type="text"/>	<input type="text"/>	<input type="text"/>

Occupation	E-Mail Address	Fax Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

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 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:	Department of Employment and Labour Office Stamp
		Application refused in terms of:	
		Claims officer (Please Print):	
		Signature:	
Date: ____/____/____	Date: ____/____/____	Date: ____/____/____	

UI-2.12

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)

Identity Number <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 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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Employers Declaration of Employees for the month of

Information to be supplied in terms of Section 56(1&3) read with Regulation 13(1&2)

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; Bfntn (051) 447 9353; CT (021) 441 8024; Wtb (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. EMPLOYER DETAILS

1.1 UIF Employer Reference No [] [] [] [] [] [] Branch No [] [] [] [] [] [] 1.2 PAYE Reference No (If registered with SARS) [] [] [] [] [] [] [] [] [] [] [] [] [] []

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

[illegible]

1.8 E-mail address	1.9 Fax No	1.10 Phone No	1.11 Authorised person**
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2. EMPLOYEE DETAILS

2. EMPLOYEE DETAILS

[illegible]

I, _____ (Name of Employer), ID No _____, declare that the above information is true and correct. I understand that it is an offence to make a false statement.

EMPLOYER SIGNATURE

DATE _____

EMPLOYER SIGNATURE		DATE
DESCRIPTIONS	Code	(J) Reason for Non-Contribution ***
** 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		

Employer Stamp
(if available)

REASON FOR TERMINATION CODES

		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		