

UI2.7 and UI2.3 - Old Documents

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 or the Adoption of a child.

Full names of contributor: _____

Employers UII Reference No. _____ / _____

ID No of contributor _____

(A) In terms of section 19(1), 24(2) and 27(3) of the above-mentioned Act,
I hereby certify that since (full date) _____ / _____ / _____, the contributor is on
 Sick leave Maternity leave Leave due to the adoption of a child and
 has will receive(d) the following remuneration

Gross remuneration (prior to confinement) Per Month / Per Week	Periods during which different rates of remuneration were received				Gross remuneration received whilst on leave (PML/PW)
	From	To	From	To	

(B) The contributor is expected to return to work on _____ / _____ / _____.

(C) The contributor returned to work on _____ / _____ / _____.

DATE: _____

SIGNATURE OF EMPLOYER OR AUTHORISED AGENT

BUSINESS STAMP

UI-2.3

**UNEMPLOYMENT INSURANCE ACT 63 OF 2001
APPLICATION FOR MATERNITY BENEFITS IN TERMS OF SECTION 25(1) - Read with Regulation 5(1) and 5(4)**

13 Digit Bar-Coded Identity Document/Passport Number _____ Date of Birth (dd/mm/yy) _____ Gender Male Female

First Name: _____ Surname: _____

Postal Address: _____ Code: _____ Code/Telephone No: _____

Residential Address: _____ Code: _____ Cell No: _____

Occupation: _____ Occ. Code: _____ E-Mail Address: _____ Fax Number: _____

Method of Payment: CHEQUE BANK TRANSFER OTHER PAYPOINT

Use the UI-2.8 form for Banking Details

Details of previous application: _____

a) Name and ID No under which you applied: _____ b) Date of Application: _____ c) Office of application: _____

ARE YOU STILL EMPLOYED? YES NO

IF YOU ARE STILL EMPLOYED YOUR EMPLOYER MUST ALSO BE COMPLETED.

DATE OF COMMENCEMENT OF MATERNITY LEAVE: _____

IF YOU HAVE RETURNED TO WORK, STATE DATE: _____

IMPORTANT: READ THIS SECTION BELOW:

If your application is successful the claimant will receive the payment of benefits. You must also indicate when the claimant returns to work as soon as you resume employment. I declare that the above information is true and correct. I understand that it is an offence to make a false statement.

When did you begin to receive this income? _____

Do you continue to receive this income? YES NO

If you no longer receive this income when did it come to an end? _____

SOURCES OF OTHER INCOME (must declare applicable)

- Monthly Pension Benefit (Excluding Disability Grant)
- Benefits from Compensation Fund for temporary or permanent disability
- Benefits from an Unemployment Fund established by a bargaining or statutory council
- NONE

If applicable mark X on 1-4.

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

1. I am a qualified _____

2. My practice number is _____

I confirm that _____ is under treatment and is pregnant. The expected date of birth is _____

3. The date of birth is _____

4. The baby was stillborn _____

5. The pregnancy had a miscarriage on _____

6. Tel No: _____

SIGNATURE OF APPLICANT: _____

FOR OFFICIAL USE ONLY

DOCUMENT INFORMATION SUBMITTED

- UI-19 (if Applicable)
- Certified Copy of ID
- Pension
- Proof of banking details - UI-2.8
- UI-2.7 (if Applicable)
- SARS Number
- Other (Specify) _____

8. Telephone: _____ Contact Person: _____

Designation: _____ Tel. No: _____

OFFICE STAMP

No need to complete these documents anymore.

After your application has been submitted we will supply you with two (2) new documents to complete.

See examples of documents below.


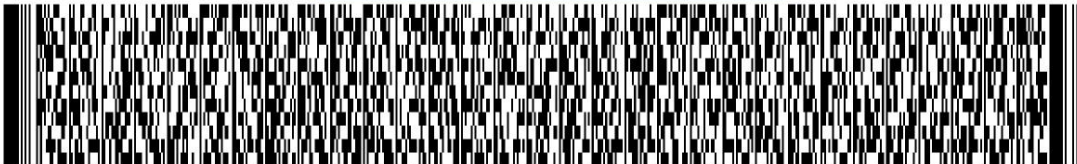
Full instructions on how to complete these documents will be provided.

The NEW system generated documents.

This bar code is linked to your profile.

We will send you these documents after we have submitted your application after the start date of your maternity leave.

 labour Department: Labour REPUBLIC OF SOUTH AFRICA	UI 2.7	Case Number: YOUR CASE NUMBER HERE Fax Number: 012 337-1595 NB: Fax Each case separately
		
SALARY RECEIVED BY EMPLOYEE WHILST STILL IN EMPLOYMENT		

 labour Department: Labour REPUBLIC OF SOUTH AFRICA	MEDICAL CERTIFICATE	Case Number: YOUR CASE NUMBER HERE Fax number: 012 337-1595 NB Fax each case separately
		
MEDICAL PRACTITIONER DETAILS		
PRACTICE NUMBER	<input type="text"/>	
HPCSA REGISTRATION NUMBER	<input type="text"/>	
NAME OF MEDICAL PRACTITIONER	<input type="text"/>	
QUALIFICATIONS	<input type="text"/>	