NO. R. 1434

DEPARTMENT OF LABOUR

28 DECEMBER 2018

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

AMENDMENT OF UNEMPLOYMENT INSURANCE ACT REGULATIONS

The Minister of 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 on a date of publication of the notice.

Aughraid OLIPHANT, MP M. N. OLIPH **MINISTER OF LABOUR** DATE: 12/12/2018

SCHEDULE

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. 536 of 23 April 2004, Government Notice No. R. 823 of 10 August 2005, and Government Notice No. R. 948 of 5 October 2009.

Amendment of regulation 1 of the Regulations

 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 (Act No. 102 of 1996)."

Insertion of regulation 3 in the Regulations

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

"Reduced working time benefits in terms of 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) 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.

Repeal of regulations 10, 11 and 12 of the Regulations

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 Regulations 10, 11 and 12 of the Regulations are hereby repealed.

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No. 42140 57

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 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."

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

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

APPLICATION F	UNEMPLOYMENT INSURANCE ACT 63 OF 2001 APPLICATION FOR UNEMPLOYMENT BENEFITS IN TERMS OF SECTION 17(1) – Read with Regulation 3(1)	CT 63 OF 20 JF SECTION	01 17(1) - Read with Regulation 3(1)
13 Digit Bar-Coded Identity Document/Passport Number	Date of Birth (dd/mm/yy) Gender		
	Male		Female
First Names		Surname	
Postal Address			Code /Telephone No
	C	Code	
Residential Address		Code	Cell No
		and	
Occupation	E-Mail Address	SS	Fax number
Education]	
CHOOL CERT.	GRADE 8-9 GRA	GRADE 12	
BELOW GRADE 8 Use the UI-2.8 form for Banking Details Details of previous anDification	GRADE 10 - 11 ABO	ABOVE GRADE 12	
a) Name and ID No under which you applied:			
FURTIIER REQUIREMENTS	FURTHER REQUIREMENTS FOR REDUCED WORK TIME in term of section 12(1B)	rm of section	IMPORTANT: READ THIS SECTION BELOW:
 Are you registered as a workseeker with a Labour 	I. Are you currently employed	Yes No	I declare that I am/ was unemployed/ I'm working reduced hours In the event of my application being successful, the Claims Officer will
Centre established by the DOL	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 UL-2.7?	Yes No	understand that failure to do so will constitute fraud.
2. Are you callable and available for work? $\begin{bmatrix} Y_{ee} & N_{e} \end{bmatrix}$			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 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:		OFFICE STAMP
	Application refused in terms of:	1	
Date: / / /	Claims officer (Please Print):	1	
COMPLETE YES NO	Signature: Date:	1	
		1	

GOVERNMENT GAZETTE, 28 DECEMBER 2018

APPL	UNEMPLOYM ICATION FOR ILLNESS BENEFITS IN T	UI-2.2 UNEMPLOYMENT INSURANCE ACT 63 OF 2001 APPLICATION FOR ILLNESS BENEFITS IN TERMS OF SECTION 22(1)- Read with Regulations 4(1), 4(5) and 4(7)
13 Digit Bar-Coded Identity Document/Passport Number	umber Date of Birth (dd/mm/y))	Gender Male Female Surname
Postal Address		Code /Telephone No
Residential Atldress		Cell No
Occupation		E-Mail Address Fax Number
Education SPECIAL SCHOOL CERT. BELOW GRADE 8	GRADE 8-9 GRADE 10 - 11	CRADE 12 ABOVE GRADE 12
Use the UI-2.8 form for Banking Details Details of previous application		
a) Name and ID No/ passport number under which you applied:	n applied:	
ARE YOU STILL EMPLOYED YES NO NB: IF YOU ARE STILL EMPLOYED, FORM UI 2.7 MUST ALSO BE COMPLETED.	OT ALSO BE COMPLETED.	MEDICAL CERTIFICATE (To be completed by an authorised practitioner in terms of section 20(1)(c) of the UI Act 63 of 2001.
IF YOU HAVE RETURNED TO WORK. STATE DATE:		fy Registration number is I confirm that suffering from
IMPORTANT: READ THIS SECTION BELOW:		This patient was not capable of performing work from to
In the event of my application being successful, the Claims Officer will authorise the payment of benefits. I als undertake to inform the Claims Officer as soon as I am re-employed and understand that failure to do so will constitute fraud.	Claims Officer will authorise the payment of benefits. I also am re-employed and understand that failure to do so will	0
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.	t of this application I undertake that I will refund	the full Address
I declare that the above information is true and correct.		
Where a Proxy was appointed by Doctor or Legal Representative proof will be required	sgal Representative proof will be required	
SIGNATURE OF APPLICANT / PROXY	SIGNATURE OF OFFICIAL	Claim approved from: Office Stamp
		Application refused in terms of: Claims offleer (Please Prim):
Date	COMPLETE YES	NO Date:

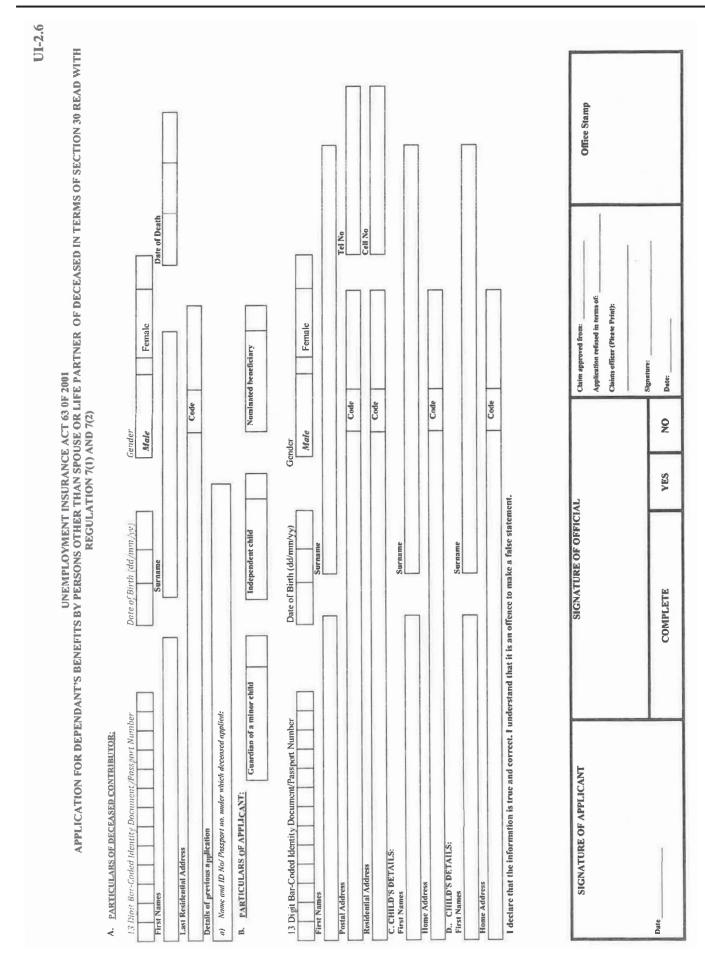
STAATSKOERANT, 28 DESEMBER 2018

60 No. 42140

	UNE APPLICATION FOR ADOI	MPLOYMENT TION BENEFIT	UNEMPLOYMENT INSURANCE ACT 63 OF 2001 APPLICATION FOR ADOPTION BENEFITS IN TERMS OF SECTION 28 Read with Regulation 6(1)	U12.4
13 Digit Bar-Coded Identity Document/Passport Number		ld no of adopted child	Date of Birth (dd/mm/yy) Male Gender	Fenalc
First name			Surname	
Postal Address			Code /Telephone No	one No
Basidaantal Addaaa			Code	
Kesidentiai Address			Code Cell No	
Occupation			E-Mail Address Fax N	Fax Number
Education				
SPECIAL SCHOOL CERT. BELOW GRADE 8 Use the UI-2.8 for Banking Details	GRADE 8-9 GRADE 10 - 11		GRADE 12 ABOVE GRADE 12	
Details of previous application a) Name and ID No / Passport under which you applied:	eds			
LOY]	
NB: IF YOU ARE STILL EMPLOYED. FORM UI-2.7 MUST ALSO BE COMPLETED	MUST ALSO BE COMPLETED			
IF YOU HAVE KEIUKNED TO WORK, STATE DATE: IMPORTANT: READ THIS SECTION BELOW:				
In the event of my application being successful, the Clair	ms Officer will authorise the paymen	t of benefits. I also u	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	that failure to do so will constitute fraud. 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.	this application undertake that I	vill refund the full :	amount to the Fund.	
I declare that the above information is true and correct.				
SIGNATURE OF APPLICANT	SIGNATURE OF OFFICIAL		Claim approved from:	Office Stamm
			Application refused in terms of:	
			Claims officer (Please Print):	
Date	COMPLETE	YES NO	Date	

	Date:	NO	YES	COMPLETE	Date
Office Stamp	Claim approved from: Application relused in terms of: Claims officer (Please Print): Situature:		AL	SIGNATURE OF OFFICIAL	SIGNATURE OF APPLICANT
				Date / /	Signature of applicant
d deceased contributor,	e partner of the abovementioned and correct.	ouse or life ent is true	viving spo is docum	surviving spouses or the only surviving spouse or life partner of the abovementioned deceased contributor, ler and that information given in this document is true and correct.) make a false statement.	I declare that I am one of
					Use the UI-2.8 form for Banking Details
			E-Mail Address	E-M	Occut pation
		Code			Acsidental Audress
		Code			r ustal ruuu too
	Female	Male		Surname	First Names
		Gender	-	unber Date of Birth (dd/mm/yy)	13 Digit Bar-Coded Identity Document /Pass port Number
	ustomary marriage, or religious union is required)	cate or proof of cu	marriage certifi	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)	B. PARTICULARS OF SURVIVING SPOUSE OR LIFE
		-		odi	Detalls of previous application a) Name and 1D/ passport No under which deceased applied:
		Code			Last Residential Address
	Date of Death			Surtame	1.1 S1 J411/CS
	Female Duco of Poorb	Gender Male	_	ber Date of Birth (dd/mm/yy) Storsame	13 Digit Bar-Coded Identity Docunent/Passport Number
ten svegulation / (x)					A. PARTICULARS OF DECEASED CONTRIBUTOR:
ith Reculstion 7(1)	OF 2001 JER IN TERMS OF SECTION 30 Read w	ICE ACT 63 (LIFE PARTN	T INSURAN	UNEMPLOATION FOR DEPENDANT'S BENEFITS BY SURVIVING SPOUSE OR LIFE PARTNER IN TERMS OF SECTION 30 Read with Revulation 7(1)	APPLICATION FOR DE
UI-2.5					

62 No. 42140



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 of a child or is on Reduced Work Time (RWT)

Full names of contributor:		 		
Name of Employer:	 	 		
Employers UIF Reference No.			/	
ID No of contributor				

(A) In terms of section 12(1)b, 19(1), 24(2) and 27(3) 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

Illness Leave Maternity L	eave Adoption Leave	Reduced working time
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Gross remuneration (prior to confinement/RWT) Per Month / Per Week	Periods during	which different rates of remuneration were received	Gross remuneration received whilst on leave/RWT (PM/PW)
	From	То	

(B) The contributor is expected to return to work / full time on ____/___/____.

(C) The contributor returned to work on / full time on

______.

BUSINESS STAMP

DATE

SIGNATURE OF EMPLOYER OR AUTHORISED AGENT

Contact Details of employer:

STAATSKOERANT, 28 DESEMBER 2018

No. 42140 65

	UNEMPLOYMENT INSURAL ILLNESS BENEFITS IN TERM		UI-3
I	D NO/PASSPORT.		
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1. Sumame:			
2. Previous surname: (Only if it cha	anged since your previous application)		
3. First names;			
4. Telephone number:			
IN THE EV	VENT OF A CHANGE OF ADDRESS	S INDICATE YOUR NEW DETAILS	
5. Postal address:			11111
			╶╹┽╋┰╋┽┥
6. Residential address: (If different	from postal address)	Posta	l code
7. Date returned to work:/	1		
furthermore declare that the information in the event of an overpayment occurring as Signature of applicant /Proxy Dat	a result of this application I undertake tha		statement.
B: IF YOUR BANKING DETAILS HAVE		OMPLETED	
Where the forms are signed by	a Proxy attach proof of appointr	nent.	
NB! > THIS FORM MUST BE SU	BMITTED TO YOUR NEAREST DEPAR	TMENT OF LABOUR OFFICE.	
	WILL BE ACCEPTED OR PROCESSED). REQUIRED TO INFORM THE DEPARTM	IENT OF LABOUR OFFICES
IMMEDIATELY AND TO I MEDICAL CERTIFICATE	REQUEST THE NEW/CURRENT EMPL	OYER TO SUBMIT A DECLARATION (J I-19).
	actitioner in terms Section 20(1)(c) of A	ct 63 of 2003	
l,	am a qual	ified	
qualifications	My registration	number is	
I confirm that		is suffering from	
This patient was not capable of performi	ng work from	to	
Signature	Date	Tel No.	
Address			
Date Received			

UI-4

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l,	am a qualified	. Qualifications
My registration number is	1 confirm that	is under my treatment and is pregnant.
The expected due date of birth is OR		
I confirm that	gave birth/ stillhorn / miscarriage on	,
Signature Da	te Tel No	
Address		

Date Received

UI5

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

ID NO/ PASSPORT.
1. Sumame:
2. Previous surname: (Only if it changed since your previous application)
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: (If different from postal address) 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
I declare that :
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.
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.
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 OR BACK TO YOUR NORMAL WORKING HOURSYOU ARE REQUIRED
TO INFORM THE DEPARTMENT OF LABOUR OFFICES IMMEDIATELY AND TO REQUEST THE NEW/CURRENT EMPLOYED TO SUBMIT A DECLARATION.

Date Received

Date Received:

UI6A

UNEMPLOYMENT INSURANCE ACT 63 OF 2001 DECLARATION TO CONFIRM UNEMPLOYMENT STATUS IN TERMS OF SECTION 17(4) READ WITH REGULATION 3

	ID NO/PASSPORT.
	1. Sumame:
4. Telephone number: (a) Cell Number (b) Landline Number IN THE EVENT OF A CHANGE OF ADDRESS INPICATE YOUR NEW DETAILS 5. Postal address: Image: the term of the term of term	2. Previous surname: (Only if it changed since your previous application)
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UNEMPLOYMENT INSURANCE ACT 63 OF 2001 Employers Declaration of Employees for the month of	An employer must by the seventh day of each month provide the Commissioner with all the information for 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 337-1880/81/82 or submit same any branch of the UIF which is closesto the employer must forward this form to the Unemployment Insurance Fund at (012) 337-1943/44 or 337-1880/81/82 or submit same arry by fracting the employer's contact details or employees. Jub (011) 497 3293; DB (031) 366 2156; Polokwane (015) 290 1670; Mmabatho (018) 384 2658; East Ldn (043) 701 3263; Blffn (051) 447 9353; CT (021) 441 8024; Wtb (013) 656 0233; PE (015) 586 1541; Gmn (011) 873 2219; George (044) 873 2568; Pmb (033) 394 5069.			rk (if different to the address in 1.4)	1.9 Fax No		C Tot ID Number (13 Digit har-coded RSA ID No) to Em	×			(Name of Employer), ID No	e statement.	I the RSA, an ontributions Act X 52/12) UIF's website at Surname and In		Kesigned Constructive Dismissal **** Insolvency/Liquidation Maternity/Adoption
UNEMPLOY	information to seventh day of each mon ading new appointments ne at any branch of the UI a (031) 366 2156; Polokw BS6 1541;Gmn (011) 87 ETAILS	ence No	siness	Address where employees listed in Item 2 work (if different		AILS						understand that it is an offence to make a false statement.	AUX EXX SIGNATIONE. DESCRIPTIONS If the employer is nut resident in the RSA, or is a body corporate not registered out the duties of the employer in terms of this Act. Renunceration means remuneration as posicified by the Unemployment insurance (if paid Weekly, convert remuneration to monthly salary (weekly remuneration Total Hours Worked te. Actual bours worked during the month Employers may also submit these details electronically from payrolls or on the Daty Applicable for Commercial selectronically from payrolls or on the Can only be determined by CCMA: Bargaining Council or Labour Court Can oth be determined by CCMA: Bargaining Council or Labour Court		1d 98776 98
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STAATSKOERANT, 28 DESEMBER 2018

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Dear Sir/Madam						
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