

DEPARTMENT OF LABOUR

NO. R. 1434

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.



M. N. OLIPHANT, MP

MINISTER OF LABOUR

DATE: 12/12/2018

SCHEDULE

Definition

1. 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

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 Regulations 10, 11 and 12 of the Regulations are hereby repealed.

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.

UI-2.1

**UNEMPLOYMENT INSURANCE ACT 63 OF 2001
APPLICATION FOR UNEMPLOYMENT BENEFITS IN TERMS OF SECTION 17(1) – Read with Regulation 3(1)**

13 Digit Bar-Coded Identity Document/Passport Number

First Names

Gender Male Female

Surname

Date of Birth (dd/mm/yy)

Postal Address

Code /Telephone No

Residential Address

Code

Cell No

Occupation

E-Mail Address

Fax number

Education

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

Use the UI-2.8 form for Banking Details

Details of previous application

a) Name and ID No under which you applied:

FURTHER REQUIREMENTS	FURTHER REQUIREMENTS FOR REDUCED WORK TIME in term of section 12(1B)		IMPORTANT: READ THIS SECTION BELOW:
1. Are you registered as a workseeker with a Labour Centre established by the DOL	Yes	No	<p>I declare that I am/ was unemployed/ I'm working reduced hours 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 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 this application I undertake that I will refund the full amount to the Fund.</p> <p>I declare that the above information is true and correct.</p> <p>SIGNATURE OF APPLICANT: _____</p> <p>Date: ____/____/____</p>
2. Are you capable and available for work?	Yes	No	
3. If you are not capable of and available for work, please explain: _____	Yes	No	
Signature of applicant: _____			

<p>Signature of Official: _____</p> <p>Date: ____/____/____</p>	<p style="text-align: center;">OFFICE STAMP</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>
COMPLETE	YES NO

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

Date of Birth (dd/mm/yy)

Gender Male Female

First Names Surname

Postal Address Code Code/Telephone No

Residential Address Code Cell No

Occupation Code Fax Number

E-Mail Address

Education

SPECIAL SCHOOL CERT.	GRADE 8-9
BELOW GRADE 8	GRADE 10 - 11
	GRADE 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:

ARE YOU STILL EMPLOYED YES NO

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

IF YOU HAVE RETURNED TO WORK, STATE DATE: ____/____/____

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 this application I undertake that I will refund the full amount to the Fund.

I declare that the above information is true and correct.

MEDICAL CERTIFICATE (To be completed by an authorised practitioner in terms of section 20(1)(c) of the UI Act 63 of 2001.)

I, _____ am a qualified _____ Qualifications _____

My Registration number is _____ I confirm that _____

is suffering from _____

This patient was not capable of performing work from _____ to _____

Signature _____ Date _____

Tel No. _____ Address _____

Doctor's Stamp

Where a Proxy was appointed by Doctor or Legal Representative proof will be required

SIGNATURE OF APPLICANT / PROXY	SIGNATURE OF OFFICIAL	
	COMPLETE	YES NO
Date _____	Claim approved from: _____	Office Stamp
	Application refused in terms of: _____	
	Claims officer (Please Print): _____	
	Signature: _____	
	Date: _____	

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)

First Names

Surname

Postal Address

Code / Telephone No

Residential Address

Code

Cell No

Occupation

Code

E-Mail Address

Fax Number

Education

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

Use the UI-2.8 form for Banking Details
Details of previous application

a) Name and ID / Passport 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.
 IF YOU HAVE RETURNED TO WORK, STATE DATE: _____

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 this application I undertake that I will refund the full amount to the Fund.

I declare that the above information is true and correct.

MEDICAL CERTIFICATE (to be completed by a medical practitioner or registered 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 _____

Doctor Stamp

SIGNATURE OF APPLICANT	SIGNATURE OF OFFICIAL		Office Stamp
	COMPLETE	YES	
Date _____	Claim approved from: _____	Application refused in terms of: _____	Signature: _____
	Claims officer (Please Print): _____	Date: _____	

UI2.4

UNEMPLOYMENT INSURANCE ACT 63 OF 2001
APPLICATION FOR ADOPTION BENEFITS IN TERMS OF SECTION 28 Read with Regulation 6(1)

13 Digit Bar-Coded Identity Document/Passport Number

Id no of adopted child

Gender Male Female

Date of Birth (dd/mm/yy)

First name Surname

Postal Address 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

Use the UI-2.8 for Banking Details

Details of previous application

a) Name and ID No / Passport under which you applied:

ARE YOU STILL EMPLOYED YES NO

NB: IF YOU ARE STILL EMPLOYED, FORM UI-2.7 MUST ALSO BE COMPLETED

IF YOU HAVE RETURNED TO WORK, STATE DATE: ___/___/___

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 this application I undertake that I will refund the full amount to the Fund.

I declare that the above information is true and correct.

SIGNATURE OF APPLICANT	SIGNATURE OF OFFICIAL		Office Stamp		
	Claim approved from: _____ Application refused in terms of: _____ Claims officer (Please Print): _____ Signature: _____ Date: _____	<table border="1"> <tr> <td>COMPLETE</td> <td>YES</td> <td>NO</td> </tr> </table>		COMPLETE	YES
COMPLETE	YES	NO			

UI-2.5

**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)**

A. PARTICULARS OF DECEASED CONTRIBUTOR:

13 Digit Bar-Coded Identity Document /Passport Number

First Names

Last Residential Address

Date of Birth (dd/mm/yy) Gender: Male Female

Surname Date of Death

Code

Details of previous application

a) Name and ID/passport No under which deceased applied:

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)

13 Digit Bar-Coded Identity Document /Passport Number

First Names Surname Gender: Male Female

Postal Address Tel No

Residential Address Code Cell No

Occupation E-Mail Address

Use the UI-2.8 form for Banking Details

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.

Signature of applicant _____ Date / / _____

SIGNATURE OF APPLICANT	SIGNATURE OF OFFICIAL		Office Stamp
	Claim approved from: _____ Application refused in terms of: _____ Claims officer (Please Print): _____ Signature: _____ Date: _____	YES NO	
Date _____			

UI-2.6

**UNEMPLOYMENT INSURANCE ACT 63 OF 2001
APPLICATION FOR DEPENDANT'S BENEFITS BY PERSONS OTHER THAN SPOUSE OR LIFE PARTNER OF DECEASED IN TERMS OF SECTION 30 READ WITH
REGULATION 7(1) AND 7(2)**

A. PARTICULARS OF DECEASED CONTRIBUTOR:

13 Digit Bar-Coded Identity Document/Passport Number

Date of Birth (dd/mm/yy) Gender Male Female Date of Death

First Names Surname

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 Independent child Nominated beneficiary

13 Digit Bar-Coded Identity Document/Passport Number

Date of Birth (dd/mm/yy) Gender Male Female

First Names Surname

Postal Address Code

Residential Address Code

Home Address Code

Tel No

Cell No

C. CHILD'S DETAILS:

First Names Surname

Home Address Code

D. CHILD'S DETAILS:

First Names Surname

Home Address Code

I declare that the information is true and correct. I understand that it is an offence to make a false statement.

SIGNATURE OF APPLICANT Date <input type="text"/>	SIGNATURE OF OFFICIAL COMPLETE	Office Stamp Claim approved from: _____ Application refused in terms of: _____ Claims officer (Please Print): _____ Signature: _____ Date: _____
YES NO		

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.

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

 /

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ID No of contributor																			
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(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 Leave		Adoption Leave		Reduced working time	
---------------	--	-----------------	--	----------------	--	----------------------	--

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		To		
	From		To		
	From		To		
	From		To		
	From		To		
	From		To		
	From		To		

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

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

DATE

SIGNATURE OF EMPLOYER OR AUTHORISED AGENT

Contact Details of employer: _____



**UNEMPLOYMENT INSURANCE ACT 63 OF 2001
APPLICATION FOR CONTINUATION OF PAYMENT FOR MATERNITY BENEFITS
IN TERMS OF SECTION 26**

ID NO/ Passport.

1. Surname:
2. Previous surname: *(Only if it changed since your previous application)*
3. First names:
4. Telephone 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 returned to work: ____/____/____

8. DECLARATION:

I declare, except as stated in item 7, that I have not worked since the date of my application for maternity 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.

Signature of applicant Date

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

- 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 YOU ARE REQUIRED TO INFORM THE DEPARTMENT OF LABOUR OFFICES IMMEDIATELY AND TO REQUEST THE NEW/CURRENT EMPLOYER TO SUBMIT A DECLARATION (UI-19).**

MEDICAL CERTIFICATE (to be completed by a medical practitioner or registered 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 _____

Date Received

DEPARTMENT OF LABOUR

(CONFIRM)



Office Stamp

Date:

Dear Sir/Madam

**UNEMPLOYMENT INSURANCE ACT 63 OF 2001 (AS AMENDED)
PAYMENTS TO DEPENDANTS/NOMINEE OF DECEASED CONTRIBUTORS
DECEASED NAME:** _____

IDENTITY NUMBER:

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COMPANY NAME/REFERENCE: _____

In order that the application for payment to the dependant/s of the abovenamed deceased contributor may be considered, kindly and without delay, submit the following information/documents to this office.

Details of his/her dependants (Name/Addresses/Relationship and ID no's)

Child/Children's details: _____

1. Nominee: As per section

N:BW where there is more than one nominee indicate percentage allocation

Tel. No: _____

Contact person:

Date:

Company Stamp

Your urgent response will be appreciated.

Yours faithfully

UI 53

CLAIMS OFFICER