

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 Regulations 10, 11 and 12 of the Regulations are hereby repealed.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

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

I3 Digit Bar-Coded Identity Document/Passport Number										Date of Birth (dd/mm/yy)				Gender			
														Male	Female		
First Names										Surname							
Postal Address										Code /Telephone No							
Residential Address										Code						Cell No	
Occupation										Code						Fax number	
Education										E-Mail Address							
SPECIAL SCHOOL CERT.					GRADE 8-9					GRADE 12							
BELOW GRADE 8					GRADE 10 - 11					ABOVE GRADE 12							
Use the Uit-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	Yes	No
2.	Are you capable and available for work?	Yes	No	Yes	No
3.	If you are not capable of and available for work, please explain:			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 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.

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: _____

Date: ____/____/____

Signature of Official Date: ____/____/____	Claim approved from: _____ Application refused in terms of: _____ Claims officer (Please Print): _____ Signature: _____ Date: _____		OFFICE STAMP
	COMPLETE	YES	

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

Residential Address

Occupation

E-Mail Address

Code

Code

Code/Telephone No

Cell No

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 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 _____

Doctor's Stamp

Signature _____ Date _____
Tel No. _____ Address _____

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

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

**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										Date of Birth (dd/mm/yy)				Gender		Male		Female											
First name																				Surname																			
Postal Address																				Code / Telephone No																			
Residential Address																				Cell No																			
Occupation																				Fax Number																			
Education																				E-Mail Address																			
SPECIAL SCHOOL CERT.										GRADE 8-9										GRADE 12																			
BELOW GRADE 8										GRADE 10 - 11										ABOVE GRADE 12																			
Use the U1-2.8 for Banking Details																																							
Details of previous application																																							
a) Name and ID No / Passport under which you applied:																																							

ARE YOU STILL EMPLOYED

INB: 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 _____ Date: _____	SIGNATURE OF OFFICIAL <div style="border: 1px solid black; height: 40px; margin: 5px 0;"></div> <div style="display: flex; justify-content: space-around; border-top: 1px solid black; border-bottom: 1px solid black;"> COMPLETE YES NO </div>	Claim approved from: _____ Application refused in terms of: _____ Claims officer (Please Print): _____ Signature: _____ Date: _____	Office Stamp
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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										Date of Birth (dd/mm/yy)		Gender Male <input type="checkbox"/> Female <input type="checkbox"/>		Date of Death	
First Names										Surname					
Last Residential Address															
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										Date of Birth (dd/mm/yy)		Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	
First Names										Surname			
Postal Address													
Code													
Residential Address													
Code													
Occupation													
E-Mail Address													
Tel No													
Cell No													

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

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

Postal Address Surname Tel No

Residential Address Code 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		Office Stamp
	COMPLETE	YES NO	
Claim approved from: <input type="text"/> Application refused in terms of: <input type="text"/> Claims officer (Please Print): <input type="text"/> Signature: <input type="text"/> Date: <input type="text"/>			

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

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)

Employers UIF Reference No.

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 /

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[illegible]

Illness Leave		Maternity Leave		Adoption Leave		Reduced working time	
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[illegible]

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

SIGNATURE OF EMPLOYER OR AUTHORISED AGENT

BUSINESS STAMP

UI-3

UNEMPLOYMENT INSURANCE ACT 63 OF 2001
ILLNESS BENEFITS IN TERMS OF SECTION 22

ID NO/PASSPORT.

[illegible]

1. Surname:

[illegible]

2. Previous surname: *(Only if it changed since your previous application)*

[illegible]

3. First names;

[illegible]

4. Telephone number:

[illegible]

IN THE EVENT OF A CHANGE OF ADDRESS INDICATE YOUR NEW DETAILS

5. Postal address:

[illegible]

6. Residential address: (If different from postal address)

Postal code

[illegible]

7. Date returned to work: / /

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

Date _____

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

Where the forms are signed by a Proxy attach proof of appointment.

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 an authorized practitioner in terms Section 20(1)(c) of Act 63 of 2003)

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 _____

Date Received _____

[illegible]

- [illegible]

5. Postal address:

6. Residential address: (If different from postal address)

 Postal code

7. Date returned to work:

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.

Signature of applicant _____ Date _____

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).**

Address _____

Date Received _____

UIS

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

ID NO/ PASSPORT.

[illegible]

1.	Surname:																																						
2.	Previous surname: <i>(Only if it changed since your previous application)</i>																																						
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: <i>(If different from postal address)</i>																													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																																							
<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>																																							
<p>NB! ➤ THIS FORM MUST BE SUBMITTED TO YOUR NEAREST DEPARTMENT OF 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 LABOUR OFFICES IMMEDIATELY AND TO REQUEST THE NEW/CURRENT EMPLOYER TO SUBMIT A DECLARATION.</p>																																							

Date Received _____

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

ID NO/PASSPORT.

[illegible]

1.	Surname:																										
2.	Previous surname: <i>(Only if it changed since your previous application)</i>																										
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: <i>(If different from postal address)</i>																					Postal code					
7. (a)	If you have commenced work indicate date:	____/____/____																									
	(b) Name of new employer:																Contact number:										
	(c) If the Reduced Work Time period has come to an end indicate the date	____/____/____																									
CONFIRM YOUR BANKING DETAILS (This portion to be completed by applicant and is not necessary to be completed by Financial Institute)																											
Name of account holder																											
Name of Financial Institution																											
Branch code						Account number																					
➤ NB IF YOUR BANKING DETAILS HAVE CHANGED FORM UI-2.8 MUST BE COMPLETED AND SUBMITTED																											
I declare that : <ul style="list-style-type: none"> • I am unemployed and have not been employed since I last 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 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																									
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 HOURS YOU ARE REQUIRED TO INFORM THE DEPARTMENT OF LABOUR OFFICES IMMEDIATELY AND TO REQUEST THE NEW/CURRENT EMPLOYER TO SUBMIT A DECLARATION (UI-19).																											

<u>Date Received:</u>	
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VI-19

1. EMPLOYER DETAILS

1.1.1 Authorised person**

1.10 Phone No

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.

DATE _____

REASON FOR TERMINATION CODES

REASONS FOR TERMINATION CODES							
2	Deceased	6	Resigned	10	Illness/Medically boarded	14	Business Closed
3	Retired	7	Constructive Dismissal	11	Retrenched/Staff Reduction	15	Death of Domestic Employer
4	Dismissed	8	Involuntary Liquidation	12	Transfer to another Branch	16	Voluntary Severance Package
5	Contract Expired	9	Maternity/Adoption	13	Abandoned	17	Reduced Work Time

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:

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

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:B 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