
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

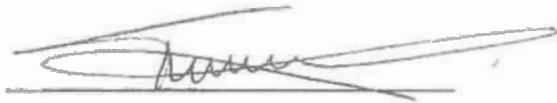
0001;

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.

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.

| | | | | | | | |
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(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 whilst on leave/RWT (Per month) |
|--|--|----|--|---|
| 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) |
|---|

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

Identity Document

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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|---|--|--|--|--|--|--|--|--|--|-------------------------------|--|--------------------------------|--|--|--|--|-------------|--|--|--|--|
| 1. | Surname: | | | | | | | | | | | | | | | | | | | | |
| 2. | Previous surname: <i>(Only if it changed since submission of current claim)</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. (a) | If you have commenced work indicate date: _____ / _____ / _____ | | | | | | | | | | | | | | | | | | | | |
| (b) | Name of new employer: _____ | | | | | | | | | | | Employer Contact number: _____ | | | | | | | | | |
| (c) | If the Reduced Work Time period has come to an end indicate the date _____ / _____ / _____ | | | | | | | | | | | | | | | | | | | | |
| ➤ 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> | |
|-----------------------|--|



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 ALTERNATIONS ARE ACCEPTED ON THIS FORM

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 | Identity document of child | Date of Birth (dd/mm/yy) | Gender |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> Male <input type="text"/> Female |
| First name | Surname | Code /Telephone No | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Postal Address | Code | Cell No | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Residential Address | Code | Fax Number | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Occupation | E-Mail Address | <input type="text"/> | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Education | <input type="text"/> | <input type="text"/> | |
| 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 |

**UNEMPLOYMENT INSURANCE ACT 63 OF 2001 AS AMENDED
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:

Identity Document

First Names

Last Residential Address

Date of Birth (dd/mm/yy)

Surname

Gender Male Female

Date of Death

Code

Details of previous application if Identity Document differs to current
 a) *Name and ID/ passport. No under which deceased applied:*

B. PARTICULARS OF SURVIVING SPOUSE OR LIFE PARTNER

Identity Document

First Names

Date of Birth (dd/mm/yy)

Surname

Gender Male Female

Postal Address

Residential Address

E-Mail Address

Code

Code

Tel No

Cell No

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.

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 understand that it is an offence to make a false statement.

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 |
|--|--|---|---|

UI-2.6

**UNEMPLOYMENT INSURANCE ACT 63 OF 2001 AS AMENDED
APPLICATION FOR DEPENDANT'S BENEFITS BY A GUARDIAN / DEPENDANT CHILD OR NOMINATED BENEFICIARY IN TERMS OF SECTION 30 READ WITH
REGULATION 7(1) AND 7(2)**

A. PARTICULARS OF DECEASED CONTRIBUTOR:

Identity Document

First Names

Last Residential Address

Date of Birth (dd/mm/yy)

Surname

Gender Male Female

Date of Death

Code

Details of previous application if Identity Document differs from current

a) Name and Identity Document under which deceased applied:

B. PARTICULARS OF APPLICANT:

Guardian of a minor child

Dependant child

Nominated beneficiary

Identity Document

First Names

Date of Birth (dd/mm/yy)

Surname

Gender Male Female

Postal Address

Code

Residential Address

Code

Tel No

Cell No

C. CHILD'S DETAILS:

Identity Document

First Names

Date of Birth (dd/mm/yy)

Surname

Residential Address

Code

D. CHILD'S DETAILS:

Identity Document

First Names

Date of Birth (dd/mm/yy)

Surname

Residential Address

Code

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 understand that it is an offence to make a false statement.

FOR OFFICIAL USE ONLY:

| | | |
|--|--|--|
| I declare that the above information is true and correct. SIGNATURE OF APPLICANT <input style="width: 90%;" type="text"/> Date: <input style="width: 10%;" type="text"/> / <input style="width: 10%;" type="text"/> / <input style="width: 10%;" type="text"/> | SIGNATURE OF OFFICIAL <input style="width: 90%;" type="text"/> Date: <input style="width: 10%;" type="text"/> / <input style="width: 10%;" type="text"/> / <input style="width: 10%;" type="text"/> | Claim approved from: <input style="width: 90%;" type="text"/> Application refused in terms of: <input style="width: 90%;" type="text"/> Claims officer (Please Print): <input style="width: 90%;" type="text"/> Signature: <input style="width: 90%;" type="text"/> Date: <input style="width: 10%;" type="text"/> / <input style="width: 10%;" type="text"/> / <input style="width: 10%;" type="text"/> |
| | | Department of Employment and Labour Office Stamp |

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 | <input type="text"/> | | | | Identity document of child | <input type="text"/> | | | | Date of Birth (dd/mm/yy) | <input type="text"/> | | Gender | <input type="text"/> | <input type="text"/> |
| First name | <input type="text"/> | | | | | | | | | | | | | | |
| Postal Address | <input type="text"/> | | | | | | | | | | | | | | |
| Residential Address | <input type="text"/> | | | | | | | | | | | | | | |
| Occupation | <input type="text"/> | | | | E-Mail Address | <input type="text"/> | | | | Fax Number | <input type="text"/> | | | | |
| Education | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | |
| SPECIAL SCHOOL CERT. | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | |
| BELOW GRADE 8 | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | |
| GRADE 8-9 | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | |
| GRADE 10 - 11 | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | |
| GRADE 12 | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | |
| ABOVE GRADE 12 | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | |

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.

| | | |
|-------------------------------|------------------------------|---|
| SIGNATURE OF APPLICANT | SIGNATURE OF OFFICIAL | Department of Employment and Labour Office Stamp |
| Date: ____/____/____ | Date: ____/____/____ | Signature: ____/____/____ Date: ____/____/____ |

