



UI-3

UNEMPLOYMENT INSURANCE ACT 63 OF 2001

APPLICATION FOR CONTINUATION OF PAYMENT FOR ILLNESS BENEFITS IN TERMS OF REGULATION 4(4)

FORM MUST BE COMPLETED ON OR AFTER [] ID NO. []

1 Name and surname []

2 Previous surname: (Only if it changed since your last declaration) []

3 First names: []

4 Identity number: []

5. Telephone number: []

6 Postal address: [] Postal code []

7. Residential address: (If different from postal address) []

8. Date returned to work: ___/___/___

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

I declare, except as stated in item 8, that I have not worked since the date of my application for illness benefits and have not been entitled to my normal remuneration as declared by my employer on the prescribed form UI-2.7 submitted with my application form.

I declare that I am still incapacitated and unable to perform work. I declare further that the information provided is true and correct. I am aware that it is an offence to wilfully make a false statement.

Signature of applicant _____ Date ___/___/___

MEDICAL CERTIFICATE
(To be completed by a registered practitioner in terms Section 20(1)(c) of Act 63 of 2001)

I, _____ am a qualified _____ qualifications
My Registration number is _____ OR My Practise number is: _____. I confirm that
_____ has been under my treatment from
_____ to _____ and is suffering from _____. This patient was not capable of performing work
from _____ to _____
Signature _____
Date _____ Tel No. _____ Address _____

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 EMPLOYER TO SUBMIT A DECLARATION.