



UI-2.2

UNEMPLOYMENT INSURANCE ACT 63 OF 2001 AS AMENDED (UI Amendment Act 10 of 2016)
APPLICATION FOR ILLNESS BENEFITS IN TERMS OF SECTION 22(1)

Valid 13 Digit Bar-Coded ID/Passport Permit Number

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

Date of Birth (dd/mm/yy)

--	--	--

Gender

Male	Female
------	--------

First Names:	Surname:				
Postal address:	Code:	Code /Telephone No:	Residential address:	Code:	Code /Telephone No:
Occupation:	E-mail:	Fax:			

Education:

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

Details of previous application of previous application if ID/Passport Permit Number differs to current

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

ARE YOU STILL EMPLOYED <input type="checkbox"/> Yes <input type="checkbox"/> No NB: IF YOU ARE STILL EMPLOYED, FORM UI-2.7 MUST ALSO BE COMPLETED. IF YOU HAVE RETURNED TO WORK, STATE DATE: ____/____/____	MEDICAL CERTIFICATE (to be completed by a registered medical practitioner) I, _____ am a qualified _____. Qualifications _____ My registration number is _____. I confirm that _____ is suffering from _____ The patient was not capable of performing work from ____/____/____ to ____/____/____ Signature _____ Date _____ Tel No. _____ Address _____ <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto;">Medical Practice Stamp (if available)</div>
--	---

Where a Proxy was appointed by Doctor or Legal Representative proof must be attached.

FOR OFFICIAL USE ONLY:

I declare that the information above is true and correct. SIGNATURE OF APPLICANT / PROXY Date: ____/____/____	SIGNATURE OF OFFICIAL Date: ____/____/____	Claim approved from: _____ Application refused in terms of _____ Claims officer (Please Print): _____ Signature: _____ Date: _____	Department of Employment & Labour Office Stamp
---	---	---	--