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**GOVERNMENT NOTICES • GOEWERMENTSKENNISGEWINGS**

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**Department of 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, Nelisiwe Mildred Oliphant, Minister responsible for Department of Labour, under Section 54 (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 30 calendar days from the date of publication.

Comments shall be forwarded to:

(a) Post to:

The Department of Labour (UIF)

P.O. Box 1851

Pretoria

0001

(b) Hand to:

The Department of 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](mailto:Cornelius.phathela@labour.gov.za), Tel: 012 333 1775 or 012 333 1775; Tom Buys at [tom.buys@labour.gov.za](mailto:tom.buys@labour.gov.za); Tel: 012 337 1851

Comments received after the closing date may not be considered.



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N. M Oliphant (MP)

MINISTER OF LABOUR

DATE: 21/06/2017

## SCHEDULE

### General explanatory note

[            ] Words in bold type in square brackets indicate omissions from the existing regulations

\_\_\_\_\_ Words underlined with a solid line indicate insertions in the existing regulations

### 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. R363 of 12 March 2003, Government Notice No. R 536 23 of 2004, Government Notice No.R823 of 10 August 2005, Government Notice No 27946 dated 2 September 2005, Government Notice No. R948 of 5 October 2009,and Government Notice No 36674 dated 19 July 2013

### 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 (No. 102 of 1996)."

### Substitution of regulation 3 of the Regulations

3. Regulation 3 of the Regulations is hereby substituted for the following regulation:

**"Reduced working time benefits in terms 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) The 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 the 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, before his or her death, in terms of paragraph (a) complete the nomination form at 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 18] UI 19 to the Commissioner.

(2) Every employer **[who is required to]** must provide [information to] 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 [a completed] form UI 19 [to the Commissioner].

(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, [94 Church Street], 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 Fund Act Regulations Amendment Regulations, 2017.

**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

Date of Birth (dd/mm/yy)

Gender  Male  Female

First Names  Surname

Postal Address  Code / Telephone No

Residential Address  Code  Cell No

Occupation  E-Mail Address  Fax number

Education

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

*Use the UI-2.3 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)	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Are you registered as a workseeker with a Labour Centre established by the DOL.			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you capable and available for work?			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. If you are not capable of and available for work, please explain: <input type="text"/>			
Signature of applicant: <input type="text"/>		Signature of APPLICANT: <input type="text"/>	
		Date: ____/____/____	

**IMPORTANT: READ THIS SECTION BELOW:**

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 Official <input type="text"/>	OFFICE STAMP
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: ____/____/____	
<b>COMPLETE</b>	<b>YES NO</b>

**UNEMPLOYMENT INSURANCE ACT 63 OF 2001  
APPLICATION FOR ILLNESS BENEFITS IN TERMS OF SECTION 22(1)- Read with Regulations 4(1), 4(S) 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  E-Mail Address  Fax Number

Education

SPECIAL SCHOOL CERT.	GRADE 12
BELOW GRADE 8	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

NOTE: 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

SIGNATURE OF OFFICIAL

Claim approved from: \_\_\_\_\_  
Application refused in terms of: \_\_\_\_\_

Claims officer (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date \_\_\_\_\_

**COMPLETE**

**YES**

**NO**

**Office Stamp**

**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 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 / 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
	CLAIM APPROVED FROM:	APPLICATION REFUSED IN TERMS OF:	
Date: _____	CLAIMS OFFICER (Please Print): _____	SIGNATURE: _____	
	COMPLETE	YES	NO



















