DEPARTMENT OF LABOUR

NO. 670 14 JULY 2017

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

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(b)) Hand	to:
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The Department of Labour (UIF)

Directorate: Legal Services

230 Lillian Ngoyi Street;

Pretoria

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Any enquiries in connection with the Notice can be directed to M.C. Phathela at Cornelius.phathela@labour.gov.za, Tel: 012 333 1775 or 012 333 1775; Torn Buys at tom.buys@labour.gov.za; Tel: 012 337 1851

Comments received after the closing date may not be considered.

N. M Oliphant (MP)

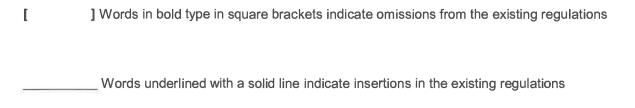
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MINISTER OF LABOUR

DATE: 01/06/3017

SCHEDULE

General explanatory note



Definition

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

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 <u>declaration</u>, [UI 18] <u>UI 19</u> to the Commissioner.
- (2) Every employer [who is required to] <u>must</u> provide [information to] the Commissioner <u>with all information</u> in terms of sections 56(2) or (3) of the Act <u>and</u> must do so by submitting <u>declarations of their employees electronically or by completing</u> [a completed] <u>form</u> 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

 These regulations are called the Unemployment Insurance Fund Act Regulations Amendment Regulations, 2017. UI-2.1

APPLICATION F	UNEMPLOYMENT INSURANCE ACT 63 OF 2001 APPLICATION FOR UNEMPLOYMENT BENEFITS IN TERMS OF SECTION 17(1) – Read with Regulation 3(1)	SURANCE ACT	r 63 O	' 2001 ON 17(1) –	Read with Regulation 3(1)	
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Signature of Official	Claim approved from:				OFFICE STAMP	
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Date:/	Claims officer (Please Print):					_
COMPLETE YES NO	Signature: Date;					

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)

	Make Female Surname		Code / Telephone No	Oall No	Code	ess Fax Number		GRADE 12	ABOVE GRADE 12			MEDICAL CERTIFICATE (To be completed by an authorised practitioner in terms of section 20(1)(c) of the UI Act 63 of 2001.	am a qualifi	ANY AUGMENTAGE IN THE CONTRIBUTION IN THE PROPERTY OF THE PROP	This patient was not capable of performing work from to	Signature Date	Tel No. Address			Calm approved from: Application refused in terms of: Claims office Stamp	Signature:	
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13 Digit Bar-Coded Identity Document/Pass port Number	Date of Birth (dd/mm/yy) Surname	Code /Telephone No	Cone	Code	E-Mail Address	GRADE 12	ABOVE GRADE 12		edical practitioner or	My registration number is Confirm	that is under my treatment and is Doctor Stamp	pregnant. The expected due date of birth is	ilure to do so will OR I confirm that	COLLEGE LIES	
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UNEMPLOYMENT INSURANCE ACT 63 OF 2001 APPLICATION FOR ADOPTION BENEFITS IN TERMS OF SECTION 28 Read with Regulation 6(1)

Gender Female	Code /Telephone No	Cell No	Fax Number			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.	Office Stamp
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UNEMPLOYMENT INSURANCE ACT 63 OF 2001 APPLICATION FOR DEPENDANT'S BENEFITS BY SURVIVING SPOUSE OR LIFE PARTNER IN TERMS OF SECTION 30 Read with Res	UI-2		rulation 7(1)
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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	Nominat	Nominated beneficiary
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UI-2.7

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

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 of a child or is on Reduced Work Time (RWT) Full names of contributor: Name of Employer: ___ Employers UIF Reference No. ID No of contributor (A) In terms of section 12(1)b, 19(1), 24(2) and 27(3) of the abovementioned Act, I hereby certify that the contributor would receive less than 100% of his/her remuneration as / (full date) due to Illness Leave **Maternity Leave** Adoption Leave Reduced working time Gross remuneration **Gross remuneration** Periods during which different rates of remuneration were received whilst on (prior to received leave/RWT confinement/RWT) (PM/PW) Per Month / Per Week From To From To From То То From From То From To (B) (C) The contributor returned to work on / full time on DATE SIGNATURE OF EMPLOYER OR AUTHORISED AGENT Contact Details of employer: **BUSINESS STAMP**

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

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Date Received		

UI5

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

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	7. If you have commenced work indicate date:// > NB IF YOUR BANKING DETAILS HAVE CHANGED FORM UI-2.8 MUST BE COMPLETED AND SUBMITTED																																									
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. 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.																																										
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Date Received:

UI6A

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

ID NO/PASSPORT.											
1. Sumame:											
1. Sumane:											
Previous surname: (Only if it changed since your previous application)											
2. Previous surname: (Only if it changed since your previous application)											
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: (If different from postal address) 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 :											
I am unemployed and have not been employed since I iast completed a continuation form and that I have not received remuneration or paym											
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.											
• I furthermore deciare that the information given is true and correct, I am aware that it is an offence to without make a faise 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).											

UNEMPLOYMENT INSURANCE ACT 63 OF 2001

UI-19

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	yees or 337- 5286;				J *** If non- Contributor state reason (Use codes at bottom of									
	An employer must by the seventh day of each month inform the Commissioner of any changes arising during the previous month regarding the employer's contact details or employees remuneration details including new appointments and termination of service. The employer must forward this form to the Unemployment Insurance Fund at (012) 337-1943/44 or 337-1580/81/82 or submit same at any branch of the UJF which is closest to the employer. The completed form can also be faxed to any of the following numbers: Pta (012) 309 5142/5286; Jbb (011) 497 3293; Dbn (031) 366 2156; Polokwane (015) 290 1670; Mmabatho (018) 384 2658; East Ldn (043) 701 3263; Biftn (051) 447 9353; CT (021) 441 8024; Wth 1. EMPLOYER DETAILS			0n**	I Rudicate whether contributor or non- contributor (YES OR	(or			rrect. I		***			
	An employer must by the seventh day of each month inform the Commissioner of any changes arising during the previous month regarding the employer's contact details or employer must by the seventh day of each month inform the Commissioner of any changes arising during the previous month regarding the employer's contact details or senting the previous month regarding new appointments and termination of service. The employer must forward this form to the Unemployment Insurance Fund at (012) 337-1943/4. July (011) 497 3293; Dun (031) 366 2156; Polokwane (015) 290 1670; Mmabatho (018) 384 2658; East Ldn (043) 701 3263; Biftn (051) 447 9353; CT (021) 441 8024; Wth (013) 656 0233; PE (041) 586 1541; Gmn (011) 873 2219; George (044) 873 2568; Pmb (033) 394 5069.			1.11Authorised person**	Reason for Termination (Use Termination Cudes as supplied at the bottom of the	(ablad			, declare that the above information is true and correct.		Temporary employees (less that 24 hours per mouth) No facome paid for the payroll period			
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cinpioyers Deciaration of Empioyees for the month of	An employer must by the seventh day of each month inform the Commissioner of any changes arising during the previous month remuneration details including new appointments and termination of service. The employer must forward this form to the Unemp 1580/81/82 or submit same at any branch of the UJF which is closest to the employer. The completed form can also be faxed to an Jhb (011) 497 3293; Dbn (031) 366 2156; Polokwane (015) 290 1670; Mmabatho (018) 384 2658; East Ldn (043) 701 3263; B (013) 656 0233;PE (041) 586 1541;Gmn (011) 873 2219;George (044) 873 2568; Pmb (033) 394 5069.	1.2	1.6	13	E* Total Hours Worked during Month						DESCRIPTIONS If the employer is not resident in the RSA, or is a body corporate not registered in the RSA, an authorised person must carry out the ducies of the employer in terms of this Act. Remuneration means actual basic salary plus payment in kind (Declare actual gross salary) If paid Weekly, convert wages to monthly salary (weekly wages X 52/12) Total Hours Worked it. Actual hours worked during the month Employers may also submit these details electronically from payrolls or on the UIF's website at when a work and a warm of the Commercial Employers. For Domestic Employers provide Surname and Initials Call Applicable for Commercial Employers. For Domestic Employers provide Surname and Initials Can only be determined by CCMA, Bargaining Comnic or Labour Court	REASON FOR TERMINATION CODES	Illacss /Medically boarded Refrenched/Staff Reduction	Transfer to another Branch Absconded
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	employer must by the seventh duneration details including new 3/81/82 or submit same at any b (011) 497 3293; Dbn (031) 366 0233; PE (041) 586 1541 EMPLOYER DETAILS	TF Er Fradij	ddre	E-mail address EMPLOYEE DETAILS	A Surname					Stan,	If the out the Remu Remu If paid Total J Emplo Only A Can or		ra m	च ५०
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DEPARTMENT OF LABOUR

(CONFIRM)



Office Stamp

UI 53

	Date:
Dear Sir/Madam	
UNEMPLOYMENT INSURANCE ACT 63 PAYMENTS TO DEPENDANTS/NOMINE DECEASED NAME:	OF 2001 (AS AMENDED) EE OF DECEASED CONTRIBUTORS
IDENTITY NUMBER:	
COMPANY NAME/REFERENCE:	
In order that the application for payment to the may be considered, kindly and without delay, soffice.	e dependant/s of the abovenamed deceased contributor submit the following information/documents to this
Details of his/her dependants (Name/Addres	sses/Relationship and ID no's)
Child/Children's details:	
1. Nominee: As per section N:BWhere there is more than one nominee in	ndicate percentage allocation
Tel. No:	Company Stamp
Contact person:	
Date:	
Your urgent response will be appreciated.	
Yours faithfully	

CLAIMS OFFICER