labour
Department:
Labour
REPUBLIC OF SOUTH AFRICA

UIF WORKING FOR YOU

UI-2.2

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)

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 8-9**	☐	**GRADE 12**	☐
BELOW GRADE 8	☐	**GRADE 10 - 11**	☐	**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*** ☐

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 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 _____

Signature _____ **Date** _____

Tel No. _____

Address _____

Doctor's Stamp

Where a Proxy was appointed by Doctor or Legal Representative proof will be required

SIGNATURE OF APPLICANT / PROXY

Date_____

SIGNATURE OF OFFICIAL

COMPLETE	**YES**	**NO**

Claim approved from: _____

Application refused in terms of: _____

Claims officer (Please Print): _____

Signature: _____

Date: _____

Office Stamp