

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

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Date of Birth (dd/mm/yy)

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First Names

Surname

Postal Address

Code

Code /Telephone No

Residential Address

Code

Cell No

Occupation

E-Mail Address

Fax Number

Education

SPECIAL SCHOOL CERT.	
BELOW GRADE 8	

GRADE 8-9	
GRADE 10 - 11	

GRADE 12	
ABOVE GRADE 12	

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

<p>SIGNATURE OF APPLICANT / PROXY</p> <p>Date _____</p>	<p>SIGNATURE OF OFFICIAL</p>	<p>Claim approved from: _____</p> <p>Application refused in terms of: _____</p> <p>Claims officer (Please Print): _____</p> <p>Signature: _____</p> <p>Date: _____</p>	<p>Office Stamp</p>
	<p>COMPLETE YES NO</p>		