

National Diploma Animal Farm Staff Management

Handout 2
UIF Forms

Version: 001

Date: 2020/01/17

Emerging Farmers: Module 3: Staff Management	LEARNER MANUAL
UIF RELATED FORMS	

UIF RELATED Forms

Forms used by the Employer

On registration

Form UI-8 - Application for registration as an employer with the UIF

Form UI7 - UIF Payment Advice

Form UI.19 - UIF - Information of employee

Form UI 2.7 - Remuneration Received By The Employee Whilst Still In Employment

<u>Form UI.8D - Application for Registration as an employer of Domestic Workers with the UIF</u>

Form UI-19 - WVF inligting ten opsigte van werknemer

Form UI-19D - Information of employee (Domestic Workers)

Forms used by the Employee:

Claims

Form UI-2.2 - Application for illness benefits

Form UI-2.3 - Application for maternity benefits

Form UI.2.4 - Application for adoption benefits

Form UI-2.5 - Application for dependant's benefits by surviving spouse or life partner

Form UI-2.6 - Application for dependant's benefits by child, children of deceased

Form UI-2.8 - Application to pay UIF benefits into banking account

Form UI-3 - Application for continuation of payment for illness benefits

Form UI-4 - Application for continuation of payment for maternity benefits

Form UI-5 - Application for continuation of payment for adoption benefits

The above can be obtained from the website of the Department of Labour / or at the offices of the Department of Labour.



Unemployment Insurance Fund • Werkloosheidversekeringsfonds

Church Street 94 Kerkstraat, Pretoria. Postal Address/ Posadres: UIF/WVF, Pretoria, 0052

Enquiries/Navrae: (012) 337-1680

Fax/Faks No. (1) UI-7 returns and Proof of Payment/UI-7 opgawes en Bewys van Betaling: (012) 337-1932/1804/1929 (2) Postage Payments Only/Posgeld Betalings Alleenlik: 0866366981

Web: www.labour.gov.za

uFiling: www.ufiling.gov.za Enquiries/Navrae: 0860345464 or e-mail/e-pos: support@ufiling.co.za

Code Kode	
UIF Reference WVF Verwysing	

UNEMPLOYMENT INSURANCE CONTRIBUTIONS ACT. 2002

		ONLWII LOTI	WENT INCOR.	ANOL	CONTRIBUT	10110	A01, 2002				
RETURN ONLY FOR OPGAWE SLEGS VIR		PAYABLE ON OR BEFORE BETAALBAAR VOOR OF OP									
PAYMENT OF CONTRIBUTERMS OF SECTION 9(1)	NER IN	BETALING VAN BYDRAES AAN DIE WERKLOOSHEIDVERSEKERINGSKOMMISSARIS INGEVOLGE ARTIKEL 9(1) VAN DIE WET									
A.1		A.2	В		С		D		E		
			Contributions payable			ır					
contributions are p Besoldiging waaro	Remuneration on which UIF contributions are payable Besoldiging waarop WVF bydraes betaalbaar is. Number of contributors concerned Aantal bydraers betrokke Number of contributors concerned Aantal bydraers betrokke		By contributors at the rate of 1% Deur bydraers teen 'n koers van 1%		TOTAL PAYABLE: Columns B + C TOTAAL BETAALBAAR: Kolomme B + C		If no contributions are due, state date on which a contributor was last employed and return the form. Indien geen bydraes verskuldig is nie, meld datum waarop 'n bydraer laas in diens was en stuur die vorm terug.				
R	С		R	С	R	С	R	С			
ı											
Branch Code/Takkode: CDI Number/Nommer:	32.	3145 253145			145405 0045 - 0068730083641						
CDI Nulliber/Notifiles						- 0000130005041					
IMPORTANT – NEW INFORMATION BELOW					BELANGRIK – NUWE INLIGTING HIERONDER						
In order to improve service delivery, a new secure on-line facility for submitting employee declarations and paying of contributions has been introduced. uFiling was specifically developed for UIF employers who do not have to pay contributions to SARS. Please log on to www.ufiling.gov.za and follow the easy to use instructions.				duced. to pay	vir die verklaring van werknemer inligting en die betaling van bydraes. uFilir is spesifiek ontwikkel vir WVF werkgewers wat nie nodig het om hulle bydrae				etaling van bydraes. uFiling nodig het om hulle bydraes		
ALL EMPLOYERS ALL						3	die WV verwysingsnom	imer meld	wanneer betalings gemaak word of		

- communicating with this office.
- 2. The Act only allows for the payment of contributions on a monthly basis, OR employers may elect to make payment of the full amount of the total contributions in respect of a financial year or applicable portion thereof, in a single up-front payment. Permission to pay OTHER than monthly or annually up-front cannot be granted.
- 3. It is the duty of employers to calculate the amount due to the Fund. Forms indicating contributions payable will not be issued to employers.

 4. Postage is payable on all envelopes mailed to this office.

BUSINESSES ONLY

- 1. Employers who are NOT required to pay UIF contributions to SARS with effect from April 2002,
- must complete the UI-7 form and forward their payments to the Fund.

 2. If you are receiving an EMP201 from SARS, it means that you are required to submit your UIF contributions to SARS for periods from April 2002 onwards. However, the fact that you have also received this form indicates that your account with the Fund has not been amended to reflect that you are paying your UIF contributions via SARS. Please advise the Fund of the 10-digit PAYE reference number in respect of your business/businesses, so that the necessary changes can be made to prevent the despatch of the UI-7 to you. Also ensure that the UIF contributions are indicated on the EMP201 and that payments are forwarded to SARS. The Fund will not accept responsibility, or engage in any communication with SARS or employers in the event of penalties and/or interest being raised if payments are submitted to the Fund instead of to SARS
- wanneer daar met hierdie kantoor gekommunikeer word.
- 2. Die Wet maak slegs voorsiening vir die betaling van bydraes op 'n maandelikse basis, OF werkgewers mag 'n eenmalige vooruitbetaling vir 'n finansiële jaar of toepaslike gedeelte daarvan doen indien hulle dit verkies. Toestemming om ANDERS as maandeliks of eenmalig jaarliks vooruit te betaal kan nie toegestaan word nie.
- 3. Dit is werkgewers se plig om die bedrag wat aan die Fonds verskuldig is te bereken. Vorms waarop bydraes betaalbaar aangedui word sal nie aan werkgewers voorsien word nie
- 4. Posgeld is betaalbaar op alle koeverte wat aan hierdie kantoor gepos word.

BESIGHEDE ALLEENLIK

- 1. Werkgewers wat NIE verplig is om WVF bydraes vanaf April 2002 aan SAID te betaal nie, moet die UI-7 vorm voltooi en hul betalings aan die Fonds stuur.
- Indien u 'n EMP201 vanaf SAID ontvang, beteken dit dat u verplig is om WVF bydraes vir tydperke vanaf April 2002 aan SAID te betaal. Die feit dat u ook hierdie vorm ontvang het, dui egter daarop dat u rekening by die Fonds nie gewysig is om aan te toon dat u WVF bydraes via SAID betaal word nie. Ten einde te verhoed dat die UI-7 aan u versend word, voorsien die Fonds asseblief van die 10-syfer LBS verwysingsnommer van u besigheid/besighede sodat die nodige wysigings aangebring kan word. Verseker asseblief ook dat u WVF bydraes op die EMP201 aangedui word en dat betalings aan SAID gedoen word. Die Fonds gaan nie verantwoordelikheid aanvaar, of in briefwisseling met SAID of werkgewers betrokke raak indien boetes en/of rente gehef word as betalings aan die Fonds in plaas van aan SAID gestuur word nie

UI-7

⇒lo	ertify that all	particulars	furnished	herein	are	true	and	correct.
-----	-----------------	-------------	-----------	--------	-----	------	-----	----------

⇒ Ek sertifiseer dat alle besonderhede hierin verstrek waar en juis is.

DATE / DATUM	SIGNATURE OF EMPLOYER / HANDTEKENING VAN WERKGEWER	

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 5	Female 0				
First Names		Surname	Tentate 0				
Postal Address			Code /Telephone No				
1 OSMI 1 ACCIPED		Code					
Residential Address			Cell No				
Residential Address		Code	CONTRO				
O	Occ Code E Mo		For Number				
Occupation	Occ. Code E-Ma	il Address	Fax Number				
37.3 X AD							
Method of Payment							
Use the UI-2.8 form for Banking Details		PAYPOIN	<u>T</u>				
CHEQUE BANK TRANSFER	OTHER						
Details of previous application							
a) Name and ID No under which you applied:		b) Date of Application.	n:/ c) Office of application:				
ARE YOU STILL EMPLOYED YES NO	SOURCES OF OTHER INCOME (mark X	Were applicable)	MEDICAL CERTIFICATE (To be completed by an authorised practitioner in terms of section				
NB: IF YOU ARE STILL EMPLOYED, FORM UI 2.7 MUST ALSO BE COMPLETED.	1. Monthly Pension from State (Excluding Disabili	ity grant)	20(1)(c) of the UI Act 63 of 2001.				
	2. Benefit from Compensation Fund for temporary	or total disablement]				
DATE OF COMMENCEMENT OF SICK LEAVE:/	3. Benefits from an Unemployment Fund established	ed by a bargaining or	I,am a qualified				
	statutory council		Qualifications My practice number is				
IF YOU HAVE RETURNED TO WORK, STATE DATE:/	4. None		4 [
	If applicable mark X on 1-4:		I confirm that has been under my treatment				
IMPORTANT: READ THIS SECTION BELOW:	When did you begin to receive this income?		from to and is suffering from				
	when an you begin to receive this income:		This patient was not capable of performing work from to				
If your application is successful the claims officer will							
authorise the payment of benefits. You must inform the	Do you continue to receive this income?		If the nature of the illness is described in this medical certificate in uncertain terms or as "disease – entity" or "symptom complex", please furnish a clinical report describing the symptoms and				
claims officer as soon as you resume work. I declare that			nature of the complaint.				
the above information is true and correct. I understand that it is an offence to make a false statement.	If you no longer receive this income when did it come to	o an end?	II				
that it is an offence to make a faise statement.			Signature Date Tel No				
CIONA PRIDE OE A DRI ICANIE.	DAME.		Address				
SIGNATURE OF APPLICANT:	DATE:						
FOR OFFICIAL USE ONLY			OFFICE STAMP				
DOCUMENTS/INFORMATION SUBMITTED	Signature of Official	Claim approved from	n:				
UI-19 (If Applicable) R. Telephonic Verification		Application refused in	in terms of:				
2. Certified Copy of ID Contact Person	REMUNERATION/SALARY		se Print):				
3. Payslips	Gross pay Payment frequ		se Print):				
4. Proof of banking details - UI-2.8	(before deductions) (PW or PM	M) Signature:					
5. UI-2.7 (If Applicable) Designation:		Digimule.					
6. SARS Number: Tel. No.:		Date:					
7. Other (Specify)							

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)	Gender					
		Female 0					
First Names		Surname					
Postal Address		Code /Telephone No					
		Code					
Residential Address		Cell No					
		Code					
Occupation	Occ. Code E-Mail	il Address Fax Number					
Method of Payment							
Use the UI-2.8 form for Banking Details		PAYPOINT					
CHEQUE BANK TRANSFER	OTHER						
Details of previous application	OTHER						
a) Name and ID No under which you applied:		b) Date of Application:/ c) Office of application:					
ARE YOU STILL EMPLOYED YES NO	COUNCES OF OTHER INCOME (see al	MEDICAL CERTIFICATE (to be completed by a medical practitioner or registered					
NB: IF YOU ARE STILL EMPLOYED, FORM UI-2.7 MUST ALSO BE	SOURCES OF OTHER INCOME (mark	midwife)					
COMPLETED.	1. Monthly Pension from State (Excluding Dis						
	Benefit from Compensation Fund for temporal disablement	mporary or totalam a qualified					
DATE OF COMMENCEMENT OF MATERNITY LEAVE:/	Benefits from an Unemployment Fund estal	ablished by a Qualifications My practice number is					
IF YOU HAVE RETURNED TO WORK, STATE DATE:/	bargaining or statutory council	I confirm that is under my treatment and is pregnant. The expected					
TATOOTE AND DEAD THAT CECTED AND DELOW	4. NONE						
IMPORTANT: READ THIS SECTION BELOW:	If applicable mark X on 1-4:	due date of birth is					
If your application is successful the claims officer will authorise	When did you begin to receive this income?	OR I confirm that gave birth on \ The baby was stillborn					
the payment of benefits. You must also inform the claims officer							
as soon as you resume employment I declare that the above information is true and correct. I understand that it is an offence	Do you continue to receive this income?	on \ the patient had a miscarriage on					
to make a false statement.		Signature Date Tel No					
	If you no longer receive this income when did it co	come to an end? Address					
SIGNATUDE OF ADDITIONIT.	DATE:	Audress					
	DAIL:						
FOR OFFICIAL USE ONLY		OFFICE STAMP					
DOCUMENTS/INFORMATION SUBMITTED	Signature of Official	Claim approved from:					
1. UI-19 (If Applicable) 8. Telephonic Verification		Application refused in terms of:					
Certified Copy of ID Contact Person	REMUNERATION/SALARY	Claims officer (Please Print):					
Payslips Proof of banking details - UI-2.8	Gross pay Payment Freque (before deductions) (PW or PM)						
5. UI-2.7 (If Applicable) Designation:	(I'W O'TM)	Signature:					
6. SARS Number: Tel. No.:		Date:					

UNEMPLOYMENT INSURANCE ACT 63 OF 2001 APPLICATION FOR ADOPTION BENEFITS IN TERMS OF SECTION 28(1) Read with Regulation 6(1)

13 Digit Bar-Coded Identity Document/Passport Number Id no of adopted	child		Date of Birth (dd/mm/yy)	Gender					
				Male 5	Female 0				
First Names			Surname						
Postal Address				Code /Telephone No					
1 00000 12002 000			Code						
D (1 (1 4 1)				C. II.N					
Residential Address		1	Code	Cell No	1				
			Code						
Occupation	cc. Code	E-Mail Addı	ess	Fax Number					
Method of Payment									
Use the UI-2.8 form for Banking Details			PAYPOINT						
		\neg	TATIONI						
CHEQUE BANK TRANSFER	OTHER								
Details of previous application				1					
a) Name and ID No under which you applied:		b) D	ate of Application:/	c) Office of application	n:				
				<u> </u>					
ARE YOU STILL EMPLOYED YES NO			SOURCES OF O	THER INCOME (mark X were	applicable)				
NB: IF YOU ARE STILL EMPLOYED, FORM UI-2.7 MUST ALSO BE COMPLET	ED								
		1. Monthly Pension from State (Excluding Disability grant)							
DATE OF COMMENCEMENT OF ADOPTION LEAVE:/		2. Benefit from Compensation Fund for temporary or total disablement							
		Benefits from an Unemployment Fund established by a bargaining or statutory council							
IF YOU HAVE RETURNED TO WORK, STATE DATE:/		4. NONE							
IMPORTANT: READ THIS SECTION BELOW		If applicable mark X on 1-4:							
		When did you begin to receive this income?							
If your application is successful then the claims officer will authorise the payment of benefit inform the claims officer as soon as you resume work. I declare the above information is transfer to the claims officer as soon as you resume work.		When	i did you begin to receive this income?						
understand that it is an offence to make a false statement.	ac and correct. 1	Do y	ou continue to receive this income?						
									
SIGNATURE OF APPLICANT: DATE	:	If you	no longer receive this income when did it	come to an end?					
					OFFICE STAMP				
FOR OFFICIAL USE ONLY					OFFICE STAMI				
DOCUMENTS/INFORMATION SUBMITTED	Signature of Official		Claim approved from:						
1. UI-19 (If Applicable) 8. Copy of Adoption Order			Application refused in terms of:						
2. Certified Copy of ID 9. SARS Number:	REMUNERATION	N/SALARY	Claims officer (Please Print):						
Payslips 10. Other (Specify) Affidavit – Period Spent caring for child 11. Telephonic Verification	Gross pay F	Payment Frequency							
Affidavit – Period Spent caring for child Proof of banking details - UI-2.8 Contact Person	(before deductions)	(PW or PM)	Signature:						
6. UI-2.7 (If applicable) Designation:			Dotos						
7. Birth certificate of Child Tel. No.:			Date:						

UNEMPLOYMENT INSURANCE ACT 63 OF 2001 APPLICATION FOR DEPENDANT'S BENEFITS BY SURVIVING SPOUSE OR LIFE PARTNER IN TERMS OF SECTION 31(1) Read with Regulation 7(1)

A. PARTICULARS OF DECEASED CONTRIBUTOR: 13 Digit Bar-Coded Identity Document/Passport Number Date of Birth (dd/mm/yy) Gender Male **Female** First Names Surname **Date of Death** Last Residential Address Details of previous application a) Name and ID No under which deceased applied: b) Date of Application: _ c) Office of application: B. PARTICULARS OF SURVIVING SPOUSE OR LIFE PARTNER: (NOTE: In the case of a surviving spouse if there is not a marriage certificate recognised as valid in terms of any law relating to marriage in force in the Republic of South Africa, supplementary documents required by the Department regarding the circumstances of the matter should be attached) 13 Digit Bar-Coded Identity Document/Passport Number Date of Birth (dd/mm/vv) Gender Male Female First Names Surname Postal Address Tel No Code Residential Address Cell No Code Occupation Occ. Code E-Mail Address Method of Payment Use the UI-2.8 form for Banking Details PAYPOINT OTHER BANK TRANSFER CHEOUE I declare that I am the only surviving spouse or life partner or one of _ surviving spouses of the abovementioned deceased contributor, that I was not divorced from him/her and that information given in this document is true and correct. I understand that it is an offence to make a false statement. DATE: / / SIGNATURE OF SURVIVING SPOUSE OR LIFE PARTNER: OFFICE STAMP FOR OFFICIAL USE ONLY Signature of Official DOCUMENTS/INFORMATION SUBMITTED Claim approved from: 1. UI-19 (If Applicable) 8. SARS Number: Application refused in terms of: ___ Certified Copy of ID (Deceased & Dependant) 9. Telephonic Verification REMUNERATION/SALARY Claims officer (Please Print): _ Payslips/Database Contact Person: Gross pay Payment Frequency Affidavit from Life Partner Designation: (before deductions) (PW or PM) Signature: 5. Proof of banking details - UI-2.8 Tel. No.: Marriage certificate or certified copy Date: Certified Copy of ONE of the following documents Death certificate Post-mortem certificate

Burial order relating to the death of such

contributor

UNEMPLOYMENT INSURANCE ACT 63 0F 2001 APPLICATION FOR DEPENDANT'S BENEFITS BY CHILD/CHILDREN OF DECEASED IN TERMS OF SECTION 31(1) READ WITH REGULATION 7(1) AND 7(2)

A. PARTICULARS OF DECEASED CONTRIBUTOR:		
13 Digit Bar-Coded Identity Document/Passport Number Date of Birth (dd/mm/yy)	Gender	
First Name		
First Names Surname	Date of Death	
Last Residential Address		
Last residental Address	Code	
Details of previous application		
a) Name and ID No under which deceased applied:	b) Date of Application:/ c) Office of o	application:
a) Name and 1D No under which deceased applied.	t) Dute of Application.	фрисанон.
B. PARTICULARS OF APPLICANT: RELATIONSHIP OF APPLICANT TO DECEASED:		
13 Digit Bar-Coded Identity Document/Passport Number Date of Birth (dd/mm/yy) Gender		
Male	5 Female 0	
First Names Surname	3 Temate 0	
Postal Address	Tel No	
	Code	
Residential Address	Cell No	
	Code	
Occupation Occ. Code	E-Mail Address	
Method of Payment		
Use the UI-2.8 form for Banking Details		
CHEQUE BANK TRANSFER OTHER		
C. CHILD'S DETAILS:		
First Names Surname		
Home Address	Date of Birth	(dd/mm/yw)
Home Address	Code	(dd/mm/yy)
I declare that the information is true and correct. I understand that it is an offence to make a false statement		
1 decide that the information is true and correct 1 and expand that it is an orience to make a tasse statement.		
SIGNATURE OF APPLICANT: DATE:/_	/	
FOR OFFICIAL USE ONLY:		OFFICE STAMP
DOCUMENTS/INFORMATION SUBMITTED SIGNATURE OF OF	FICIAL Claim annual from	OTTO DILLI
	Claim approved from:	
1. UI-19 (If Applicable) 8. If child is over 21 documentary proof that child is a learner	Application refused in terms of:	
2. Certified Copy of ID (Deceased/Applicant & Child) 3. Payslips 9. Telephonic Verification	ATION/SALARY Claims officer (Please Print):	
A Percef of honking details JH 28 Contact Parcent	Payment Frequency	
5. Certified copy of birth certificate of child Designation: (before deductions)	(PW or PM)	
6. Supplementary documents proving guardianship and Tel. No:	Signature:	
relationship of child to deceased	Date:	
7. Certified Copy of ONE of the following documents	Date:	
(i) Death certificate (ii) Post-mortem certificate (iii) Post-mortem certificate		

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

To: 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 or the Adoption of a child.

Full names of contributo	r:										
Employers UIF Reference	ce No.						/				
ID No of contributor											
(A) In terms of section 19(1), 24(2) and 27(3) of the abovementioned Act, I hereby certify that since (full date)/, the contributor is on Sick leave											
Gross remuneration (prior to confinement) Per Month / Per Week	Per	riods during whi remuneration				of		ceived	remui l whils PM/P	t on le	
	From		То								
	From		То								
	From		То								
	From		То								
	From		То								
	From		То								
(B) The contributor is <u>expected</u> to return to work on/ (C) The contributor returned to work on/											
DATE:		SIGNAT	URE C	F EM	PLOY	ER OR	RAUT	HORI	SED A	GENT	7
							BU	ISINES	S STAN	MP	



UNEMPLOYMENT INSURANCE FUND

94 Church Street, Pretoria / Postal Address: UIF, Pretoria, 0052 / Tel: (012) 337-1680

APPLICATION FOR REGISTRATION AS AN EMPLOYER OF DOMESTIC EMPLOYEES

Unemployment Insurance Contributions Act, 2002

Completed form can be posted to the **UIF**, or faxed to (012) 337-1636 or submitted at any branch of the UIF which is closest to the employer. The form can also be faxed to any of the following numbers: **Pta** (012) 309 5142/5286; **Jhb** (011) 497 3293; **Dbn** (031) 366 2156; **Polokwane** (015) 290 1670; **Mmabatho** (018) 384 2658; **East Ldn** (043) 701 3263; **Blftn** (051) 447 9353; **CT** (021) 441 8024;**Wtb** (013) 656 0233;**PE** (041) 586 1541;**Gmn** (011) 873 2219;**George** (044) 873 2568; **Pmb** (033) 394 5069; **Kimberley** (053) 832 7218

	PRIVATE HOUSEHOLD
EM	PLOYER INFORMATION TO BE PROVIDED:
1.	Identity / Work Permit / Passport number of employer:
2.	First names of employer:
3.	Surname of employer:
4.	Date on which the first contributor (employee) was employed (Cannot be prior to April 2003):
5.	Number of employees employed:
6.	Tel. number during office hours: Code: Number:
7.	Tel. number after hours: Code: Number:
8.	Cell phone number:
9.	Fax number (if applicable): Code: Number:
10.	Personal or other e-mail address (if applicable):
11.	Language preference: 1= English, 2 = Afrikaans
12.	Postal address: 13. Residential address:
	Postal code: Postal code:
14.	Magisterial district in which residential address is situated:
15.	Municipality:
⇨	N.B. A completed form UI-19 in respect of employees must accompany this form.
•	I hereby declare that all the information furnished on this form, is true and correct.
	Date: Signature of employer or authorised agent: