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**GOVERNMENT NOTICES • GOEWERMENTSKENNISGEWINGS**

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**DEPARTMENT OF LABOUR**

NO. R. 1421

04 NOVEMBER 2019

**DEPARTMENT OF EMPLOYMENT AND LABOUR****UNEMPLOYMENT INSURANCE ACT, 2001 (ACT NO. 63 OF 2001)****AMENDMENT OF UNEMPLOYMENT INSURANCE ACT REGULATIONS**

The Minister of the Department of Employment and Labour has, in terms of section 54 of the Unemployment Insurance Act, 2001 (Act No. 63 of 2001), and after consultation with the Unemployment Insurance Board, made the regulations in the Schedule that will come into operation as follows:

Regulation 5A of the Amendment Regulations will come into operation on date of publication.

Regulations 5B and 6(f) of the Amendment Regulations will come into operation from 01 April 2020.

**MR. T. W. NXESI, MP****MINISTER OF EMPLOYMENT AND LABOUR**

DATE: 31/10/2019

31/10/2019

## SCHEDULE

### Definition

1. In this Schedule "the Regulations" means the regulations published under Government Notice No. R. 400 of 28 March 2002 as amended by Government Notice No. 536 of 23 April 2004, Government Notice No. R. 823 of 10 August 2005, Government Notice No. R. 948 of 5 October 2009 and Government Notice No. R. 1434 of 28 December 2018.

### Insertion of regulation 5A in the Regulations

2. The following regulation is hereby inserted after regulation 5 of the Regulations:

#### **"Application for parental benefits in terms of section 26B of the Act**

- 5A.** (1) An application for parental benefits in terms of section 26B of the Act must be made at an employment office and must be in the form of a complete UI 2.9.
- (2) An applicant for parental benefits, when making the application, must submit -
- (a) an identity document;
  - (b) a full birth certificate of the child with full details of parents;
  - (c) a surrogate motherhood agreement in terms of the Children's Act, 2005 (Act No. 38 of 2005 ); or
  - (d) an interim court order placing the child in the care of the prospective adoptive parent pending the finalisation of an adoption order in respect of that child ;
  - (e) details of a valid bank account, in the form of UI 2.8; and
  - (f) remuneration received by the employee whilst still in employment, in the form of UI 2.7."

### Insertion of regulation 5B in the Regulations

3. The following regulation is hereby inserted after regulation 5A of the Regulations:

#### **"Application for commissioning parental benefit in terms of section 29B of the Act**

- 5B** (1) An application for commissioning parental benefits in terms of section 29B of the Act must be made at an employment office and must be in the form of a complete UI 2.9.
- (2) An applicant for commissioning parental benefits, when making the application must submit -
- (a) an identity document;
  - (b) a surrogate motherhood agreement in terms of the Children's Act, 2005 ( Act No. 38 of 2005 );

- (c) details of a valid bank account in the form of UI 2.8;
- (d) remuneration received by the employee whilst still in employment, in the form of UI 2.7;
- and
- (e) birth certificate of the child with full details of parents.”

#### **Amendment of regulation 6 of the Regulations**

4. Regulation 6 of the Regulations is hereby amended by the insertion of the following paragraph after paragraph (e) of sub-regulation (2):

“(f) interim court order placing the child in the care of the prospective adoptive parent pending the finalisation of an adoption order in respect of that child.”

#### **Amended forms**

5. Forms 2.1; 2.2; 2.3; 2.4; 2.5; 2.6; 2.7; 2.8; 19 and 53 are hereby substituted for the evenly numbered forms in the Annexure.

#### **New forms**

6. Forms 2.1P; 2.2P; 2.3P; 2.4P; 2.9P; 2.12P; 2.9; and 2.12

#### **Short title**

7. These regulations are called the Unemployment Insurance Act Amendment Regulations, 2019 and shall come into operation as follows:

Regulation 5A of the Amendment Regulations will come into operation on date of publication

Regulations 5B and 6(f) of the Amendment Regulations will come into operation from 01 April 2020





UI-2.7

**UNEMPLOYMENT INSURANCE ACT 63 OF 2001 AS AMENDED  
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; Adoption Leave, Commissioning Parental leave, Parental leave or is on Reduced Working Time (RWT)**

Full names of contributor: \_\_\_\_\_

Identity Document.																			
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Name of Employer: \_\_\_\_\_

Employers UIF Reference No. 

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(A) In terms of section 5(1)b, 19(1), 24(2), 26A(1), 27(3) and 29A(1) of the abovementioned Act, I hereby certify that the contributor would receive less than 100% of his/her remuneration as from \_\_\_\_/\_\_\_\_/\_\_\_\_ (full date) due to:

Parental Leave		Commissioning Parental leave (SURROGACY)		Illness Leave		Maternity Leave		Adoption Leave		Reduced working time	
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Periods during which different rates of remuneration were received while on leave/RWT (TO BE INDICATED IN CALANDER MONTHS)				Gross remuneration received whilst on leave/RWT (Per month)
From		To		
From		To		
From		To		
From		To		
From		To		
From		To		
From		To		
From		To		
From		To		

(B) The contributor is expected to/has resumed full working hours on \_\_\_\_/\_\_\_\_/\_\_\_\_.

\_\_\_\_\_  
SIGNATURE OF EMPLOYER OR AUTHORISED AGENT  
DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>EMPLOYER STAMP</b> (if available)
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**UNEMPLOYMENT INSURANCE ACT 63 OF 2001 AS AMENDED  
APPLICATION FOR DEPENDANT'S BENEFITS BY SURVIVING SPOUSE OR LIFE PARTNER IN TERMS OF SECTION 30 Read with Regulation 7(1)**

**A. PARTICULARS OF DECEASED CONTRIBUTOR:**

<i>Identity Document</i>	<i>Date of Birth (dd/mm/yy)</i>	<i>Gender</i>	
<input type="text"/>	<input type="text"/>	Male <input type="text"/>	Female <input type="text"/>
<i>First Names</i>	<i>Surname</i>	<i>Date of Death</i>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Last Residential Address</i>		<i>Code</i>	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>
<i>Details of previous application if Identity Document differs to current</i>			
a) <i>Name and ID/passport No under which deceased applied:</i>			
<input type="text"/>			

**B. PARTICULARS OF SURVIVING SPOUSE OR LIFE PARTNER**

<i>Identity Document</i>	<i>Date of Birth (dd/mm/yy)</i>	<i>Gender</i>	
<input type="text"/>	<input type="text"/>	Male <input type="text"/>	Female <input type="text"/>
<i>First Names</i>	<i>Surname</i>	<i>Tel No</i>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Postal Address</i>		<i>Code</i>	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>
<i>Residential Address</i>		<i>Code</i>	<i>Cell No</i>
<input type="text"/>		<input type="text"/>	<input type="text"/>
<i>E-Mail Address</i>			
<input type="text"/>			

I declare that I am one of \_\_\_\_\_ surviving spouses or the only surviving spouse or life partner of the abovementioned deceased contributor, that I was not divorced from him/her and that information given in this document is true and correct.

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 understand that it is an offence to make a false statement.

**FOR OFFICIAL USE ONLY:**

I declare that the above information is true and correct.  SIGNATURE OF APPLICANT   Date: ____/____/____	SIGNATURE OF OFFICIAL   Date: ____/____/____	Claim approved from: _____	Department of Employment and Labour Office Stamp
		Application refused in terms of: _____	
		Claims officer (Please Print): _____	
		Signature: _____	
Date: ____/____/____		Date: ____/____/____	



**UNEMPLOYMENT INSURANCE ACT 63 OF 2001 AS AMENDED**  
**APPLICATION FOR PARENTAL BENEFITS IN TERMS OF SECTION 26A (1), 27(3) and 29A (1) Read with Regulation 6(1)**

**PLEASE SELECT THE TYPE OF BENEFITS YOU WISH TO APPLY FOR:**

Parental	Adoption	Commissioning Parental
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Identity Document	Identity Document of child	Date of Birth (dd/mm/yy)	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>

First name	Surname
<input type="text"/>	<input type="text"/>

Postal Address	Code	Code/Telephone No
<input type="text"/>	<input type="text"/>	<input type="text"/>

Residential Address	Code	Cell No
<input type="text"/>	<input type="text"/>	<input type="text"/>

Occupation	E-Mail Address	Fax Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

**Details of previous application if Identity Document differs from current**

a) Name and Identity Document under which you applied:

ARE YOU STILL EMPLOYED

YES	NO
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**NB: IF YOU ARE STILL EMPLOYED, FORM UI 2.7 MUST ALSO BE COMPLETED.**

**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 as a result of any application I submitted, I undertake that I will refund the full amount to the Fund.

**FOR OFFICIAL USE ONLY:**

I declare that the above information is true and correct. SIGNATURE OF APPLICANT  Date: ____/____/____	SIGNATURE OF OFFICIAL  Date: ____/____/____	Claim approved from: _____	Department of Employment and Labour Office Stamp
		Application refused in terms of: _____ Claims officer (Please Print): _____ Signature: _____ Date: ____/____/____	