labour
Department:
Labour
REPUBLIC OF SOUTH AFRICA

UNEMPLOYMENT INSURANCE ACT 63 OF 2001
APPLICATION FOR CONTINUATION OF PAYMENT FOR MATERNITY BENEFITS
IN TERMS OF SECTION 26

UIF WORKING FOR YOU

ID NO/ Passport.

1. Surname:
2. Previous surname: *(Only if it changed since your previous application)*
3. First names:
4. Telephone 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. *Date returned to work:* _____/_____/_____

8. DECLARATION:

I declare, except as stated in item 7, that I have not worked since the date of my application for maternity 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.

_____ _____/_____/_____
Signature of applicant Date

NB: IF YOUR BANKING DETAILS HAVE CHANGED, FORM UI-2.8 MUST BE COMPLETED

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 YOU ARE REQUIRED TO INFORM THE DEPARTMENT OF LABOUR OFFICES IMMEDIATELY AND TO REQUEST THE NEW/CURRENT EMPLOYER TO SUBMIT A DECLARATION (UI-19).**

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 _____

Date Received