



UI-2.3

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:	Code /Telephone No:		
Occupation:	E-mail:	Fax:					

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 <input type="checkbox"/> Yes <input type="checkbox"/> No		MEDICAL CERTIFICATE (to be completed by a medical practitioner or registered midwife)		
NB: IF YOU ARE STILL EMPLOYED, FORM UI-2.7 MUST ALSO BE COMPLETED.		I, _____ am a qualified _____. Qualifications _____		
IF YOU HAVE RETURNED TO WORK, STATE DATE: _____ / _____ / _____		My registration number is _____. I confirm that _____ is under my treatment and is pregnant.		
IMPORTANT: READ THIS SECTION BELOW:		The expected due date of birth is _____. OR I confirm that _____ gave birth / stillborn / miscarriage on _____.		
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.		Signature _____ Date _____ Tel No. _____		
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.		Address _____		
I declare that the above information is true and correct.		<table border="1"><tr><td>Doctor's stamp</td></tr></table>		Doctor's stamp
Doctor's stamp				
SIGNATURE OF APPLICANT / PROXY		SIGNATURE OF OFFICIAL		
Date _____		COMPLETE	YES	
			NO	
		Claim approved from: _____		
		Application refused in terms of _____		
		Claims officer (Please Print): _____		
		Signature: _____ Date: _____		
		Office Stamp		