

**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  Female

First Names  Surname

Postal Address  Code /Telephone No

Residential Address  Code  Cell No

Occupation  Code  Fax Number

E-Mail Address

Education

SPECIAL SCHOOL CERT.	GRADE 8-9
BELOW GRADE 8	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 No/ passport number 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 an authorised practitioner in terms of section 20(1)(c) of the UI Act 63 of 2001.

I, \_\_\_\_\_ am a qualified \_\_\_\_\_ Qualifications \_\_\_\_\_

My Registration number is \_\_\_\_\_ I confirm that \_\_\_\_\_ is suffering from \_\_\_\_\_

This patient was not capable of performing work from \_\_\_\_\_ to \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Tel No. \_\_\_\_\_

Address \_\_\_\_\_

**Doctor's Stamp**

**Where a Proxy was appointed by Doctor or Legal Representative proof will be required**

SIGNATURE OF APPLICANT / PROXY	SIGNATURE OF OFFICIAL		Office Stamp
	CLAIMS OFFICER (Please Print): _____	Signature: _____	
Date _____	COMPLETE	YES	NO