

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 5 Female 0

First Names Surname Date of Death

Last Residential Address Code

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/yy)

Gender Male 5 Female 0

First Names Surname

Postal Address Code Tel No

Residential Address Code Cell No

Occupation Occ. Code E-Mail Address

Method of Payment

Use the UI-2.8 form for Banking Details

CHEQUE BANK TRANSFER OTHER PAYPOINT

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.

SIGNATURE OF SURVIVING SPOUSE OR LIFE PARTNER: _____ DATE: ____/____/____

FOR OFFICIAL USE ONLY

DOCUMENTS/INFORMATION SUBMITTED		Signature of Official	Claim approved from: _____	OFFICE STAMP										
1. UI-19 (If Applicable)	<input type="checkbox"/>	<table border="1"> <thead> <tr> <th colspan="2">REMUNERATION/SALARY</th> </tr> <tr> <th>Gross pay (before deductions)</th> <th>Payment Frequency (PW or PM)</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	REMUNERATION/SALARY		Gross pay (before deductions)	Payment Frequency (PW or PM)							Application refused in terms of: _____	
REMUNERATION/SALARY														
Gross pay (before deductions)	Payment Frequency (PW or PM)													
2. Certified Copy of ID (Deceased & Dependant)	<input type="checkbox"/>	Claims officer (Please Print): _____												
3. Payslips/Database	<input type="checkbox"/>	Signature: _____												
4. Affidavit from Life Partner	<input type="checkbox"/>	Date: _____												
5. Proof of banking details – UI-2.8	<input type="checkbox"/>													
6. Marriage certificate or certified copy	<input type="checkbox"/>													
7. Certified Copy of ONE of the following documents	<input type="checkbox"/>													
(i) Death certificate	<input type="checkbox"/>													
(ii) Post-mortem certificate	<input type="checkbox"/>													
(iii) Burial order relating to the death of such contributor	<input type="checkbox"/>													
8. SARS Number: _____														
9. Telephonic Verification Contact Person: _____														
Designation: _____														
Tel. No.: _____														