

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 <input style="width:100%; height:15px;" type="text"/>	Date of Birth (dd/mm/yy) <input style="width:100%; height:15px;" type="text"/>	Gender <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align:center;">Male</td> <td style="width:5%; text-align:center;">5</td> <td style="width:50%; text-align:center;">Female</td> <td style="width:5%; text-align:center;">0</td> </tr> </table>	Male	5	Female	0		Date of Death <input style="width:100%; height:15px;" type="text"/>
Male	5	Female	0					
First Names <input style="width:100%; height:15px;" type="text"/>	Surname <input style="width:100%; height:15px;" type="text"/>							
Last Residential Address <input style="width:100%; height:15px;" type="text"/>			Code	<input style="width:100%; height:15px;" type="text"/>				
Details of previous application								
a) <i>Name and ID No under which deceased applied:</i> <input style="width:100%; height:15px;" type="text"/>			b) <i>Date of Application:</i> ____/____/____		c) <i>Office of application:</i> <input style="width:100%; height:15px;" type="text"/>			

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 <input style="width:100%; height:15px;" type="text"/>	Date of Birth (dd/mm/yy) <input style="width:100%; height:15px;" type="text"/>	Gender <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align:center;">Male</td> <td style="width:5%; text-align:center;">5</td> <td style="width:50%; text-align:center;">Female</td> <td style="width:5%; text-align:center;">0</td> </tr> </table>	Male	5	Female	0		
Male	5	Female	0					
First Names <input style="width:100%; height:15px;" type="text"/>	Surname <input style="width:100%; height:15px;" type="text"/>							
Postal Address <input style="width:100%; height:15px;" type="text"/>			Code	<input style="width:100%; height:15px;" type="text"/>				
Residential Address <input style="width:100%; height:15px;" type="text"/>			Code	<input style="width:100%; height:15px;" type="text"/>				
Occupation <input style="width:100%; height:15px;" type="text"/>	Occ. Code <input style="width:100%; height:15px;" type="text"/>	E-Mail Address <input style="width:100%; height:15px;" type="text"/>						
Method of Payment								
<i>Use the UI-2.8 form for Banking Details</i>								
CHEQUE <input style="width:100%; height:15px;" type="text"/>	BANK TRANSFER <input style="width:100%; height:15px;" type="text"/>	OTHER <input style="width:100%; height:15px;" type="text"/>	PAYPOINT <input style="width:100%; height:15px;" type="text"/>					

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"/>	REMUNERATION/SALARY <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align:center;"><i>Gross pay (before deductions)</i></td> <td style="width:50%; text-align:center;"><i>Payment Frequency (PW or PM)</i></td> </tr> <tr> <td style="height:20px;"></td> <td style="height:20px;"></td> </tr> <tr> <td style="height:20px;"></td> <td style="height:20px;"></td> </tr> <tr> <td style="height:20px;"></td> <td style="height:20px;"></td> </tr> </table>	<i>Gross pay (before deductions)</i>		<i>Payment Frequency (PW or PM)</i>							Application refused in terms of: _____
<i>Gross pay (before deductions)</i>		<i>Payment Frequency (PW or PM)</i>									
2. Certified Copy of ID (Deceased & Dependant) <input type="checkbox"/>	8. SARS Number: _____	Claims officer (Please Print): _____									
3. Payslips/Database <input type="checkbox"/>	9. Telephonic Verification Contact Person: _____	Signature: _____									
4. Affidavit from Life Partner <input type="checkbox"/>	Designation: _____	Date: _____									
5. Proof of banking details – UI-2.8 <input type="checkbox"/>	Tel. No.: _____										
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"/>											