

**METAL AND ENGINEERING INDUSTRIES PERMANENT DISABILITY SCHEME**

ENQUIRIES:  
METAL INDUSTRIES HOUSE  
27 FREDERICK STREET  
JOHANNESBURG  
2001

**JOB DESCRIPTION, DUTIES AND RESPONSIBILITIES**  
**TO BE COMPLETED BY THE EMPLOYER**

P.O.BOX 7507  
JOHANNESBURG 2000  
TEL: (011) 870-2000  
FAX: (011) 870-2387

Member's Full Names: \_\_\_\_\_

Identity number: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Position held: \_\_\_\_\_

Occupation: \_\_\_\_\_ Works/Company No. \_\_\_\_\_

Period of employment : From \_\_\_\_\_ to \_\_\_\_\_

Period of employment as contributor to Fund: From \_\_\_\_\_ to \_\_\_\_\_

Period of employment on Company's domestic Scheme: From \_\_\_\_\_ to \_\_\_\_\_

If the employee has not resigned as a result of his inability to continue working please ensure that his/her name is retained on the Sick Pay Fund and Retirement Fund contribution returns, even where no wages were paid during the waiting period. Please do not discharge an employee until advice is received that the claim has either been successful or unsuccessful.

Remuneration : R \_\_\_\_\_  Monthly  Weekly

"Remuneration" means the actual wages payable to the employee each week in respect of the ordinary hours worked by such employee in the shifts of the establishment concerned during such week including moneys payable in terms of any agreement or under any law, but excluding amounts paid in respect of overtime, shifts or other allowances and holiday leave bonuses.

Please bear in mind the provisions in the New Labour Relations Act, Schedule 8 Clause 10(1) pertaining to disabled employees. It is the employer's duty to ascertain whether the employee's work circumstances or duties can be adapted to accommodate the functionally impaired employee. Failing this the employer is to provide alternative work for the functionally impaired employee. Only if neither of these two conditions can be met must an application for permanent disability benefits be submitted to the Scheme.

A) Provide a job description, duties and responsibilities of the member:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B) **MOBILITY**

Please circle appropriate number

1. What type of surface does the member work on :

- 1.1 Level terrain outside  
1.2 Uneven terrain outside  
1.3 Level terrain inside  
1.4 Uneven terrain inside

2. What level of Mobility does the member require to do his job :

- 2.1 100% Mobility all the time.  
2.2 Limited work without moving around for most of the time.  
2.3 Have to move around **now and then** in order to daily work.  
2.4 Only to and from work.

3. What percentage of the member's day is spent :

(Please circle one answer from each of the three columns)

	<u>STANDING</u>	<u>WALKING</u>	<u>SEATED</u>
3.1	0%	0%	0%
3.2	25%	25%	25%
3.3	50%	50%	50%
3.4	75%	75%	75%
3.5	100%	100%	100%

**C. PHYSICAL STRENGTH**

**1. What percentage of the member's day would involve physical labour :**

- 1.1 0%
- 1.2 25%
- 1.3 50%
- 1.4 75%
- 1.5 100%

**2. In which area does he require strength to complete his/her daily work.**

- 2.1 Arms
- 2.2 Legs
- 2.3 Arms and legs
- 2.4 Stamina

**3. In carrying out his daily duties to what extent does the member have to do the following :**

	VERY OFTEN	OFTEN	SELDOM
<b>1. Lifting * (Check correct category)</b>			
* (i) 0 - 10 kg			
* (ii) 10 - 30 kg			
* (iii) 30 - 50 kg			
* (iv) 50 - 75 kg			
<b>2. Carrying * (i) (ii) (iii) or (iv)</b>			
<b>3. Pushing * (i) (ii) (iii) or (iv)</b>			
<b>4. Pulling * (i) (ii) (iii) or (iv)</b>			
<b>5. Climbing</b>			
Ladders			
Stairs			
Scaffolding			
<b>6. Balancing</b>			
<b>7. Stooping</b>			
<b>8. Kneeling</b>			
<b>9. Crouching</b>			
<b>10. Reaching</b>			
Above Shoulder Height			
Below Shoulder Height			
<b>11. Handling</b>			
<b>12. Feeling</b>			
<b>13. Talking</b>			
<b>14. Hearing</b>			
<b>15. Use Both Hands</b>			
<b>16. Use Fine Co-Ordination (Fingers)</b>			
<b>17. Bending</b>			
<b>18. Lying Down</b>			
<b>19. Depth Perception</b>			

**4. What is the members level of exposure to the following :**

1. <b>Fumes</b>	1.1	high	1.2	medium	1.3	low
2. <b>Dust</b>	2.1	high	2.2	medium	2.3	low
3. <b>Dangerous Equipment</b>	3.1	high	3.2	medium	3.3	low
4. <b>Heat</b>	4.1	high	4.2	medium	4.3	low
5. <b>Cold</b>	6.1	high	6.2	medium	5.3	low

**D. 1. Please provide details of the employee's sick leave record for the last two years:**

DATES		NUMBER OF WORKING DAYS	ILLNESS / INJURY REASONS
From	To		

2. **Has alternative work been offered to the employee or an attempt made to adapt his workplace?  
Please provide details even if this has proved unsuccessful:**

---



---



---



---

3. **Please list those other sources of compensation which the claimant may receive as a result of his/her disability :**

	<b>COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES (WCA)</b>	<b>ROAD ACCIDENTS FUNDS (MVA)</b>	<b>OTHER BENEFITS</b>
<b>Estimated Amount of Benefit</b>			
<b>How is Benefit Payable, e.g. Lump Sum, Monthly etc.</b>			
<b>Date Benefit is or Becomes Payable</b>			
<b>For How Long is the Benefit Payable</b>			

**I HEREBY DECLARE THAT THIS REPORT IS A TRUE REFLECTION OF THE CURRENT SITUATION CONCERNING THE ABOVE-MENTIONED EMPLOYEE AND TO THE BEST OF MY KNOWLEDGE EVERYTHING STATED HEREIN IS THE TRUTH.**

**SIGNED AT** \_\_\_\_\_ **ON** \_\_\_\_\_ **20** \_\_\_\_\_

**SIGNATURE :** \_\_\_\_\_ **TEL NO. :** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **CAPACITY:** \_\_\_\_\_

**FAX NO :** \_\_\_\_\_ **E-MAIL ADDRESS :** \_\_\_\_\_