



**METAL AND ENGINEERING INDUSTRIES
BARGAINING COUNCIL SICK PAY FUND**

42 Anderson Street
Johannesburg
2001

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Johannesburg 2000
Phone/Foon 0860102544
Fax: (011) 870-2414
Website: <http://www.mibfa.co.za>

Claim form for sick pay benefits when on unpaid leave due to pregnancy or when unemployed following termination of employment due to pregnancy.

Note 1: Benefits payable up to a maximum of twenty six weeks when on unpaid leave or unemployment due to pregnancy. Birth certificate of baby must be produced before final payment of benefit is made.

Note 2: Please be advised that on maternity leave, the Sick Pay Fund pays 100% of the members' wages and therefore members CANNOT claim from the Unemployment Insurance Fund. At the end of the financial year, an IT3A tax form will be issued by the Fund and these amounts must be declared on your annual tax return.

TO BE COMPLETED BY THE EMPLOYEE

Surname Date of Birth

First Names Tel No:

I.D. Number Postal Code

Address

Own/husband's income tax reference no. Revenue Office

Name of Trade union of which a member

Trade union Membership no

Estimated date of birth of baby

Name of present employer

Period for which unpaid leave has been granted From to inclusive

OR employment was terminated, due to pregnancy. On:

Period for which benefits are claimed. From to inclusive

I certify that the above information is correct and, where employment was terminated due to pregnancy that I have not been employed elsewhere since the date of termination of employment as stated above.

I authorise the Fund to

(a) pay any benefit due into a Bank account as follows

NAME OF BANK branch Branch Code

Account Number Name of Account Holder (NB. Holder must be the Claimant)

Type of account (Mark the appropriate block with an X) Current Savings Transmission

(b) forward any benefit payable through the post to the following address and acknowledge that such posting shall constitute full and final settlement of all amounts due in terms of this application

Postal Address

Postal Code

Delete whichever is not applicable

Date _____ Signature of claimant _____

NOTE: Bank account details must be confirmed by either one of the following:

1. Bank Mandate Form to be completed or
2. Cancelled signed cheque or
3. Statement of bank account with bank stamp or
4. Employer to confirm banking details on company letterhead with company stamp.

THIS SECTION TO BE COMPLETED BY A MEDICAL PRACTITIONER

I hereby certify that Mrs/Miss.....

is pregnant and I estimate that she should give birth to a baby on or about

Name of Medical Practitioner (please print)

Signature and professional Qualifications Practice No.:

Address:

Postal Code: Telephone No.: Date:

THIS SECTION TO BE COMPLETED BY EMPLOYER

Name of employer

Address:

..... Postal Code: Telephone No.:

When unpaid leave granted due to pregnancy Company Reference No

I/We certify that Mrs/Miss Works No.:

is employed by me/us since as a

at an hourly/weekly/monthly rate of pay of R immediately prior to being granted unpaid

Leave from to

due to pregnancy and has contributed regularly to the Fund since

the last rate of contributions paid being cents per week.

OR

When services were terminated due to pregnancy

I/We certify that Mrs/Miss

Works No.: was terminated, due to pregnancy on

and further that she was employed by me/us from to

at an hourly/weekly/monthly rate of pay of R..... immediately prior to termination of

employment and contributed regularly to the Fund from to

the last rate of contribution paid beingcents per week.....

Date _____ Signature _____ Name in block letters _____

Designation _____

EMPLOYER'S RUBBER STAMP

**THIS BANK MANDATE FORM MUST BE COMPLETED BY THE
EMPLOYER OR BANK OFFICIAL**

ALL ALTERATIONS MUST BE SIGNED BY APPLICANT, EMPLOYER AND BANK OFFICIAL

CHEQUE ACCOUNT HOLDERS MAY ATTACH A SIGNED CANCELLED CHEQUE OR CASHED CHEQUE AS BANK CONFIRMATION

A. APPLICANTS BANK DETAILS:

- (1) Surname of Applicant (Payee)

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- (2) Maiden Name

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- (3) Name of Applicant (Payee)

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- (4) Identity Number

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Identity Document to be produced

B. DETAILS OF ACCOUNT – N.B.

To be verified by bank official or employer as correct and active/current and belonging to the applicant as listed on page 1.

- (1) Name of bank

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 - (2) Address of Bank

Postal Code

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 - (3) Name of Branch

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 - (4) *Branch Code

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- *Code at place where account is kept will be supplied by Bank or Employer.
- (5) Account Number

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 - (6) Type of Account

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 - (7) Date account opened

DD	MM	YY
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<p>.....</p> <p style="text-align: center;">SIGNATURE (ACCOUNT HOLDER) (Must be the same signature as the applicant's on page 1)</p> <p>.....</p> <p style="text-align: center;">DATE</p>	<p style="text-align: center;">.....</p> <p style="text-align: center;">FULL NAMES OF EMPLOYER OR BANK OFFICIAL</p> <div style="border: 1px solid black; width: 100%; height: 100px; margin: 10px auto;"></div> <p style="text-align: center;">SIGNATURE OF BANK OFFICIAL OR EMPLOYER AND STAMP OF BANK OFFICIAL OR EMPLOYER</p>
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