

BUILDING INDUSTRY BENEFIT FUND

Registered under the Labour Relations Act 1995

Private Bag 4089
KORSTEN 6014

F.G. Black Building
169 Haupt Street
SIDWELL 6001

APPLICATION FOR BENEFITS

Claim Nr.

H/Fund Nr.

Full Name:

Address:

Identity Nr:

Date of Birth: (CCYYMMDD)

Employer:

Trade:

Has any claim under the Workmen's Compensation Act [IOD] been made for this illness? yes no

I, the undersigned, hereby apply for **Sick Benefits** and **not to pay for any contributions** for the undermentioned period and I certify that during the undermentioned period I have been sick, under medical treatment, unable to follow my employment, and I have been unfit to perform my customary work.

Period from: to

N.B. [No claim for a period of sickness for less than 3 consecutive working days can be considered, {Rule 10.3 (ii)(aa)} and a doctor's certificate must accompany this application. {Rule 9.1 (i)}]

Date:

Signed:

Signed by employee

FOR OFFICE USE ONLY:

Period from: to

Date of fitness: (CCYYMMDD)

No. of days: R_____

Stamp record:

Notes:

IMPORTANT:

1. Person completing it must initial all material alterations to this form;
2. No sick pay will be paid in advance;
3. Overpayments or erroneous payments in respect of this claim are recoverable; {Rule 11}
4. Claims must be submitted within one [1] month of first absence; {Rule 9.1 (iv)}
5. Claims can only be made once you have made contributions to the Fund in respect of a waiting period covering sixteen [16] weeks. {Rule 5.2}

TO BE COMPLETED BY THE MEMBER

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CERTIFICATE BY EMPLOYER

Tel. : 041 453 2751
041 405 1900

Fax : 086 540 6611

Email : sickfund@bibcpe.co.za

Bldr Code:

Employer:

Telno:

I, hereby, certify that -

Mr/Mrs

identity number

holiday fund registration number ceased working, or was unable to

follow his/her employment, due to illness, for the period starting:

from to
(CCYYMMDD) (CCYYMMDD)

His/her wage rate per hour is: R

A claim under the Workmen's Compensation Act has been made for this illness.

Yes No

N.B.
See
Important
Notes at
bottom of
this page

Official rubber stamp to be used

Signed for and on behalf of:

Date:

Signed by employer/secretary/wage clerk

PLEASE COMPLETE – BANKING DETAILS FOR PAYMENT

Banking Details CHEQ/SAVINGS Bank

Account No Branch Code

IMPORTANT NOTES TO THE EMPLOYER

- 1.** [No claim for a period of sickness for less than 3 consecutive working days can be considered, {Rule 10.3 (ii)(aa)} and a doctor's certificate must accompany this application. {Rule 9.1 (i)}]
- 2.** [If illness/injury is as a result of an assault, accident or willful injury, a police report/ affidavit is required to be attached to claim form. {Rule 9.1 (iii)}]
- 3.** [**No stamps to be purchased by employer where period of sickness are for three [3] consecutive days and longer. The Sick Fund purchase the stamp.** {Rule 10.3 a(ii)}]

TO BE COMPLETED BY THE EMPLOYER {Rule 9.1 (ii)}

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