

EAST LONDON BUILDING INDUSTRY SICK PAY FUND

Registered under the Labour Relations Act 1995

P.O. Box 890
EAST LONDON
5200

32(a) Belgravia Crescent
Belgravia
EAST LONDON
5201

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

[A police report/affidavit is required if illness/injury is as a result of an assault; accident or willful injury and must be attached to this Claim Form.]

Date:

Signed:

Signed by employee

FOR OFFICE USE ONLY:

Stamp record:

Hourly Wage Rate: R

1. Period from: to **75%** **R**

Booked on:

2. Period from: to **50%** **R**

Booked on:

3. Period from: to **25%** **R**

Booked on:

IMPORTANT:

1. Person completing it must initial all material alterations to this form;
2. Overpayments or erroneous payments in respect of this claim are recoverable;
3. No sick pay will be paid in advance;
4. Claims must be submitted within one [1] month of first absence;
5. To qualify for full benefits, contributions in respect of a waiting period of at least thirteen [13] weeks must be made to the Fund.

TO BE COMPLETED BY THE MEMBER

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CERTIFICATE BY EMPLOYER

Tel. : 041 453 2751
043 722 1205

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

(CCYYMMDD)

to

(CCYYMMDD)

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

His/her wage rate per hour is:

R

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

Yes

No

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

NB: 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 10.2]

NB: No stamps to be purchased by employer where period of sickness are for three [3] consecutive days and longer.

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TO BE COMPLETED BY THE EMPLOYER