NATIONAL BARGAINING COUNCIL
for the Hairdressing • Cosmetology • Beauty & Skincare Industry

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SICK PAY FUND MATERNITY CLAIM FORM

COMPLETE ALL FIELDS ON THE FORM ACCURATELY
IN ORDER FOR YOUR CLAIM TO BE PROCESSED WE NEED ALL RELEVENT FORMS

Member Number: EM	
Region:	
Surname:	
Full Names:	
ID Number:	
Cell Phone Number:	
Address:	
Email Address:	
Name of Salon:	Start Date:
Work Telephone Number:	Registered Salary:
Date admitted to Hospital (for stillbirth/miscarriages):	
Date of birth/stillbirth/miscarriage:	
Gestation Period in Weeks(for stillbirth/miscarriages):	
Baby's Weight (for stillbirth/miscarriages):	
Maternity Leave Start Date:	*Cannot be later than date of birth*
Return Date To Work:	

BANKING DETAILS OF APPLICANT (NO 3RD PARTY ACCOUNTS ACCEPTED)

Name of Account Holder:	
Name of Bank:	
Account Number:	
Account Type:	
Branch Code:	

DATE: ***CLAIMANT'S SIGNATURE:***

TO BE COMPLETED BY YOUR EMPLOYER

I, the claimant's employer or duly authorised person/s, hereby confirm that the information stated on this form, is true and correct. I hereby also confirm that the claimant is on Unpaid Maternity Leave and that I will inform the council if the claimant returns to work earlier than stated above.

Maternity Leave Start Date:

Maternity Leave End Date:

DATE: ***EMPLOYER'S SIGNATURE***

Important:

(1) Ilegible, Late, Incomplete or Uncertified claims will not be paid. Your claim must be submitted before 90 days from date of birth.
(2) Maternity Benefit will be 30% of registered basic wage
(3) A claim may only be instituted againts the SPF after a member has been a contributing member for a continuous period of 12 months
(4) Please attach following certified documents: ID, Birth Certificate/Notice of Death & Death Certificate and Bank Statement.

Please take note, SPF will execute its best endeavours to make payment within 30 days upon receipt of an "all in order" claim

Maternity Claims

A female member may only claim against the SPF for a maternity benefit after being a contributing member to the Sick Pay Fund for a continuous period of 12 (twelve) months i.e. the child must be born after the 12 (twelve) month period. Claims must be submitted within 90 days of Maternity start date, which cannot be later than the date of birth.

Maternity benefits will be calculated at 30% of basic wage. Maternity benefits are payable for a maximum of 4 months – if you return to work earlier, you will forfeit any further payments.
An employee can claim for a maximum of 4 children. First payment will take affect at the end of the month in which the baby was born. **Should the salon be in arrears at any time during the claim period, claims will not be paid.**

We accept claims via e-mail or fax – Only if the documentation is certified as a true copy of the original.
Alternatively, you can post (remember to make a copy for yourself), courier or hand deliver the original documentation to your local Council branch.

Documentation required as per Fund Rules: Legible and certified copies of: - (documents can be certified at Post Offices, Police Stations, Accountants, Brokers, Banks)

1. Claim Form – Signed by employee and employer
2. Certified copy of Birth Certificate
3. Certified copy of ID
4. Stamped latest Bank Statement reflecting the account holder details