

NATIONAL SICK PAY FUND APPLICATION FORM

**COMPLETE ALL FIELDS ON THE FORM ACCURATELY
INCLUDE A COPY OF YOUR IDENTITY DOCUMENT**

Salon Code:	<i>(refer to statement)</i>	Union No.:
Region:		
Full Names and Surname:		
ID Number:	attach a copy	
Date of Birth: DD/MM/YYYY		
Employee's Address:		
Cell Phone Number:	E-mail:	
Name of Salon:		
Salon Address:		
Salon Tel Number:	Salon E-mail:	
Contact Person:		
Registered Basic Salary:		
Employee Job Title:		
Commision Earner	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Basic Salary Only	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Basic & Commision	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Start Date:		
Marital Starus:		
Self Employed:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I, the employee, hereby confirm that all infromation stated on this form, is true and correct.		
DATE:	EMPLOYEE SIGNATURE:	
<u>TO BE COMPLETED BY YOUR EMPLOYER</u>		
I, the employer or duly authorised person/s, hereby confirm that all information stated on this form, is true and correct.		
DATE:	EMPLOYER'S SIGNATURE:	
Important:		
(1) Please attach a clear copy of your ID		

SPF Claims

We accept claims via e-mail – **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.

All Regions **except** Pretoria & Cape Town Sick Leave Cycle - **January 2016 to December 2018**

Pretoria & Cape Town Sick Leave Cycle - **January 2017 to December 2019**

66 sick days OVER 36 MONTHS (3years)

33 days Normal Leave - 1-6 days

33 days Long Leave - 7 days and longer

If the member uses up all their sick leave in their cycle, and the Salon deducts the money from the salary, they will not be able to claim back from the Council.

Basic Salary registered with the Council (or higher exempt salary if registered) e.g. $R4060.06 \div 26 \text{ days} = R156.15$
daily rate $\times 4 \text{ days} = R624.62$

If 6 Days A Week = Basic / SPF Salary $\div 26$

If 5 Days A Week = Basic / SPF Salary $\div 21.67$

If 4 Days A Week = Basic / SPF Salary $\div 17.33$

If 3 Days A Week = Basic / SPF Salary $\div 13$

If 1 or 2 day (part time) = Part Time Salary $\div 13$

A member has to be a contributing member before they can claim for sick leave. Claims must be submitted within 90 (ninety) days from the start date of your sick leave. As per the fund rules, older claims will not be paid.

The employer must deduct the sick day/s from the salary – (applicable for basic salary/basic salary + commission earners only). Deductions must show clearly on the Salary Advice as Sick Leave deduction.

The employee must then claim the money back from the Council. Commission only earners, work on a no work no pay basis, claims will be calculated using the registered salary.

Please note we DO NOT pay for half days and we DO NOT pay for clinic visits. A member must be booked off in order to claim. We DO NOT pay for off days or days where the salon is closed during the sick leave period. We DO Not pay for family responsibility leave, the salon covers family responsibility leave – 3 days paid family responsibility leave per year, there after annual leave or unpaid leave must be taken. If the salon is in arrears - the Council will not pay the claim – the Salon has to pay the employee themselves.

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

- Claim Form – Signed by employee and employer
- **Certified** Dr's note (please note if it is from a Government Hospital or Clinic, it has to be stamped by the hospital/clinic and must also be certified). No alteration allowed on a medical certificate.
- Salary Advice – relevant month indicating the sick leave deduction – not required for working employers
- **Certified** ID
- **Stamped** latest Bank Statement reflecting the account holder details

For every break in claim dates, a separate claim form must be completed.

If the claim is not received as stated above, the claim will be rejected.

We will execute our best endeavours to make payment to the member in respect of a claim instituted, within 30 (thirty) days of the claim being submitted or the date upon which the member has fully complied with the requirements, whichever is the latter.

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