

## SICK PAY FUND CLAIM FORM

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

Member Number: EM		<i>(obtainable from statement)</i>
Region:		
Name and Surname:		
ID Number:	Attach a certified true copy	
Employee's Address:		
Cell Phone Number:	E-mail:	
Name of Salon:		
Salon Address:		
Salon Tel Number:	Salon E-mail:	
Contact Person:		
Registered Basic Salary:		
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"/>
Scheduled salon off day/s: (days of the week that you don't work) <i>If it varies, attach your roster</i>		
Mon	Tue	Wed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thu	Fri	Sat
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sun	<input type="checkbox"/>	
Do you work a 5 or 6 day week:	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Is the Salon open on a Sunday	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Period of Service in current salon:		
<b>BANKING DETAILS OF APPLICANT (NO 3RD PARTY ACCOUNTS ACCEPTED)</b>		
Name of Account Holder:		Name of Bank:
Account Number:	Account Type:	Branch Code:
<b>CLAIM DETAILS</b>		
Sick days for this claim:		Excluding scheduled off days. Seperate claim form for every break in claim
Government Hospital/Clinic – medical certificate must be stamped, signed by the Hospital/Clinic and must be a certified true copy.		
DATE:	<b>CLAIMANT'S SIGNATURE:</b>	
<b>TO BE COMPLETED BY YOUR EMPLOYER</b>		
I, the claimant's employer or duly authorised person/s, hereby confirm that all information stated on this form, is true and correct. I hereby also confirm that the claimant was off sick and not at work during the dates stipulated on the medical certificate and they have not been paid by the salon.		
From:	To:	Return to work:
DATE:	<b>EMPLOYER'S SIGNATURE:</b>	
<b>Important:</b>		
(1) Ilegible, Late, Incomplete claims will not be paid. No halfdays or family responsibility, will be paid. Claims must be submitted in full as stipulated by Fund Rules within 90 days of first incidence.		
(2)		
(3) Please attach copies of: certified medical certificate, certified copy of ID, salary advice indicating the deduction and latest stamped bank statement reflecting the account holder details and the corresponding salary. Government Hospital/Clinic – medical certificate must be stamped and signed by the Hospital/Clinic and must be certified		
Please take note, SPF will execute its best endeavours to make payment within 30 days of receipt of a complete claim		

## 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 – 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 with the Council.**

**Please note we DO NOT pay for half days. 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. Family Responsibility Leave is not covered by the Sick Pay Fund. The salon pays the member. For details on available days, kindly contact your Area Agent. If your SPF contribution is in arrears, we will offset the arrears against the claim amount and the balance will be paid.**

**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 and the corresponding salary deposit

*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.