

# SICK PAY FUND CLAIM FORM



## A. TO BE COMPLETED BY THE EMPLOYEE

Holiday Fund Number: \_\_\_\_\_ Tax Reference Number: \_\_\_\_\_

Full Names and Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Identity Number: \_\_\_\_\_ Occupation: \_\_\_\_\_

Were the injuries sustained as a result of a motor accident or any injury on duty? YES  NO  (If YES, please give full details).

I certify that I have not worked during the period of my illness, nor have I been in receipt of any earnings or compensation during such period. I further realise that it is an offence to make a false statement on this application.

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

By signing this form, I authorize the BIBC to process and distribute my personal information as per the POPI Act (Act no 3 of 2013) within the mandate of the BIBC.

## B. TO BE COMPLETED BY THE EMPLOYER

1. I/We: \_\_\_\_\_  
(Name of Employer and Company Stamp)



hereby confirm that (Name of Employee): \_\_\_\_\_

was employed by us from \_\_\_\_\_ and is still in our employ as a/an \_\_\_\_\_

at an hourly rate of R \_\_\_\_\_ (Occupation of Employee)

2. That the injury sustained was NOT as a result of an injury on duty.

3. That the above-named employee has been **absent from work** due to illness from \_\_\_\_ / \_\_\_\_ / 20\_\_ to \_\_\_\_ / \_\_\_\_ / 20\_\_ (inclusive).

**NB It is the employer's responsibility to notify Council if the above employee should return to work prior to the last date of illness as indicated in Section B (3) above. Employers - kindly sign all alterations made on this form.**

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

### ***ELECTRONIC PAYMENT INTO EMPLOYEE'S BANKING ACCOUNT***

**Payment will be made into the bank account on record for the employee. It is the responsibility of employees to ensure that their bank details are updated. Please note that it is no longer possible to pay Sick Pay into a different bank account to that used for Holiday Fund payments.**