



Mom's Link to UIF

for your convenience

Reg no: 2013/051907/07

Dear Client

Thank you for choosing **Mom's Link to UIF** to be a part of this exciting time in your life. We look forward to efficiently assist you with your maternity claim, affording you more time for the most important issue at hand: YOUR BABY.

Before you register with us, please familiarise yourself with the following:

You **CANNOT** claim Maternity Benefits from the Department of Labour **IF:**

1. You have not been contributing to the UIF fund during the past 4 years.
(Check your payslip to ensure monthly deductions had been made)
2. Your Baby is older than 6 months.
3. You do not have a bar coded ID or valid passport.
4. You earn a commission based salary **only**.
5. You receive 100% of your salary whilst on maternity leave.
6. You claimed normal UIF benefits in the last 4 years.
(Please note that if you claimed maternity benefits during the last 4 years, you can claim again.)

Mom's Link to UIF (Mom's Link) will provide you with the following consulting and administration service:

1. We assist you to **verify your information** with the Dept of Labour.
2. We supply you with all the **necessary UIF application** forms and **all relevant information** for a successful claim.
3. Advise you step by step to **ensure the correct completion** of your forms and assist you with any **queries** that may arise.
4. **We proofread your forms** and advise on changes to be made.

Submission of your claim to the Department of Labour:

1. When all your documents are correct, you will receive **Final Proof read comments** from us.
2. You need to post / courier / deliver your **ORIGINAL** documents to our office.
3. On commencement of your maternity leave, **we submit your application** forms to the Department of Labour (DoL) for processing.
4. Please note that Mom's Link has no control over the processing of your claim.
5. On approval of your claim, **we'll calculate and provide you with a payment schedule** for follow-up payments.
6. **We go back monthly to submit your claim forms** for continuation of payment.

SERVICE FEE:

A fee of R600 is payable to **Mom's Link** for our Services.

R550 when you return to us for a 2nd or 3rd time.

The abovementioned fees are **all inclusive** and NOT transferable or refundable.

OPTIONS:

1. R600 Once-off OR
2. R400 with registration and R200 when you receive your final proof read comments.

TO REGISTER WITH US

Please note: This document is to **register with *Mom's Link to UIF***. This is **NOT** your UIF application.

Kindly complete the following registration and agreement forms and fax or e-mail it to us, together with your proof of R600-00 payment.

We'll confirm receipt and e-mail an Information pack, consisting of all the UIF forms and relevant information to you soonest.

REGISTRATION INFORMATION Please complete in full

Surname				
Full Names				
Home address:	Postal address:			
ID number				
Occupation				
E-mail address (1) <small>(will be used for initial correspondence)</small>				
E-mail address (2) <small>(if alternative e-mail is necessary while on maternity leave)</small>				
Cell phone number				
Home telephone number				
Work telephone number				
Date your maternity leave starts				
Expected due date of baby				
If baby is already born: birth date				
Date expected to return to work				
Other contact person's name				
Other contact person: state relation <small>(eg. Husband, mother, friend, etc.)</small>				
Other contact person's e-mail address				
Other contact person's cellphone number				
Where did you hear about <i>Mom's Link</i> ?	Doctor's Room	Employer	Facebook	Internet
Other, Please specify				

Employment history

Kindly complete your Employment history for the last four years.

Mom's link Office use only	Employer	Date Started	Termination Date	Reason for leaving

Have you claimed UIF before	YES	NO
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If "YES", please complete the following:

Details of previous UIF Claims	Start date of claim	Date returned to work
Maternity		
OTHER – Please specify _____		

AGREEMENT FORM / POWER OF ATTORNEY

I, the undersigned

Name and Surname	
ID Number	

do hereby authorise **Mom's Link to UIF (Mom's Link)** to apply for maternity benefits on my behalf, in terms of Section 25 of the Unemployment Insurance Act 63 of 2001, in the Republic of South Africa, as well as submit applicable documents as and when required by the Department of Labour.

I herewith give **Mom's Link** authority to contact the Department of Labour on my behalf. I give any representative at the Department of Labour permission to discuss my personal information, my work history and my previous claims (if any) with **Mom's Link** and to supply **Mom's Link** with all information necessary to successfully process my application for my benefit.

I hereby request **Mom's Link** to submit my initial claim and forms for follow up payments, to the Department of Labour for processing and understand that the Department of Labour pays my benefit into my bank account via EFT.

I understand that it is my responsibility:

1. To ensure that the **information provided** on the necessary UIF application forms is **true and correct**.
2. That all **original completed forms** and documents reach **Mom's Link** in time, i.e. before my baby is 5 months old.
3. To inform **Mom's Link** in writing (email / fax), should I **return back to work earlier or later** than the expected date (as initially indicated on my UI-2.7 form).

I understand that **Mom's Link**, i.e. Helene Vermaak **submits my completed UIF application forms** and cannot sign any legal documents on my behalf.

I understand that **Mom's Link** has **no legal agreement or affiliation with the Department of Labour** and therefore cannot be held responsible, and has no control over how the Department of Labour should choose to handle and process my Maternity Benefits application or the salary percentage they choose to assign.

I undertake not to hold **Mom's Link** responsible for any payments, or non-payments, by the Department of Labour as a result of false or insufficient information supplied by me, or for any other reason that might occur.

Signature of applicant

Date

Helene Vermaak
Mom's Link
Cell: 084 346 2398

Date

MOM'S LINK TO UIF BANKING DETAILS:

Account Holder	Helene Vermaak
Bank	Capitec
Branch Code	470010
Account Number	1283868065
Account type	Savings
Your Reference	Please use your Surname, initials and first 6 digits of your ID. e.g. Vermaak G 881123

Please return this completed document, (pages 2, 3 and 4) and proof of payment to *Mom's Link*:

Fax: 086 231 8385

e-mail: info@momslink.co.za

Should you have any queries, please contact the ***Mom's Link*** office.

Kind Regards

Helene Vermaak
Manager

www.momslink.co.za / Tel 021 910 3264 / Cell 084 346 2398 / Fax 086 231 8385