



Sweet Dreamz
UIF Assistance

www.sweet-dreamz.co.za

hello@sweet-dreamz.co.za

Office: 021 558 2979

Mobile: 082 999 9911

Fax: 086 527 6852

Illness Benefits Agreement Form

Before you sign this agreement, please check the following:

- **Are you sure you are contributing monthly to UIF? (YES/NO)**
If UIF is not deducted from your salary you cannot claim unemployment benefits from the Department of Labour.
- **Have you claimed from UIF in the past 4 years? (YES/NO)**
If it is maternity benefits that you have claimed in the last 4 years, you can claim again.
If you claimed Illness or unemployment benefits in the last 4 years, you may not be eligible for further UIF claims.
- **Are you in possession of a bar coded Identity Document? (YES/NO)**
If you are not a South African citizen and you are not in possession of a South African bar coded Identity Document, you should not be paying UIF and you are not entitled to UIF. There are some exceptions – So please contact us if this is the case.
If your Identity Document has been lost or stolen, the Department of Labour are unable to process your UIF Claim. They will not accept temporary documentation. They may however, accept a certified copy of your Passport.
- **Are you getting your full salary from your employer whilst on illness leave? (YES/NO)**
You are not able to claim for UIF should your employer be paying your full salary while on maternity leave. If they are paying a portion of your salary, you are permitted to claim, although only a portion of UIF will be paid.

PLEASE SIGN THAT THIS HAS BEEN READ

SIGNATURE:

DATE:

PERSONAL INFORMATION

Full Name: _____
Identity Number: _____
Home Address: _____
Province: _____
Email Address: _____
Home Telephone Number: _____
Work Telephone Number: _____
Mobile Number: _____
Contact Persons Name: _____
Contact Persons Number: _____
Contact Persons E-mail Address: _____
Have you ever claimed UIF?: _____
If Yes, What year and What type of UIF Claim?: _____
When do you expect to go on Sick Leave: _____
For what period will you be on Sick Leave?: _____
How many months are you not receiving 100% of your salary?: _____
How did you hear about us/who referred you?: _____

Employment Details

Full Names: _____

hereby declare that I was in the employ of the following companies during the last four years.

Company Name	1st Working Day : Date	Last Working Day : Date / Current	Reason for Termination ie : Resigned / Retrenched etc.



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I, the undersigned

FULL NAME: _____

SURNAME: _____

ID NUMBER: _____

Appoint **Sweet Dreamz** to be my lawful agent for managing and transacting my claim for illness benefits in terms of Section 25 of the Unemployment Insurance Act 63 of 2001, in the Republic of South Africa with full powers of authority and in my name and for my account and benefit.

Signature: _____

Date: _____

Sweet Dreamz has no legal agreement or affiliation with Department of Labour regarding any UIF claims for illness benefits, and therefore cannot be held liable for any damages due to any action taken, or decisions made by the Department of Labour regarding our service or claim.

Sweet Dreamz will not be held responsible for any payments, or non-payments, by the Department of Labour as a result of false or insufficient information supplied by you, or any other reason.

- I understand that once **Sweet Dreamz** has submitted the application to the Department of Labour the processing and approval of the application is out of their hands and must follow due course, as stipulated by the Department of Labour.
- I understand that **Sweet Dreamz** cannot control payments by the Department of Labour and can only give me feedback on information given to them by the Department of Labour.
- I understand that it is my responsibility to make sure that all forms and documents reach **Sweet Dreamz** in time.
- I understand that **Sweet Dreamz** are not allowed and will not submit my application if all my documentation is not in their possession and completed correctly by myself and any third parties that must have completed them as stipulated in the forms and instructions supplied by **Sweet Dreamz**.
- I understand that all forms (except the UI19 and UI2.7) should be original forms. **Sweet Dreamz** will only take responsibility for forms and faxes once they send me an SMS/Email to confirm receipt.

If I do not receive the SMS/Email I will call and confirm that they did receive the document. This will be confirmed on the phone and with an SMS/Email.

- I understand that if I were to handle my own Illness UIF claim directly with The Department of Labour that this is a FREE service that they offer and that it was my own choice to employ **Sweet Dreamz** to assist with my claim for the said consultancy fee that they charge.
- A fee of R650.00 (Six Hundred and Fifty Rand Only) is payable to **Sweet Dreamz** on return of the agreement form.
- I undertake to **READ AND FOLLOW** the instructions given to me by **Sweet Dreamz**. I understand that **Sweet Dreamz** cannot be held responsible for forms that are completed incorrectly by me or any other party.

Sweet Dreamz undertakes the following:

We will give you all the forms with instructions that you need.

We'll advise you on how to complete the forms

When you go on Sick Leave we will submit the forms to the Department of Labour for processing if your originals have been received.

When your claim is approved, we will go back monthly and submit the necessary claim forms on your behalf.

We will assist you as far as possible if any problems arise regarding your Illness UIF claim.

We will stay in contact with you and keep you up to date with the progress of your claim and dates of payment.

I understand that my application will not be submitted before the full amount is paid. This fee is all inclusive and is NOT transferable or refundable, for whatever reason, however, **Sweet Dreamz may use their discretion in such cases. Their decision regarding these refunds is final, and they will enter no correspondence what so ever regarding this matter.**

Banking Details for **Sweet Dreamz Illness UIF Claims:**

Account Name: **Sweet Dreamz**

Bank: FNB

Account Number: 62375018720

Account Type: Cheque Account

Branch: N1 City, Goodwood

Branch Code: 200410

Reference Number: Please use your surname and your date of birth.

Thus, done and signed at _____ on this day ____ of _____ 20____

Full Name: _____

Signature: _____



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POWER OF ATTORNEY

I, (Full Name): _____

IDENTITY NUMBER _____

hereby authorize **Sweet Dreamz**, to assist me in applying for Illness benefits on my behalf as well as receive and hand in any such documents as may be required by the Department of Labour.

I also hereby authorize **Sweet Dreamz** to receive telephonic or written updates on my Illness UIF Claim including but not limited to any information that is deemed privileged pertaining to my claim when required throughout the claim process until such time that my claim is complete.

I also acknowledge that **Sweet Dreamz** is in no way responsible or has no control on how the South African Labour Department should choose to handle or process the Illness UIF benefits applications. **Sweet Dreamz** is in no way responsible for or has control over the salary percentage of clients' UIF benefit the South African Labour Department chooses to assign the applicant.

I acknowledge and understand the above and fully understand the services of **Sweet Dreamz** or any of its staff are essentially Queuing services for the relevant queues and booths relating to an Illness Benefits Application and that the advice and knowledge of the UIF process supplied by **Sweet Dreamz** and its staff can assist in the initial submission; there after all matters relating to the application are entirely in the hands of the South African Labour Department, and their relevant divisions that deal with Illness UIF benefit applications.

Signed at _____ on this ____ day of _____ 2018.

Signature of Applicant