



Sweet Dreamz
UIF Assistance

www.sweet-dreamz.co.za

hello@sweet-dreamz.co.za

Mobile: 082 999 9911 (Whatsapp Only)

MEDICLINIC baby

Mediclinic Lite Maternity 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 or TERS benefits that you have claimed in the last 4 years, you are then able to claim again. If you claimed sick or unemployment benefits in the last 4 years, you may not be eligible for further UIF claims.
- **Do you own your own business? (YES/NO)**
If you are a Sole Proprietor you will not be able to claim UIF.
If you are a member of a CC and you pay yourself a monthly fixed salary, and pay UIF, you can claim from UIF.
- **Has your baby been born already? (YES/NO)**
All maternity UIF applications must be submitted within 9 months of your last salary prior Maternity leave. Thereafter UIF claims will no longer be considered by the Department of Labour. Please note that any claim handled by **Sweet Dreamz** after your baby is 6 months old will result in an additional R200 fee for our services.
- **Are you in possession of a bar coded Identity Document or SmartCard ID? (YES/NO)**
If you are not a South African citizen and you are not in possession of a South African bar coded Identity Document your claim will have to be submitted to a Labour Centre manually. We are not able to assist with this. 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.
- **Are you getting your full salary from your employer whilst on maternity 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 as at Home Affairs: _____
 Identity Number: _____
 Home Address: _____
 Province: _____
 Email Address: _____
 Home Telephone Number: _____
 Work Telephone Number: _____
 Mobile Number: _____
 Husband/Contact Persons Name: _____
 Husband/Contact Persons Number: _____
 Husband/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 maternity leave: _____
 What is your due date/Baby Birth date?: _____
 How many months will you be on Maternity Leave?: _____
 How many months are you not receiving 100% of your salary?: _____

Have you ever created a www.ufiling.co.za profile: YES/NO
 (If NO then don't worry we will handle this for you.)

If YES please supply these details: Username: _____
 Password: _____

How did you hear about us/who referred you?: _____

Employment Details – Its important to check your employment with The Department.

Full Names: _____

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

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



Sweet Dreamz
UIF Assistance

www.sweet-dreamz.co.za

hello@sweet-dreamz.co.za

Mobile: 082 999 9911 (Whatsapp Only)

MEDICLINIC baby

I, the undersigned

FULL NAME: _____

SURNAME: _____

ID NUMBER: _____

Appoint **Sweet Dreamz** to be my lawful agent for managing and transacting my claim for maternity 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 maternity 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. **Initial**_____

Sweet Dreamz will not be held responsible for any payments, or non-payments, by the Department of Labour because of false or insufficient information supplied by you, or any other reason. **Initial**_____

• I understand that once **Sweet Dreamz** has submitted the application to the Department of Labour via its online platform, the processing and approval of the application is out of their hands and must follow due course, as stipulated by the Department of Labour. **Initial**_____

• I understand that **Sweet Dreamz** cannot control payments by the Department of Labour and all feedback is to be requested by myself directly with the Department of Labour. **Initial**_____

• I understand that it is my responsibility to make sure that all forms and documents reach **Sweet Dreamz** in time, and before my baby is 6 months old. **Initial**_____

- I understand that **Sweet Dreamz** will not submit my application if all my documentation are not in their possession and completed correctly by myself and any third parties that must complete them as stipulated in the forms and instructions supplied by **Sweet Dreamz** **Initial**_____
- I understand that all forms (except the UI19, UI2.7 and Salary Schedule) should be original forms. **Sweet Dreamz** will confirm in writing via email once all documents and supporting documents have been received in office in order to prepare and submit the application. **Initial**_____
- I understand that if I were to handle my own Maternity 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 consult with my claim for the said consultancy fee that they charge. **Initial**_____
- I understand that employment records are often the biggest delay on an application and that its advisable that I check with the department of Labour that all my employment is closed and up to date at the time of claiming. **Initial**_____
- I understand that should a reassessment of a claim be needed due to incorrect declarations by an employer which results in few credits being approved that **Sweet Dreamz** will not be able to assist in this regard. **Initial**_____
- I understand that should a claim be blocked due to a surname mismatch or incorrect banking details of any kind that **Sweet Dreamz** cannot be held liable for the delays that this causes to rectify. Additional documents at that point will be required and would need to be handled by the applicant with The Department of Labour. **Initial**_____
- I understand the full service offered for the fee payable and that feedback on an application cannot be provided by **Sweet Dreamz** once the claim has been submitted however **Sweet Dreamz** will provide you with the necessary tools and contacts for the claim to be approved. **Initial**_____
- A fee of R500.00 (Five Hundred Rand Only) is payable to **Sweet Dreamz** on return of the agreement form. **Initial**_____
- 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. **Initial**_____



Sweet Dreamz
UIF Assistance

www.sweet-dreamz.co.za

hello@sweet-dreamz.co.za

Mobile: 082 999 9911 (Whatsapp Only)

MEDICLINIC baby

Sweet Dreamz Lite service includes the following only:

All maternity claims are submitted online via the Ufiling platform and we require an active profile to do so. If you have not created a profile we will do this for you. **Initial_____**

If you have created a profile and have locked this during registration or failed the vetting this will need to be resolved with Labour directly before we can assist. **Initial_____**

We will provide you with all the needed claim documents as well as step by step instructions on completing these documents with examples. **Initial_____**

We will do a pre check and advise on any errors via email of the documents and once the go ahead has been given the documents need to be delivered or couriered to our offices. **Initial_____**

Once we receive documents at our offices we will then confirm receipt, create your profile and prepare the documents for online submission. **Initial_____**

Once your maternity leave has started we will submit the claim to the Department of Labour for processing via their online portal. **Initial_____**

Once the claim is submitted, we will provide you with your login details as well as claim information in order for you to continue with the claim yourself. **Initial_____**

We will provide you with the necessary steps to follow in order to submit for monthly payments once your claim is approved. **Initial_____**

Once your claim is submitted we remain available for support and to answer any questions that you may have along the way however cannot follow up on your claim. **Initial_____**

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 not enter correspondence what so ever regarding this matter.

Banking Details for **Sweet Dreamz Maternity 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: _____



Sweet Dreamz
UIF Assistance

www.sweet-dreamz.co.za

hello@sweet-dreamz.co.za

Mobile: 082 999 9911 (Whatsapp Only)

MEDICLINIC baby

POWER OF ATTORNEY

I, (Full Name): _____

IDENTITY NUMBER _____

hereby authorize **Sweet Dreamz**, to assist me in applying for maternity 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 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 Maternity 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 understand that the process of UIF should I wish to queue and handle my own claim would be FREE of charge with the Department of Labour and the fee that I have paid is that of an administrative consultancy fee as the **Sweet Dreamz** claim submission is FREE.

I acknowledge and understand the above and fully understand the consultancy services of **Sweet Dreamz** or its staff are essentially a Consultancy and Submission service for the claims relating to a Maternity Benefits Application and that the advice and knowledge of the UIF process supplied by **Sweet Dreamz** or 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 maternity UIF benefit applications.

Signed at _____ on this _____ day of _____ 20__.

Signature