



## **Application for MISA Maternity Benefit** **Aansoek om MISA Kraamvoordeel**

**Subject to 26 consecutive weekly contributions.**  
**Onderhewig aan 26 opeenvolgende weeklikse bydraes.**

**Application must be made within 13 weeks of the child's birth.**  
**Aansoek moet binne 13 weke vanaf die kind se geboorte geskied.**

**After completion, please forward your application form, including all certified supporting documentation (refer to page 3) to your MISA Regional Office.**

**Na voltooiing, stuur asb. u aansoekvorm saam met alle gesertifiseerde dokumentasie (verwys na bladsy 3) aan u MISA Streekskantoor.**

### **Head Office**

P.O. Box 1604  
Northcliff  
2115  
Tel. (011) 476-3920/1  
Fax (011) 678-4537

### **Northern/Highveld Region**

P.O. Box 35784  
Northcliff  
2115  
Tel. (011) 678-6328  
Fax (011) 678-4112

### **Western Province Region**

POSTNET Box # 36  
Private Bag X18  
Milnerton 7435  
Tel. (021) 551-2822/2842  
Fax (021) 551-2818

### **Eastern Cape Region**

P.O. Box 7548  
Newton Park  
Port Elizabeth  
6055  
Tel. (041) 364-0102  
Fax (041) 364-0104

### **Natal Region**

P.O. Box 37574  
Overport  
Durban  
4067  
Tel. (031) 201-2710/2909  
Fax (031) 202-5956

### **Free State Region**

P.O. Box 12445  
Brandhof  
9324  
Tel. (051) 447-5339  
Fax (051) 447-2370

### **Personal Details / Persoonlike Besonderhede**

MISA Membership No.                      Date Joined (MISA)  
MISA Lidmaatskapno.                      Datum Aangesluit (MISA)

Surname / Van

Full Names / Volle Voorname

ID Number / ID Nommer

Tel / Cell / Sel

Postal Address / Posadres

Residential Address / Woonadres

E-mail / E-pos

Fax / Faks

### **Bank Details / Bankbesonderhede**

Name	Branch Code	Type	Acc. No.
Naam	Takkode	Tipe	Rek. Nr.

### **Employer Details / Werkgewer Besonderhede**

Name of Business / Naam van Besigheid

Tel.

Fax /Faks

Street Address / Straat Adres

Postal Address / Posadres

E-mail / E-pos

Your occupation / U beroep      Date Commenced / Datum diens aanvaar

Name of your immediate manager / Naam van u direkte bestuurder

Position ( immediate manager ) / Pos ( direkte bestuurder )

**Previous MISA Maternity Benefit**

**Vorige MISA Kraamvoordeel**

Have you previously received a MISA Maternity Benefit ?  
Het u voorheen 'n MISA Kraamvoordeel ontvang ?

**Yes / Ja**  
**No / Nee**

Date of previous Maternity Benefit.  
Datum van vorige Kraamvoordeel. \_\_\_\_\_

**Declaration by Member / Verklaring deur Lid**

I, the undersigned, hereby apply for the benefit offered by MISA.  
I solemnly declare that the particulars detailed above are true and correct.

Ek, die ondergetekende, doen hiermee aansoek om die voordeel wat deur MISA aangebied word. Ek verklaar dat die bovermelde besonderhede in elke opsig waar en korrek is.

**Signature / Handtekening** \_\_\_\_\_

**Date / Datum** \_\_\_\_\_

**Regional Office use only**

Application Recieved	Forwarded to Head Office

(To assist in processing approval of the Maternity Benefit, confirmation of the circumstances and details of the member's claim are required in the segment below.)

Last day of employment		
	<b>YES</b>	<b>NO</b>
Employer's letter enclosed?		
Certified copy of member's Identity Document enclosed ?		
Certified copy of Birth Certificate enclosed ?		
<u>Stillborn</u> : Lettter from attending physician enclosed?		
Has member contributed for 26 consecutive weeks ?		

I \_\_\_\_\_(name & surname) confirm that I have fully investigated this application and hereby certify it is a bona-fida maternity claim in full compliance with the objects and Rules of the MISA Contingency Account

**Signature / Handtekening** \_\_\_\_\_

**Date / Datum** \_\_\_\_\_

**National Legal Advisor Payment Confirmation**

Date	National Legal Advisor
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**Head Office Payment Confirmation**

Claim no.	Amount	EFT/Cheque Number	Date

### **ADDITIONAL DOCUMENTATION**

1. Letter from employer stating the following:
  - Full names, Surname, ID Number
  - Last date of union contributions prior to commencing on maternity leave
  - Maternity leave period
2. **Certified Copy** of the identification page of your Identity Document
3. **Certified Copy** of Birth Certificate.
4. **Stillborn Child**

A claim will be regarded as a bona-fida claim if the child was stillborn after 26 weeks of pregnancy in which case a **certified** letter from the physician should be submitted confirming the duration of the pregnancy and the stillbirth.

### **ADDISIONELE DOKUMENTASIE**

1. Brief van werkgewer wat die volgende aandui:
  - Volle Name, Van, ID Nommer
  - Laaste datum van uniebydraes voor aanvang van kraamverlof
  - Kraamverlof periode
2. **Gesertifiseerde afskrif** van die identifikasiebladsy van u identiteitsdokument
3. **Gesertifiseerde afskrif** van Geboortesertifikaat
4. **Doodgebore Baba**

U eis sal gunstig oorweeg word na 26 weke van swangerskap. 'n **Gesertifiseerde** brief van die geneesheer moet ingedien word wat die swangerskap periode bevestig, asook die feit dat die baba doodgebore is.