



REGISTERED TRADE UNION REG NO. LR 2/6/2/1499
 AFFILIATED TO FEDUSA

MATERNITY

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+27 76 465 9183

Head Office:
 PO Box: 565, Florida 1710, South Africa
 42 Goldman Street, Florida 1709, South Africa
 Tel: 011 472 3600 Fax: 011 674 4057
 www.uasa.org.za | **UASA Call Center: 0861 008 272**

(Mrs / Ms):
 Surname:
 Full Names:
 Industry / Company Number:
 ID No.:
 Date of Birth:
 Membership No.:
 Name of Employer:
 Occupation / Position:
 Postal Address:
 Code:
 Tel. No. (W):
 Tel. No. (C):
 E-mail:
 Commencement date of Maternity Leave:
 Name of Child: Date of Birth: Y Y Y Y / M M / D D
 Name of Child: Date of Birth: Y Y Y Y / M M / D D

BANKING DETAILS OF APPLICANT

Name of Bank: Branch:
 Account Number: Branch Code:
 Type of Account: Account Holder's Name:
(E.g. Cheque, Savings, etc.) *(If different from applicant)*
 Authorised Signature: Date:

(UASA will not accept any responsibility if the incorrect banking details have been furnished)

Please forward to: UASA Claims Department
 PO Box 565
 Florida, 1710

Fax to E-mail: 086 504 1151
 mail Address: claims@uasa.org.za

Please Note:

To qualify for this benefit, you need to be a female member with 12 months' continuous (uninterrupted) membership of UASA – The Union at the time of taking maternity leave. An amount of R1800.00 will be paid per pregnancy in terms of the above (for babies born after 1 March 2019). As a member you need to ensure that you remain a member in good standing in order to enjoy any of the other benefits provided by the Union whilst on maternity leave, i.e. you need to continue paying your monthly subscriptions while you are on maternity leave. All claims to be submitted within 12 months of taking maternity leave.

Please attach copies of the following documentation for finalisation and approval of this benefit:

- A copy of an unabridged birth certificate / document from a registered medical practitioner certifying the Mother's name & ID number, as well as the date of delivery.
- Document from your employer verifying the period of maternity leave.
- Copy of ID of member.
- Please submit proof of banking details (either a bank statement or letter from the bank confirming your banking details).

NB: The payment of this benefit is subject to the availability of funds and terms and conditions as may be decided upon by the National Executive Committee of UASA from time to time.



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UASA MATERNITY LEAVE BENEFIT POLICY

1. This policy aims to provide a Maternity Leave Benefit to qualifying female members in good standing with UASA with at least twelve (12) months unbroken membership prior to taking maternity leave.
2. All claims must be submitted to UASA Head Office within a period of twelve (12) months from date of taking maternity leave.
3. A once-off payment of R1 800.00 (as of 1 March 2019) per pregnancy will be paid to female members within two (2) days of submitting the required Application for Maternity Leave Benefit form to the UASA Head Office, together with the following attachments:
 - A copy of an unabridged birth certificate / document from a registered medical practitioner certifying the Mother's name & ID number, as well as the date of delivery.
 - Document from your employer verifying the period of maternity leave.
 - Copy of ID of member.
 - Please submit proof of banking details (either a bank statement or letter from the bank confirming your banking details).

NB: The payment of this benefit is subject to the availability of funds and terms and conditions as may be decided upon by the National Executive Committee of UASA from time to time.
4. No paternity claim from any member or spouse will be accepted in respect of the UASA Maternity Leave Benefit.
5. This benefit is limited to four (4) claims per Active female member.
6. This policy came into effect on 1 September 2003.