

R3 000 once-off payment, subject to 26 weeks' consecutive contributions

Application must be made within 17 weeks from date of birth

Submit by way of e-mail or registered mail

Only fully completed applications will be processed

**Head Office
 Claims Department**

205 MISA Centre
 12 Fir Drive
 Northcliff Ext.2
 2195
 PO Box 1604
 Northcliff
 2115

Tel: 086 099 4147
 Fax: (011) 388 2798
 claims@ms.org.za

Personal Details			
MISA Membership No.		Date Joined MISA	
Surname			
Full Names			
ID Number		Cell	
Postal Address			
Residential Address			
E-mail		Fax	
Bank Name		Acc No.	
Branch Code		Type Acc	
Employer Details			
Company Name			Tel
Fax		Email	
Street Address			
Postal Address			
Your occupation		Date Services Commenced	
Name of immediate manager		Designation of immediate manager	
Previous MISA Maternity Benefit			
Have you previously received a MISA Maternity Benefit?		Yes	No
		If yes, date of previous claim	
Compulsory Source Documentation			
1	Confirmation by the Company of your last day of employment before going on maternity leave and union contributions, on a Company Letterhead.	2	Stamped Bank Statement
3	*Certified copy of MISA member's Identification Page of ID.	4	*Certified copy of Birth Certificate.
* Certification must be by a Commissioner of Oaths – submit original certified copies. (Certification not older than 3 months to contain signatory's: Signature, Full Names, Designation and/or area of appointment, Business Name, Business' Physical Address and/or Contact Details and Date.)			
Declaration by Member			
I, the undersigned, hereby apply for the benefit offered by MISA. I solemnly declare that the particulars detailed above are true and correct.			
Signature		Date	

For Office use			
Date Application received		Date Forwarded to Head Office	
To assist in processing approval of Maternity Benefit, confirmation of the circumstances and details of the member's claim are required in segment below.			
			YES
			NO
Application received within 17 weeks from the date of birth?			
Date of last day of employment			
Letter from employer confirming maternity leave period and union deductions?			
Has member contributed for 26 consecutive weeks?			
Certified copy of member's Identity Document enclosed? (Certified by Commissioner of Oath)			
Certified copy of Birth Certificate enclosed? (Certified by Commissioner of Oath)			
Confirmation of Banking Details (Stamped by the Bank)			
Stillborn: Letter from attending physician enclosed?			
I _____ (name & surname) confirm that I have fully investigated this application and hereby certify it is a bona-fide Maternity Claim in full compliance with the objects and Rules for the MISA Contingency Account.			
Signature		Date	
Payment Authorisation			
Date		Supervisor Operations/Administration	
Financial Department			
Claim No.	Amount	Signature	Date