



employment & labour

Department:
Employment and Labour
REPUBLIC OF SOUTH AFRICA

Compensation Fund, Delta Heights Building 167 Thabo Sehume Street, Pretoria 0001
Tel: 0860 105 350 | Email address: cfcallCentre@labour.gov.za www.labour.gov.za

NOTICE TO ALL EMPLOYERS WHO SUBMIT CLAIMS TO THE COMPENSATION FUND

The Compensation Fund will be introducing a new online claims system called CompEasy, in October 2019.

The Umehluko system will not be available to internal and external stakeholders for claims submission and processing from the 12th September 2019, until the new system goes live. The Umehluko system will only be available for view of history data and transactions and no processing. Payment of benefits will also not be possible during this period.

The contingency plan below is designed to assist employers and their proxies on how to submit claims and related documents to the Compensation Fund during system downtime.

1. Registration of claims

Employers and Medical Service Providers should complete manual forms and submit to any Department of Employment and Labour Office. Medical Service Providers should also complete the first medical and other medical reports manually and submit them with copies of the accident report and identity document.

The identity number for South African citizen or passport number for non-South African citizen should be used as a reference number or the 'interim claim number'.



employment & labour

Department:
Employment and Labour
REPUBLIC OF SOUTH AFRICA

Compensation Fund, Delta Heights Building 167 Thabo Sehume Street, Pretoria 0001

Tel: 0860 105 350 | Email address: cfcallCentre@labour.gov.za www.labour.gov.za

2. Adjudication of claims

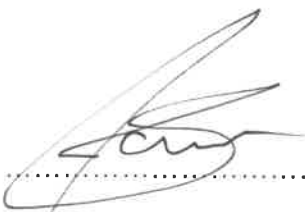
The Compensation Fund will adjudicate claims manually and provide feedback to the relevant party.

The identity number of the injured employee shall be used as the reference number in all communication with the relevant stakeholders. The claim numbers will only be allocated by the system after the claim is captured on the new CompEasy system. No manual claim numbers will be generated during system downtime.

3. Payment of benefits

No payment of benefits will take place during the system downtime but the documents required for payment of benefits may be submitted in the prescribed manner. The payment of benefits will take place in the new system.

The attached checklist has been attached to assist the employers and their proxies to submit complete documents to support a claim.


.....
N Sijlangu

Acting Chief Director: COID Services

Compensation Fund

CHECK LIST FOR EMPLOYERS/EMPLOYEES

Table 1: Injury on duty

Requirement for Injury claims:	YES/NO	
First Medical Report (W.Cl. 4)		
Progress and Final Medical Report (W.Cl. 5)		
Resumption Report (W.Cl. 6) by the employer or an Affidavit (W.Cl. 132) by the employee regarding the period booked off duty to recuperate from injuries/diseases		
Certified ID document of the employee		

Table 2: Occupational diseases

Requirement for Occupational diseases claims:	YES/NO	
First Medical Report (W.Cl. 22)		
Progress and Final Medical Report (W.Cl. 26)		
Resumption Report (W.Cl. 6) by the employer or an Affidavit (W.Cl. 132) by the employee regarding the period booked off duty to recuperate from injuries/diseases		
Certified ID document of the employee		
All medical reports relevant to the specific disease such as:	YES/NO	
Lung Function tests		
X-ray reports		
Audiograms		
Industrial History (W.Cl.110)		
Histology/Cytology Report		
Diagnostic and baseline audiograms.		
Ear, Nose and Throat Specialist Report (ENT)		
ID document of the employee		
Any other medical report related to the occupational disease		

Table 3: Fatal accidents

Requirement for Fatal accidents:	YES/NO	
Declaration By Dependant Widow form (W.CL.32) attested by a `Commissioner of Oaths,		
Notice Of Accident And Claim For Compensation (W.CL.3), page one and two,		
Unabridged birth certificates of the children under the age of 18 years at the time of the accident,		
Certified copy of the claimant's ID document,		
Specified Burial Expenses Account (W.Cl.46) with receipt(s) if paid.		
Death certificate		
Marriage certificate		
ID document of the employee		

Issued by

Full name and Surname

.....

Date issued.....

Labour Centre name.....