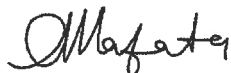

GOVERNMENT NOTICES • GOEWERMENTSKENNISGEWINGS

DEPARTMENT OF EMPLOYMENT AND LABOUR**NOTICE 106 OF 2021****COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993
(ACT 130 OF 1993 as amended by Act 61 of 1997)****NOTICE ON THE REGISTRATION OF DOMESTIC WORKER EMPLOYERS IN
TERMS OF SECTION 80 OF THE COMPENSATION FOR OCCUPATIONAL
INJURIES AND DISEASE ACT AS AMENDED.**

I, Vuyo Mafata, in my capacity as the Compensation Fund Commissioner and acting in terms of Section 6A(b), hereby publish the information on the inclusion of domestic employees under the Act, their benefits and the registration of domestic employers in terms of Section 80 of the stated Act and for the registration of claims by domestic employers in terms of section 39 of the stated Act.



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V. Mafata

Compensation Fund Commissioner

Date: 10 February 2021

1. INTRODUCTION

On 19 November 2020, the Constitutional Court declared section 1(xix)(v) of the Compensation for Occupational Injuries and Diseases Act 130 of 1993 invalid, with immediate and retrospective effect to 27 April 1994. This Notice is to inform both the domestic employees and employers of the implication of the judgment as follows:

2 IMPLICATION FOR DOMESTIC EMPLOYEES

This is to inform the domestic employees that based on the Constitutional Court Order dated 19 November 2020, domestic employees are now covered under the Compensation for Occupational Injuries and Diseases Act (COIDA). This means that Domestic employees will now be entitled for compensation in the event they are injured or contract diseases while on duty.

As per the COID Act, the employee is a person who has entered into or works under a contract of service or of apprenticeship or learnership, with an employer, whether the contract is express or implied, oral or in writing, and whether the remuneration is calculated by time or by work done, or is in cash or in kind.

Types of benefits paid in terms of the Act

Compensation payable to domestic workers for occupational injuries and diseases comprises the same benefits that are payable to all other injured employees. Benefits paid to an injured employee are based on an approved formula as well as minimum and maximum compensation outlined in Schedule 4 of the Compensation for Occupational Injury and Diseases Act that is published annually by the Compensation Fund (CF) and accessible on www.gpw.gov.za or www.labour.gov.za.

Benefits payable are categorised into the following:

Compensation paid to qualifying employees

a. Temporary total disablement (TTD)

The TTD is payable to an injured employee who is booked off for a period of 4 days and more by the treating doctor to recuperate from the injuries/condition in respect of the occupational diseases suffered at the time of the accident/diagnosis. The maximum period payable is 24 months.

b. Permanent disablement lump sum

The permanent disablement lump sum is paid to an employee who has received a final medical report from the treating doctor indicating that the employee has reached maximum medical improvement. The permanent disablement should be 1-30% for the Compensation Fund to pay this benefit.

c. Permanent disablement pension

The permanent disablement pension is paid to an employee who has received a final medical report from the treating doctor indicating that the employee has reached maximum medical improvement. The permanent disablement should be 31 -100% for the Compensation Fund to pay this benefit.

Compensation payable to the dependants of employees who died as a result of injury on duty or occupational disease.

d. Funeral expenses payable to dependents of a deceased employee with a date of death before the 1st April 2019

The actual expenses incurred for the burial of a deceased employee are refunded to the dependants up to a maximum amount that is detailed in schedule 4 annually.

e. Funeral benefits payable to deceased employees with the date of death of 1st April 2019 and after

The amount of R18 251 is paid as a lump sum to the dependants of employees who died as a result of injury on duty or occupational disease on and after the 1st April 2019.

f. Widow's lump sum award

The surviving spouse of the deceased employee is paid a widow's lump sum. This amount is split evenly to the spouses of the deceased employee in case of multiple surviving spouses.

g. Widow's pension award

The widow also receives a pension from the Compensation Fund. This pension is only terminated on the death of the widow.

h. Child pension award

The children of the deceased employee are also paid a pension up to the age of 18 years or when they get married or financially emancipated. This pension may be extended for children who are still going to school after turning 18 years.

i. Partial dependency award

This award is paid to the parents or siblings of the deceased employee if there is no surviving spouse or child. This is a once off lump sum that is paid to one individual.

j. Wholly dependency award

This is a pension award paid to the parents or siblings of the deceased employee who were dependant on the income of the deceased employee. The award is paid if there is no surviving spouse or child. The pension is terminated

by the death of the recipient or the expiry of the lifespan of the deceased employee.

Orthotics and Rehabilitation

The following benefits are also available through the Compensation Fund for qualifying applicants,

k. Bursaries for youth,

The Compensation Fund provides bursaries for tertiary studies to unemployed youth, dependents of Compensation Fund pensioners and dependents of those who suffered fatal occupational injuries between the ages of 17 to 25 years.

l. Return to work Programme

The return to work programme provides skills development and facilitation of return-to-work for injured/diseased workers who are mainly persons with disabilities. Injured workers who have disabilities may apply for funding towards skill development that will provide equal developmental opportunities to maximise performance, employability and participation in the labour market

m. Assistive devices

The Compensation Fund provides assistive devices such as wheelchairs and prosthetics to injured workers who have sustained a disability. The process of obtaining an assistive device is derived from the medical reports and is preauthorised to ensure that the beneficiary receives a device according to their medical requirements.

n. Rehabilitation and re-integration

The Compensation Fund provides rehabilitation and reintegration programmes whose objective is to ensure all the needs of injured workers with disabilities are addressed. Case management ensures follow ups with workers who have

sustained a disability with regards to their medical and social rehabilitation needs

Medical Benefits

The following medical benefits are available through the Compensation Fund to qualifying claimants,

o. Medical claims

The Compensation Fund will process reasonable medical expenses to gazetted Medical Service Providers and institutions that treated the employee.

p. Re-opening of the claim

The Compensation Fund will re-open a claim for further treatment once the claim has exceeded two years from the date of accident and the employee still needs further treatment.

q. Chronic medication

Chronic medication will be considered where an employee has contracted an occupational disease or injury that requires chronic medication. The treating medical practitioner must confirm the need for chronic treatment.

3. CLAIMS PRESCRIPTION PERIOD

A right to claim in terms of the Act shall lapse if the accident that happened or the disease that commenced on or after 27 April 1994 is not brought to the attention of the Commissioner or of the employer or mutual association concerned, as the case may be, within 12 months from 19 November 2020.

4. IMPLICATION FOR DOMESTIC EMPLOYERS

This ruling means that all employers of domestic employees are obliged to register as employers with the Compensation Fund and submit the necessary returns as obliged

by the Compensation for Occupational Injuries and Diseases Act 130 of 1993 (COIDA).

All employers of domestic workers are therefore encouraged to register with the Compensation Fund without delay.

a. Industry Classification

In terms of the Compensation Fund's Classification of Industries, domestic employers would be classified under Class XIX Personal Services, subclass 1910 at an assessment rate of 0.81.

In terms of the new classification model to be introduced effective 1 March 2021, domestic employers will fall under its own class, Class M, subclass 2500 at an assessment rate of 1.04 for the 2021 year onwards.

b. Registration as an Employer

The Compensation Commissioner is issuing the following guidelines for the registration of Domestic Employers who have employed domestic workers in their households.

The following documents must be submitted for employer registration purposes:

- I. A completed CF-1E Form (Application for the registration of the domestic worker employer)
- II. A copy of the Identification/Passport/Work Permit (Employer)
- III. Proof of the Employer's Residential Address
- IV. A copy of the Identification/Passport/Work Permit (Employee/s)
- V. A copy of the employment contract

A CF-1E Form has been attached on this Notice for the completion by the employers.

Applications to be sent to RegistrationCF@labour.gov.za or CFCallcentre@labour.gov.za

c. Submission of Return of Earning (Section 82) and Assessment of the employer (Section 83)

Employers are required to submit a Return of Earnings (ROE) on an annual basis as soon as the ROE Online System platform opens between 1 April and 31 May.

The earnings declared will be based on the salaries including benefits paid during the period under review. The Compensation Fund review period is from the 1st of March to the 28th of February of the following year. Employers will be required to declare the actual earnings paid and to estimate their domestic employee/s earnings for the following year.

The employer must ensure that their email and other contact details are correctly captured. Invoices will be forwarded to the email address provided and must be settled within 30 days of the invoice date to avoid interest penalties.

d. Registering on the ROE Online system for the purposes of submitting Returns of Earnings

Employers will be able to submit their ROEs online by firstly registering as a user on the Department of Employment and Labour's online services platform (www.labour.gov.za select **Online Services**, Select **ROE Online** or cfoffline.labour.gov.za).

There will be no need to re-register should employers already have an existing profile on the Department of Labour's online services platform.

Employers can download the prescribed submission form that is posted on the Department's website should there be difficulties with online submissions.

e. Notification of Claims to the Compensation Commissioner

Claims submission process

Claims for occupational injuries and/or diseases can be submitted to the Compensation Fund manually or through the use of the online platform. Manual submissions can be submitted at all Department of Employment and Labour's 126 Labour Centres.

For online submissions, the Compensation Fund's CompEasy system can be accessed at <https://compeasy.labour.gov.za:44328/fiori> to register claims for injury on duty and occupational diseases. Online submissions are encouraged for faster turnaround and feedback to the affected employers.

All registered employers including domestic employers are required to register as users on the CompEasy system to enable them to submit claims in terms of COIDA. Information to register as a user is available on the Department of Employment and Labour website.

The required forms and supporting documents are detailed in Government Gazette no.: 42021, number 1217 published on the 9th November 2018 which can be accessed at www.labour.gov.za or www.gpw.gov.za.

Note: The injured employee or the employer will be required to submit the details of earnings of the employee in the prescribed format to the Compensation Fund to enable the Fund to calculate and pay benefits. In the case of an employee who was employed by more than one employer at the time of the accident, the earnings received from all the employers should be submitted to the Compensation Fund.



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CF-1E FORM: COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT 130 OF 1993
APPLICATION FOR THE PRIVATE DOMESTIC WORKER EMPLOYER REGISTRATION

Section A – Employer’s details

Full Names

Surname

Nationality

ID Number

Passport Number/ Work Permit

Mobile Number

Alternative Mobile No.

Employer’s email address

UIF Registration Number

Residential address

Code

Province





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Section B – Particulars of the Spouse/Partner

Full Names	<input type="text"/>
Surname	<input type="text"/>
Nationality	<input type="text"/>
ID Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Passport Number	<input type="text"/>
Mobile Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Alternative Mobile No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Email address	<input type="text"/>



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Section C – Particulars of the Employee/s

Full Names

Surname

Nationality

ID Number

Passport Number/ Work Permit

Stay in worker YES NO

Residential address

Code

Province

NB: Complete this section for each employee





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Section D – Earnings and Duties of the Employee/s

Number of domestic workers employed

Date on which first employee was appointed Y Y Y Y M M D D

Total Earnings (01/03/2020 to 28/02/2021) (A)

Total cash value of food and lodging provided by employer (B)

Total cash value of other in-kind benefits (C)

TOTAL EARNINGS (Sum of A+B+C above)

DUTIES (please tick)

- Cleaning
- Laundry & Ironing
- Cooking
- Care for Children
- Feeding & caring for pets
- Light garden duties
- Caring for the elder
- OTHER

Please Indicate:

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Section E – Banking Details and Declaration

Banking details will only be used for refunds

Account Holder :

Bank Name :

Branch Code :

Type of Account :

Account Number :

Section F – Provide the following documents

	Please tick		Office use only	
	Yes	No	Yes	No
Employer				
1. A copy of the Identification /Passport/Work Permit (Employer)				
2. A Proof of the Residential Address				
3. A copy of the Identification/Passport/Work Permit (Employee/s)				
4. A copy of the employment contract (if available)				

I confirm that the information given in this form is true, complete and accurate.

Any information submitted may be subjected to verification. Information submitted knowingly is false may result in a legal action by the Compensation Commissioner.

Signature:	<input type="text"/>
Name and Surname:	<input type="text"/>
Date:	<input type="text"/>
Capacity:	<input type="text"/>



