

CIRCULAR



CIRCULAR NO: 29/2017

DATE: 1 DECEMBER 2017

TO ALL PARTICIPANTS IN THE MOTOR INDUSTRY

SICK-, ACCIDENT- AND MATERNITY PAY FUND – ANNUAL CONTRIBUTION INCREASE & NEW BENEFITS

The weekly contribution towards the MIBCO Sick-, Accident- and Maternity Pay Fund will increase by R3.50 per week with effect from the 1st of January 2018. The total new weekly contribution per employee is reflected in Table 1 below.

Table 1	Sick Fund	Maternity Fund	Death & Funeral	Total New Contribution
Male	R14.99	-	R3.50	R18.49
Female	R14.99	R7.06	R3.50	R25.55

We are also pleased to inform participating Employers that, with effect from the 1st of January 2018, all employees registered on the Fund, will receive the following additional benefits after 8 consecutive weeks' contributions:

- ❶ A death benefit of **R10,000.00** per Fund member, upon the passing of the member; and
- ❷ A funeral benefit of **R10,000.00** for the Fund member, as well as his / her spouse / partner, children between the ages of 14 and 18 and **R7,000.00** for children under the age of 14, to a maximum of three claims per year.

All benefit-related queries may be directed to MISA on call center number 086 099 4147 or email info@misa.org.za.

All Fund members must complete the attached Registration/Nomination form, to be submitted by fax (011 388 2798) or e-mail (info@misa.org.za).

We remind employers that participation in the Fund is restricted to paid-up members of the RETAIL MOTOR INDUSTRY ORGANISATION (**RMI**) only, with membership being compulsory for employees that are members of the MOTOR INDUSTRY STAFF ASSOCIATION (**MISA**). All non-MISA members, employed by RMI-registered employers, may participate in the Fund on a voluntary basis.

Voluntary membership by non-MISA members is at the request of the Employer and represents a benefit that is better than that provided for in the MIBCO Main Collective Agreement.

Below is a summary of benefits accruing to employees that are members of the Fund:

MISA Members:

Sick leave – first 10 days at 100% of wages/salaries

Next 5 days at 50% of wages/salaries

Employers will pay the MISA members directly and claim the benefit back from the Fund afterwards.

All Other Employees:

Sick leave - 15 days at 75% of wages/salaries

Other Benefits, for all Employees:

Accident Pay - Up to 40 days at 75% of wages/salaries

Maternity Pay - Up to 17 weeks at 30% of wages/salaries

All queries relating to Fund should be directed to the RMI whose contact details appear below:

Johannesburg

Tel: (011) 886 6300

Regional Manager: Jeff Molefe

Durban

Tel: (031) 266 7031

IR specialist: Janina Kalidass

Cape Town

Tel: (021) 939 9440

IR specialist: Brent Barichiev

IR specialist: Johanita Olivier

Pretoria

Tel: (012) 348 9311

IR specialist: Madoda Sonwabo

Bloemfontein

Tel: (051) 430 3294

IR specialist: Jacques Viljoen

Port Elizabeth

Tel: (041) 364 0070

IR specialist: Eckhardt Oelofse



Registration/Nomination for Death and Funeral Benefits



MISA HEAD OFFICE

201 MISA Centre
12 Fir Drive
Northcliff Ext 2
Johannesburg 2195

PO Box 1604
Northcliff
2115

CONTACT US

Call Centre: 086 099 4147
E-mail: info@misa.org.za
Fax: 011 388 2798

THE COMPLETION OF A, B & C BELOW IN EVERY RESPECT TOGETHER WITH A COPY OF YOUR I.D. WILL ENSURE A SPEEDY REGISTRATION

I, the undersigned, hereby apply to be registered:

A - PERSONAL DETAILS:

1. Surname (Mr / Mrs / Ms) _____
2. Full Names _____
3. Marital Status: Single / Married / Divorced / Widowed Maiden Surname (if applicable) _____
5. Date of Birth ____/____/____ Identity No. ____|____|____|____|____|____|____|____|____|____|
6. Postal Address _____
Tel. _____ Cell _____
7. Personal Email _____
8. Your present Occupation _____
9. MISA Member ☐ NUMSA member ☐ Non-Union member ☐

B - EMPLOYER DETAILS:

10. Name of Company _____
11. Street Address _____
Postal Address _____
Email _____
Tel. _____ Fax _____

C - NOMINATION OF BENEFICIARY: (For the payment of Death Benefits)

I hereby nominate Mr/Mrs/Ms (Surname) _____
Full Names _____
Marital Status: Single / Married / Divorced / Widowed I.D. No./Date of birth ____|____|____|____|____|____|____|____|____|____|
Cell / Tel. _____ Relationship (Spouse, Son, etc.) _____
Address _____

The person to whom the death benefit shall be paid in the event of my death.

DECLARATION

I, the undersigned, solemnly declare that the above particulars are true and correct, and I agree to abide by all rules and regulations which are in force, or may be brought into force, from time to time.

PLEASE NOTE

- It is your responsibility to notify MISA if and when any of your information changes regarding your membership. This includes your personal and company details.
- An 8 week waiting period for eligibility to any benefits applies to all Fund members from date of receipt of the first contributions by the Fund.
- Application to be made within 26 weeks from death of a member and/or his/her dependants.

Signature _____ Date _____

FOR OFFICE USE

DATE RECEIVED

FIRST CONTRIBUTION DATE

DATE REGISTERED

COUNCIL NO.

The MIBCO Team