



National Bargaining Council of the
Leather Industry of South Africa

Sick Benefit Fund

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[MASTER\Sick Fund Package 30May19 MCM]

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SUMMARY OF MEMBERSHIP AND BENEFITS: MATERNITY / WAGES LOST / DIRECT CLAIMS

MEMBERSHIP

All Employees engaged in the Leather Industry whose wages are Prescribed **must** become Members.

CONTRIBUTIONS

- a) **Employers:**
1% of Employees weekly (A-rate) wage plus 30% of Total Employee Contributions.
[see Maternity (b)]
- b) **Employees:**
1% of weekly (A-rate) wage
- c) **Dependants:**
Employees and Employers pay 1% of Employees weekly (A-rate) wage, per Dependant

BENEFITS

(Number consultations reduced when engaged later in year)

- **6 Initial Consultations**
- **6 Repeat Consultations** (Within 14 days of the Initial consultation of the same Ailment)
- **12 Chronic Consultations**

MATERNITY

- a) Female Members of the Fund who take Maternity leave shall be entitled to Maternity pay amounting to 33% of their basic wage rate for a maximum period of 17 weeks (max. 85 days).
- b) The Employer will pay the Member the Maternity benefit and claim a refund from the Sick Fund. The benefit paid and claimed shall be calculated on the actual wage earned. Wage shall have a corresponding meaning as defined in the Sick Fund Collective Agreement.
- c) The Employer is required to pay the Member this Maternity Benefit at the commencement of the leave period and thereafter claim a refund from the Sick Fund. The claim must be accompanied by proof of the Member's receipt of benefit and claims must be submitted by no

later than the 7th of the next month. The Fund will process these claims as speedily as possible in order to reimburse Employers in the shortest space of time.

In the event of the Employee returning to work before expiry of the confinement period contemplated in (a), the Member shall in this event refund the Fund through the Employer that portion of the Maternity Benefit that relates to the earlier return to work.

- d) The Employee must submit an original Medical certificate reflecting the expected date of confinement to accompany the claim form.
- e) An Employee on Maternity Leave is not entitled to any Medical Benefits related to her pregnancy or confinement.
- f) During Maternity Leave, the following contributions must be made:
 - i) **The Employer must pay the Employer's and Employee's contributions including all Dependants.**
 - ii) It must be noted that Provident Fund Contributions and Council Levies must **not be** paid.

Claims may be rejected for any of the reasons stated below:

- 1. The Provident Fund number incorrect or not stated.
- 2. Maternity is not paid when:
 - a) Maternity or expected due date not confirmed on certificate
 - b) Incorrect rate claimed NB. Current rate 33% of A-Rate for maximum 17 weeks.
Adoption (requires Management Committee approval) 9 weeks
 - c) Member's wage differs to Sick Fund records.
 - d) ***The Member is not a contributing Member 4 weeks prior to the estimated date of delivery.***
- 3. Member:
 - a) Member's signature indicates a different surname or Member has not signed.
 - b) Member's mark has not been witnessed
 - c) Member has left before the date of confinement period
 - d) Member has not been employed by you according to our records
 - e) Member does not contribute to the Sick Fund
 - f) Member's pay-slip not attached to claim or does not reflect Maternity benefit
 - g) Member's wage differs to Sick Fund records
- 4. Medical Certificate:
 - a) Is backdated
 - b) No certificate has been received/original certificate required
 - c) Does not cover period or has not been dated
 - d) Dates do not correspond to dates claimed
 - e) Hospital certificate requires a label (as stated on certificate)
 - f) Alteration on certificate must be signed by Doctor

5. General:

- a) Claim duplicated
- b) Claims submitted late - i.e. after the 7th of the next month.

WAGES LOST - MEMBERS WITH CHRONIC AILMENTS

The Management Committee may, in its discretion and on production of an acceptable claim, reimburse a Member:

- a) For wages lost as a result of a monthly visit to:
 - A registered hospital (ordinary hours that would have been worked to a maximum of one day) or
 - A Health Care Centre (max 3 hours)Provided that such visit is in respect of an ailment which has been considered and approved by the Fund as a Chronic ailment; plus an annual Tuberculosis X-ray; and
- b) For the cost of a visit referred to in paragraph (a).
Member must submit an Outpatient's Receipt with a copy of the Visitor's Card reflecting the Member's patient file number.

"Wage" means the wage prescribed for an Employee in Column A of the wage provisions of the relevant agreement of the Council and, in the case of the Tanning Industry, the wage rate prescribed in the agreement for that Industry;

Provided that if an Employer regularly pays the Employee an amount higher than this prescribed rate (excluding incentives, overtime or bonus payments), it shall mean such higher amount. [Claim rate to be the same as Contributions received]

A Member would not be entitled to payment for Wages Lost:

- During the period of annual leave
- During any period when they were not working due to a short time arrangement
- On a public holiday as per the Public Holiday Act
- During any other period of authorised leave of absence

The Employer will pay the Member the Wages Lost benefit and claim a refund from the Sick Fund. The benefit paid and claimed shall be calculated on the actual wage earned. Wage shall have a corresponding meaning as defined in the Sick Fund Collective Agreement. The claim must be accompanied by proof of the Member's receipt of the benefit and be submitted no later than the 7th of the next month.

An original Certificate of Attendance (officially stamped) must be attached to the claim form in order for the claim to be paid.

In all cases the ailment must be:

- Entered on the Claim Form; and
- One of the approved Chronic ailments listed below.

Reasons for Rejection:

- Benefit is only paid where a Member visits a State Hospital or Clinic
- Sick Fund Health Care Centres - maximum claim of three hours.
- Periods of hospitalisation are not covered.
- Ailment is not a Chronic Ailment or Chronic Ailment is not stated.
- Hourly rate must be stated and not the Weekly Wage.
- Claims submitted late - i.e. after the 7th of the next month.
- Member has not signed receipt of payment or no proof via Wage Slip

CHRONIC AILMENTS

- 0051) Arthritis & Gout
- 0052) COAD, Asthma, Emphysema, Chronic Bronchitis
- 0053) Diabetes
- 0054) Eczema, Chronic Dermatitis
- 0055) Epilepsy
- 0056) Angina, IHD, Heart Failure
- 0058) Hypertension
- 0059) Menopause
- 0061) Psoriasis
- 0062) Allergic Rhinitis/Sinusitis
- 0063) Hypothyroidism

DIRECT CLAIMS

- < All accounts submitted must be original and must be submitted with the relevant original receipt.
- < Only Members who are contributing to the Sick Fund may submit claims.
- < The patient's name and ailment must be reflected on the invoice.
- < The Member must personally have paid for the account.

Members should attend the Leather Industry Sick Fund Health Care Centres, Leather Industry Panel Doctors, State Hospitals or Clinics.

THE SICK FUND WILL AT PRESENT REFUND AS FOLLOWS:-

Non-Panel Doctor's Consultations (i.e. General Practitioners who are not on the Leather Industry Sick Fund Panel of Doctors)

These Consultation claims may only be considered in the case of emergencies (the Doctor must

provide written confirmation of this) and when the Sick Fund Health Care Centres are closed during the Annual Leave period. Consultations in excess of the 6 Initial and 6 Repeat Benefit will be rejected.

Emergency Definition: "A condition which is life threatening"

Maximum R350.00 inclusive of medication.

The Fund covers 50% of the following combined costs:

- Hospital Fees
- Specialist Fees
- X-Rays
- Medical Tests
- Minor Operations done by a General Practitioner

Maximum 50% refund per annum, per ailment:- R1 000.00 (MCM 07.11.2007)

Maximum 50% refund per annum, per ailment:- R1 750.00 (MCM 23.05.2018)

The Sick Fund will also refund as follows for:-

Chiropractor:

Current Panel Doctor Consultation Tariffs

Physiotherapist: (only if a Panel Doctor has referred the Member)

Current Panel Doctor Consultation Tariffs

Please submit claims on a monthly basis on the **official claim form** or under cover of a memo stating:

DIRECT CLAIMS

Provident Fund Number	Member's Name	Claim Amount
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THE SICK FUND DOES NOT COVER THE FOLLOWING COSTS:-

- a) Dental
- b) Diet Medication
- c) Fertility Treatment
- d) Maternity/Confinement (except where illness is unrelated to confinement)
- e) Medicine prescriptions
- f) Optometrist consultations, Spectacles, Lenses etc.
- g) Orthopaedic Equipment
- h) Preventative medication such as vaccinations
- i) Sterilization
- j) Treatment for Tuberculosis
- k) Vitamins