

R.106 of 2021
(G.G. 44250 of 10/03/2021)

DEPARTMENT OF EMPLOYMENT AND LABOUR

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](#) .

Signed

V. Mafuta

Compensation Fund Commissioner

Date: 10/02/2021

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 COIDA 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 cfoonline.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://comeasy.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](#).

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

Code

Province

Section B - Particulars of the Spouse/Partner

Full Names

Surname

Nationality

ID Number

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Passport Number/ Work Permit

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Mobile Number

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Alternative Mobile No.

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Email address

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Section C - Particulars of the Employee /s

Full Names

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Surname

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Nationality

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ID Number

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Passport Number/ Work Permit

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Stay in worker

YES	NO
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Residential address

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Code

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Province

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NB: Complete this section for each employee

Section D - Earnings and Duties of the Employee /s

Number of domestic workers employed

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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)

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

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

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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
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Banking details will only be used for refunds

Account Holder:

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Bank Name:

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Branch Code:

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Type of Account:

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Account Number:

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Section F - Provide the following documents

Employer	Please tick		Official use only	
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:	
Name and Surname:	
Date:	
Capacity:	

