

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT(1993)

SERVICES BOOK



employment & labour

Department:
Employment and Labour
REPUBLIC OF SOUTH AFRICA



Compensation Fund
WORKING FOR YOU



employment & labour

Department:
Employment and Labour
REPUBLIC OF SOUTH AFRICA

Table of Contents

1. What Is Coid Act.....	3
2. Employer Registration.....	4
3. Employer Return of Earnings.....	14
4. Compensation Benefits –	20
a. Claims And Online Registration.....	20
b. Compensation Exempted Employer.....	21
c. Commutation.....	28
d. Pensions.....	32
5. Medical Services – Case Management.....	34
6. Medical Payments.....	39
7. Legal Services.....	41
8. Revenue Services.....	43
9. Vocational and Rehabilitation.....	47
10. Vocational Bursary.....	48

WHAT IS COID ACT



1. What is the Compensation for Occupational Injuries and Diseases Act?

The Compensation Fund is a Schedule 3A Public Entity of the Department of Employment and Labour. The Fund administers the Compensation for Occupational Injuries and Diseases Act No 130/1993 as amended by the Compensation for Occupational Injuries and Diseases Act No 61/1997. The main objective of the Act is to provide compensation for disablement caused by occupational injuries or diseases sustained or contracted by employees, or for death resulting from injuries or diseases, and provide for matters connected therewith.

Employer Services

The Fund generates its revenue from levies paid by employers and this consists of annual assessments paid by registered employers on a basis of a percentage or fixed rate of the annual earnings of their employees. The COID Act, however, makes provision for a minimum assessment to ensure the assessment is not less than the administration costs incurred. An employer should register with the Compensation Fund within seven (7) days after the first employee was employed.

2. CF Services

The Fund offers the following services:

- i) Employer Services
- ii) Claims Services
- iii) Medical Services
- iv) Finance Services
- v) Legal Services
- vi) Rehabilitation and orthotics

3. Who can claim compensation under the Act

Anyone who is employed under a contract of service and receives wages, salary on weekly or monthly basis may claim compensation in terms of the Act's. Dependants of an employee who is fatally injured can also claim compensation.

Casual employees' rights are exactly the same as full-time employees.

4. What you must do when you are injured or contracted a disease as a result of your work?

i) Employer's Report of an Accident (Form W.C1.2)

When you go to hospital or the doctor you should take the form (W.C1.2 – Part B), which has been completed by your employer, with you. This form is important as it contains all the correct information regarding your employer, your full names and how you were injured. It also shows that you were injured at work.

The Compensation Fund has an online system Compeasy, where claims should be registered electronically by the employer or a designated person.

ii) Medical reports

The employer or doctor must submit the the First Medical Report (W.C1.4) and Progress/ Final Medical Reports (W. CI.5), and all other reports that will assist the compensation fund to adjudicate upon liability of the claim. The First Medical Report is important to the Compensation Fund because the Doctor provides a detailed clinical description of the injury or disease. The progress and Final Medical Reports are also important, for further treatment or the date when you are fit to go back to work, and describes your permanent disablement, if any, as a result of the injury or disease. The treating doctor can now upload your medical report directly onto Compeasy portal.

Employees must also have copies of the reports to submit to employer and for safe keeping, in cases where the employee or disease recurs, experiences medical.

5. Compensation you can expect

Compensation is money paid by the Compensation Fund to employees who were injured on duty, to replace loss of wages and/or to pay medical expenses. If you are off work for three days or less, you will not receive compensation. Medical expenses will, however, be paid. For the first three months you are booked off from work, your employer is obliged to pay you 75% of your earnings/wages as at the time of the accident, if your injury is serious and lasts for the first three months. Your employer will claim this back,



from the Compensation Fund. If you are off work for more than three months the money (salary/ wages) must be claimed directly from the Compensation.

6. Temporary disability

If the doctor indicates in the medical reports that you have a temporary disability (a minor injury) you will only get 75% of the earnings you were receiving at the time of the accident. This will only be paid during the time that you are unfit for duty, recovering as a result of injury. The Fund does not pay for pain and suffering.

7. Permanent disability

If the doctor indicates in the medical reports that you have a permanent injury, such as deafness, blindness, amputation of a limb or an injury that permanently disables you (for the rest of your life), it will be assessed according to the percentage of disability laid down in the Act. If your disability is assessed at 30% or less, you will be paid a lump sum, which is a once-off payment for that injury. If your disability is assessed at more than 30% you will receive a monthly pension together with the arrears payment from the date of stabilisation of your condition which is reflected on the Final Medical Report, and a monthly pension is payable for life. The amount of this pension is calculated on your earnings at the time of the accident, your percentage of disability and the benefits applicable at the time of the accident.

When an employee dies as a result of the injury or disease, his or her dependant's widow or widower) will get a pension for life. All children under the under the age of 18 years will qualify and will be included as part of the parent/guardian's pension. This pension will stop when the child reach 18 years unless he/she is still at school or attending a tertiary institution. **For further information on pensions to the dependants, read Section 2 of the Guide for Pensioners brochure.**

8. Rehabilitation and Orthotics

Q: What is Orthotics

A: An Orthotic is an assistive device which supports and corrects a deformity caused by an injury or disease . Assisting in activities of daily living e.g. braces, spectacles, hearing aids etc.

Q: What is Prosthetics

A: A Prosthesis is an assistive device that replaces a missing body part which occurred due to injury or disease.

e.g. Ocular prosthetics, Lower and upper limb prosthetics.

Q. What is Prosthetics and Orthotics case management and when is it required?

A. Case management occurs when an assistive device request has been submitted by a medical service provider, requesting a device for a patient. Once received, the client has to be seen by a nurse, Disability manager or Orthotist to verify if the prescription is clinically appropriate and adheres to the protocol of the Fund. All clients are case managed telephonically or physically.

Q: Who are the role players in the Orthotics case management process?

A: The Nurse, Disability Manager and Orthotist are all crucial in conducting case management to the client. This is to verify that the client receives full support from CF with regards to other benefits.

Q. Where Can Orthotics and prosthetics services be accessed?

A. The services can be accessed from any HPCSA registered Orthotist/Prosthetist who is registered with the Compensation Fund. The service provider will assess, formulate a clinical appropriate quotation and motivation, measure and fit the device to the client's needs.

Once a request is received, the outcome of the request (approved/rejected) will be available within 15 working days. The response will be sent back to the medical service provider who will supply the client with the relevant device.





Who to contact for further information?

Ms Lethabo Makgahlela
Chief Orthotics/Prosthetics
082 887 0423

Ms Charmaine Mamakoko
Assistant Director Orthotics/Prosthetics
082 886 9421
Charmaine.Mamakoko@labour.gov.za

Mr David Khaphathe
Deputy Director Orthotics/Prosthetics
082 894 8614
Ndivhudzannyi.Khaphathe@labour.gov.za

Mr Benje Theron
Director Orthotics/Prosthetics
066 390 6639
Benje.Theron@labour.gov.za

9. Rehabilitation and Reintegration

Q: What is rehabilitation?

A: Rehabilitation is the process of helping an individual who has been injured or ill, to restore lost skills and become as independent as possible again. Clinical rehabilitation services are usually delivered by a multi-disciplinary team, including a physiotherapist, occupational therapist, speech therapist, audiologist and / or biokineticist.

Q: Who undergoes rehabilitation?

A: Any worker who was involved in an accident or who contracted an occupational disease that has led to limitation in their physical, emotional and functional ability may need to undergo rehabilitation. The injured or diseased worker will require rehabilitation to improve the ability to participate in various day to day activities.

Q: When is rehabilitation considered to be important by the Fund?

A: Every time when an injured or diseased worker has physical, emotional and functional limitation, then rehabilitation is considered important to improve on the ability to function optimally in all areas of life.

Q: What is rehabilitation case management?

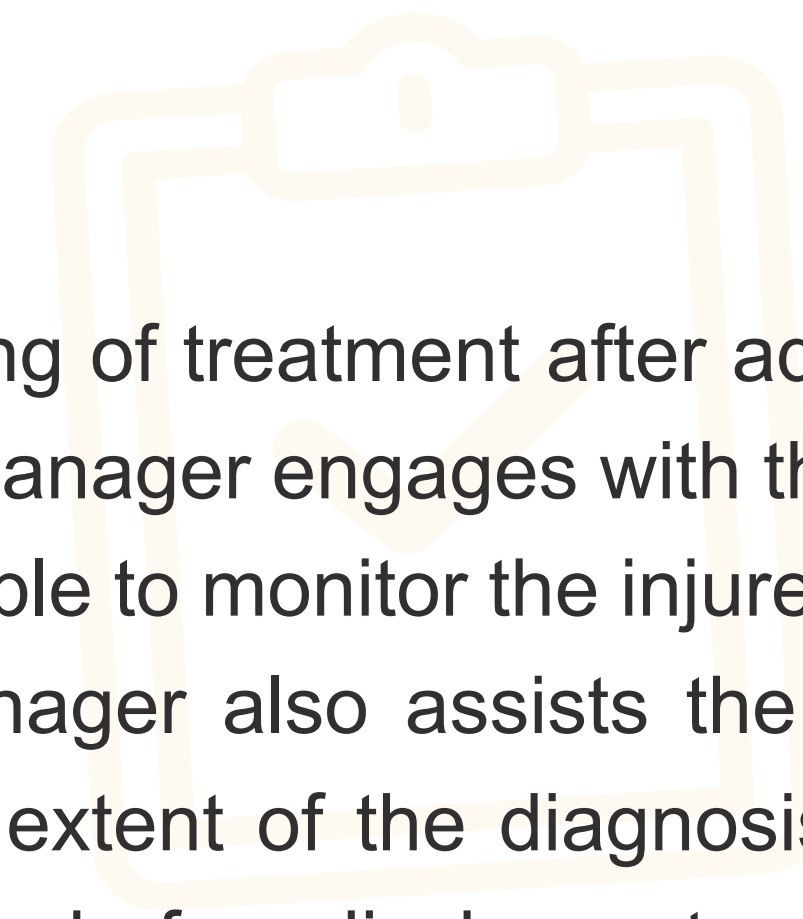
A: Rehabilitation case management is a process that includes assessment, monitoring, and evaluation of the rehabilitation treatment process in order to manage the injured or diseased worker and advocate for the provision of rehabilitation treatment.

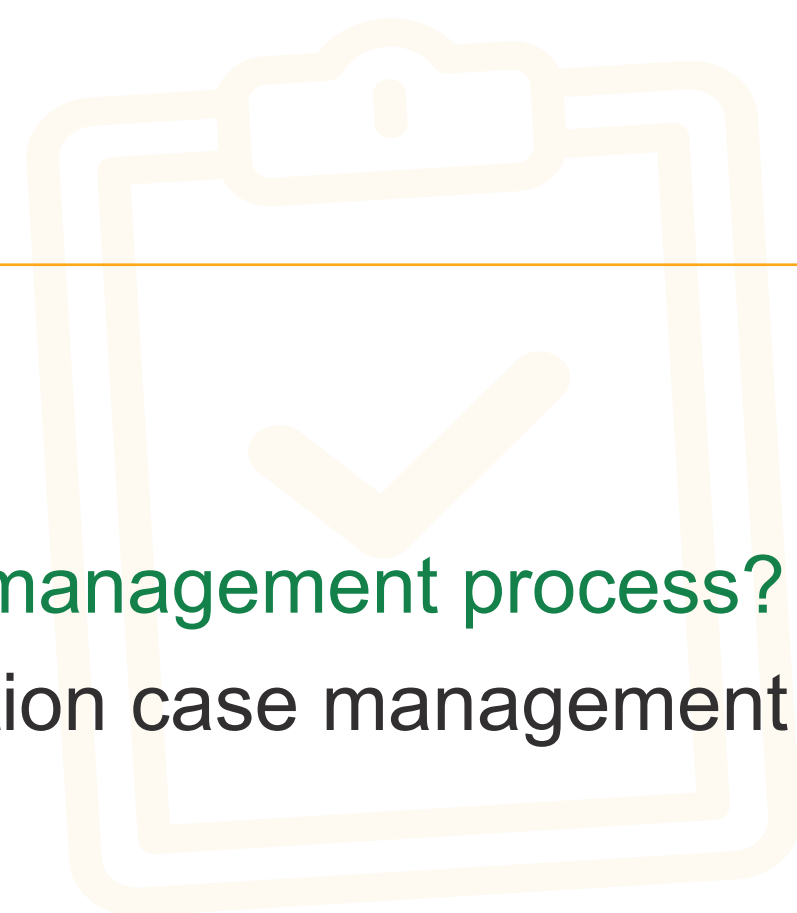
Q: How is rehabilitation case management facilitated or conducted?

A: The Compensation Fund is notified about the admission of the injured or diseased worker to a rehabilitation facility. A visit to the facility is planned by the rehabilitation case manager to be able to provide or educate the injured or diseased worker, his family and the medical providers about all relevant compensation benefits. Regular visits to the facility by the rehabilitation case manager are done to monitor the rehabilitation treatment progress until discharge.

Q: When are injured workers case managed?

A: Injured workers are case managed from the beginning of treatment after admission in a health facility, until they are discharged. The case manager engages with the relevant medical and rehabilitation treatment providers to be able to monitor the injured worker's response and progress of treatment. The case manager also assists the injured or diseased worker and their family to understand the extent of the diagnosis or injury. The injured or diseased worker is case managed again before discharge to prepare the injured worker and their family to adjust to the disability at home and in the community.





Q: Who are the role players in the rehabilitation case management process?

A: There are a number of role players in the rehabilitation case management process, including:

- i) The injured or diseased injured worker
- ii) The family of the injured or diseased worker
- iii) The CF Medical case coordinator
- iv) The CF Disability manager
- v) The health care providers, such as the Physiotherapist and the Occupational Therapist

Q: How does the Compensation Fund facilitate social reintegration?

A: The Compensation Fund aims to facilitate the process of reintegrating injured or diseased workers back to their families at home, the community and/or the work place. Through the process of rehabilitation case management by CF disability managers and medical case coordinators, injured or diseased workers are monitored throughout their rehabilitation process, including planning for discharge and optimal reintegration.

Q: Is it possible for an injured or diseased worker to return to work?

A: The Compensation Fund aims to facilitate Return-to-Work for as many injured or diseased workers as possible, by providing clinical vocational rehabilitation services.

Q: What is clinical vocational rehabilitation?

A: An injured or diseased worker who has completed their clinical rehabilitation process and is independent in the Activities of Daily Living, is eligible for referral to clinical vocational rehabilitation. Clinical vocational rehabilitation includes an assessment of work ability by an occupational therapist, who then makes recommendations regarding Return-to-Work. These may involve provision of reasonable accommodations or modifications in the work place, and/or recruitment into a work hardening programme.

Q: What are reasonable accommodations?

A: Reasonable accommodations are changes to an injured or diseased person's work environment to enable them to do their work, despite their disability. For example, an employee who loses their eyesight due to an occupational injury, could be accommodated

with an adapted computer that responds to voice commands. Employers are responsible for providing reasonable accommodations or work modifications to enable injured or diseased workers to perform their work duties.

Q: What is a work hardening programme?

A: An injured or diseased worker loses general fitness while recovering in hospital. A work hardening programme is a type of clinical vocational rehabilitation intervention that develops work fitness, to prepare the injured or diseased worker to Return-to-Work. It involves a half- or full-day programme of simulated work tasks combined with customised therapy to develop relevant coping skills, such as stress management and joint protection.

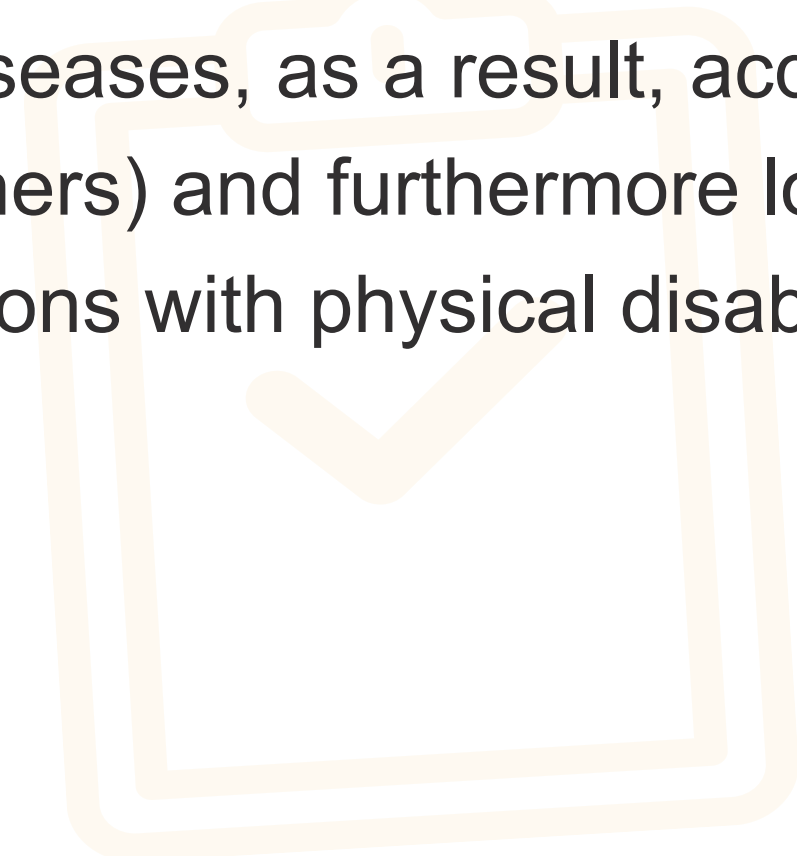
9. Vocational Rehabilitation (VR) Programme

The Programme seeks to remove barriers to accessing, returning to employment or other useful occupation by providing developmental opportunities to maximise performance, employability or participation in the economy of the country.

9.1. Skills Development

The Compensation Fund through the Vocational Rehabilitation Bursary Scheme aims to strengthen the social contract, through funding of vocational studies as a viable means to set in motion economic growth & inclusion, skills development, job creation and poverty reduction in the Country.

The Vocational Rehabilitation Bursary is targeted at eligible previously employed persons who have suffered occupational injuries or diseases, as a result, acquired a permanent disablement (Compensation Fund Pensioners) and furthermore lost their jobs, dependants of CF pensioners, unemployed persons with physical disabilities, and general young persons.



9.2. Talent Pipeline Management

As a demand-driven approach, the Fund through the bursaries and referrals from Clinical Vocational Rehabilitation is building the pipeline of capable Persons with Disabilities (PWD) and young persons to be (re)integrated into the labour market to close the skills gap.

The Employers have access to the unemployment database for placement.

9.3. Enterprise Development

The Fund through the Vocational Rehabilitation Programmes harnesses and promotes self-employment, with the aim of ensuring economic sustainability particularly among unemployed Compensation Fund Pensioners who acquired a permanent disablement due to occupational injuries/diseases.

Organisations through Social Entrepreneurship (SE) or Corporate Social Responsibility (CSR) are encouraged to use the Fund's Persons with Disabilities' Unemployment Database for entrepreneurship human capital investment to stimulate and/or advance economic growth, alleviate poverty and reduce inequality.

The Fund can be contacted on the following numbers regarding the Vocational Rehabilitation Programmes: 012 319 9264/ 012 406 5808/ 5709 / 066 056 3720/ 082 886 9452/ 066 305 7827/ 071 613 1828

10. Legal Services

In terms of section 91 of COID Act any person affected by a decision of the Commissioner may object to that decision. An objection should be lodged on the form W.G.29 as prescribed by the Act and must be signed by the objector. The Act also prescribes that an objection should be lodged within 180 days from the date of the decision made by the Commissioner.

11. Contact details/points

CF Call Centre: 0860 105 350

Provincial offices:

Eastern Cape East London: (043) 701 3000	Mpumalanga Witbank: (013) 655 8700
Free State Bloemfontein: (051) 505 6200	North West Mmabatho: (018) 387 8100
Gauteng North Pretoria: (012) 309 5000	Northern Cape Kimberley: (053) 838 1503
Gauteng South Johannesburg: (011) 497 3222	Western Cape Cape Town: (021) 441 8000
KwaZulu-Natal Durban: (031) 366 2000	Free State Bloemfontein: (051) 505 6215
Limpopo Polokwane: (015) 290 1744	

* Assistance

If your employer does not cooperate or assist you, or if you think your accident has not been reported to the Compensation Fund, or if it is taking too long, go to your local provincial office or Labour Centre of the Department of employment and Labour and report this.

EMPLOYER REGISTRATION

Q: Who is an employer?

A: All employers who employ one or more part-time / casual / temporary or full-time employees for the purpose of his / her business / farming / organisation's activities must register with the Compensation Fund.

A: If the services of an employee are lent or let or temporarily made available to some other person by his employer, such employer for such period as the employee works for that other person.

Q. Who is an employee?

A: A person who has entered into, or works under a contract of service or apprenticeship or learnership with an employer, whether the contract is expressed or implied, oral or in writing, and whether remuneration is calculated by time or work done, or is in cash or in kind and includes: -

A: A casual / temporary employee employed for the purpose of the employer's business.

A: A working director of a company or a member of a body corporate, who has entered into a contract of service or of apprenticeship or learnership with the body corporate, in so far that the employee acts within the scope of his / her employment in terms of such a contract. (Excluding sole proprietors and partners, shareholders or "silent partners" who are only paid dividends or sharing profits).

A: A person provided by a labour broker, against payment to a client for the rendering of a service or the performance of work and for which service or work such person is

paid by the labour broker. This is then an employee of the labour broker. The earnings of such person should not be included in the client's Return of Earnings document.

Q: Who must register with the Fund? section 80(1)

A: All employers who employ one or more part-time / casual / temporary or full-time employees for the purpose of his / her business / farming / organisation's activities must register with the Compensation Fund.

A: A separate registration is required for each separate branch of a business, with its own CIPC registration certificate.

A: An employer should register with the Compensation Fund within seven (7) days after the first employee was employed.

A: An employer shall within 7 days of any change in the particulars so furnished notify the Compensation Commissioner of such a change. Section 80(3).

Q: What is the assessment tariffs? section 83(1)

A: It is the classification of businesses for the purpose of contribution to the Compensation Fund based on the nature of the business operation and the risks associated with the business activities.

Employers are classified according to an industrial classification system; each rate is fixed according to the class of industry in which the employer is engaged in.

Assessment tariffs are reviewed annually and are calculated based on the risk related to a particular type of work.

The nature of operations determines the industry and rate per R100, used for raising annual assessments. A business is regarded as a unit, including all operations incidental thereto, including administrative staff.

EMPLOYER REGISTRATION AND ASSESSMENTS

Q: What is the assessment? Section 82(1) (a)

A: It is the annual payment which is paid by the employers to the Compensation Fund to cover employees who are injured at work.

The revenue of the fund consists mainly of annual assessments paid by registered employers on the basis of a percentage of the annual earnings of their employees. The rate is fixed per industry subclass.

The Act however makes provision for a minimum assessment to ensure that the assessment is not less than the administration cost.

These assessments are calculated as a percentage of the annual earnings paid to those employees.

N.B. The payable assessment must not be reimbursed from employees.

Q: What are the benefits of registration?

A: Employers

Employers are obliged by the Act to take out this insurance to be protected against civil claims if employees get injured on duty or contract occupational diseases.

A: Employees

Employees who are injured on duty or who contracted occupational diseases can claim compensation for temporary or permanent disablement according to the degree of disablement and death.

Q: Employers exempted from assessments. Section 84

A: The following employers do not have to pay assessment fees:

- i) National and provincial government;
- ii) Municipalities who have exemption certificates;
- iii) Employers who are fully insured by Rand Mutual Assurance Company Ltd (RMA) (mining industry and class 13) or Federated Employers Mutual Assurance (FEMA) (building industry class 5) and operates under license conditions approved by the Minister of Labour.

Contractors Section 89

Employers who give work to contractors must obtain a Letter of Good standing from the contractor to prove that the contractor is registered and that the assessment payable is up to date. The mandatory should verify the authenticity of the letter on the Departments website (www.labour.gov.za//onlineservices)

Failure to comply: Mandatory is responsible for the payment of the assessment for those employees.

Letter of Good standing

The employer is regarded to be in good standing when

- i) Registered with the Fund – section 80
- ii) Submitted annual Return of Earnings – section 82
- iii) Paid assessment in full / pay instalments – section 86
- iv) Report accidents timeously

Q: What documents are required to register with the Compensation Fund?

A: **Registration of Employer form (W.As.2)**

- i) Copy of Companies and Intellectual Property Commission (CIPC) documents / Trust documents (J246) / NPO and NGO certificate
- ii) Copy of ID document

Q: I do not have employees but I want to register with the Compensation Fund because it is a requirement on the tender documents.

A: Do not complete the Registration of Employer form (W.As.2). Request for letter for tender purposes (Exemption letter).

Q: The trading name of the business / farming has changed.

A: Send the letter on a company letterhead with the certificate of name change (CoR 14.3).

Q: My company / close corporation has / have converted to a company at CIPC offices.

A: Send the letter on a company letterhead with CIPC document reflecting both the old and new CIPC registration numbers.

Q: My address and contact details has / have changed.

Log on to the online services and change / update address and contact details; www.labour.gov.za/onlineservices select ROE online.

Q: The nature of the business / farming activities has changed.

A: Send CIPC documents and an affidavit / sworn statement made in front of the Commissioner of Oath or Police Officer stating the detailed description of the business operations as well as the duties of the employee. The affidavit / sworn statement must be done by the owner, director or member of the company as listed on the CIPC documents.

Q: The business / farming has ceased operation.

A: Send the letter on the company letterhead indicating the date on which the last employee left the employment Manual Return of Earnings (W.As.8) /CF-2A form. Indicating the final earnings paid.

Q: The business / farming is sold.

A: Send the letter on the company letterhead indicating the date on which the business was sold, address and the contact details of the previous owner. Manual Return of Earnings (W.As.8) indicating the final earnings paid.

Q: Who can register on CF ROE online system?

A: All employers registered at the Companies and Intellectual Property Commission (CIPC) and have a PAYE number.

Q: Who cannot register on CF ROE online system?

- Sole Proprietors and Partners.
- i) Trusts
 - ii) NPO's
 - iii) Body Corporates
 - iv) Schools / Churches
 - v) Companies / Close Corporations without a PAYE number.

The above must complete and submit a manual Registration of Employer form (W.As.2).

Q: Why is Provisional Assessment raised?

A: Provisional Assessment is raised in advance and is based on the amount indicated on the registration form to cover costs that may be incurred for any injury on duty.

Q: My business / farming operation started between 1 January to 28 February (the last two months of the assessment year) and I received a notice of assessment calculated for the previous assessment period.

A: The assessment year of the Compensation Fund runs from 01 March to 28 February of the next year, therefore, the calculated provisional assessment falls within the previous final assessment year (assessment period).

Q: Can the provisional assessment be revised?

A: No. Minor fluctuations in the number of employees employed, do not necessitate interim adjustment of assessment. When the final (actual) assessment is raised, the already calculated provisional assessment will be reversed.

Q: Who is not regarded as an employee?

A: Sole proprietors or partners are not employees in terms of the Act or a non working Director.

Q: What is the Return of Earnings form (W.As.8)?

A: During March each year the Return of Earnings form (W.As.8 CF 2A form) is uploaded on our website for employers to download the manual form. These forms must be completed and returned not later than 31 March or the approved date set by the DG. The information on the form assists with the raising of assessment. The CF ROE online system website allows you to electronically file, pay and receive your Letter of Good Standing. The earnings declared on the Return of Earnings are earnings (salaries and wages) paid by the employer to their employees and number of employees' employed during our assessment year (1st March to end of February the following year). The CF ROE online system opens 1 April each year for filing purposes or on the date approved by the DG

Q: What is the formula to calculate the assessment?

A: Earnings divided by 100 X rate = assessment payable.

Q: What will happen if I file / submit my Return of Earnings after the due date?

A: A penalty of 10% on the final assessment will be imposed

Q: Are my employees covered if they work outside of the Republic of South Africa?

Section 23

A: If they work outside of the Republic of South Africa now and then (i.e. a few weeks or months at a time) they are automatically covered under the Compensation Fund, however, if they are going to work outside of the Republic of South Africa for more than twelve uninterrupted

months, they have to obtain permission from the Compensation Fund, in order to be covered for the time they will be in another country.

Q: What should be done if the assessment is referred for audit?

A: Provide the following documents to finalise the assessment:

- i) Affidavit (reason for variance / credit assessment).
- ii) Signed audited or independently reviewed annual financial
- iii) statement for the year under review.
- iv) Detailed payroll report for assessment year under review.
- v) SARS EMP 501
- vi) Manual Return of Earnings (W.As.8).
- vii) Power of Attorney (consultants, bookkeepers and attorneys when representing the employer) UIF Registration number

NB: If the required information above is not received within 21 calendar days of the date hereof, an assessment based on estimation will be made.

Q: What should the employer do if he / she cannot submit / do not have some of the documents for audit and request the Fund to estimate the assessments?

A: Employer must submit an affidavit on a company letter head to request for the estimation of assessment and will have 180 days to submit the supporting document.

Q: What should I do if I made a mistake when submitting earnings?

A: Refer to above question in respect of required documents.

N.B. Send the request for amendment on the company letterhead. The request has to be submitted within 30 calendar days from the date the assessment was invoiced.

Q: Who can register with the Mutual associations (RMA or FEMA)

A: It is compulsory for class 13 (iron and steel etc.) to register at RMA; class 4 (mining industry etc.) can request to be transferred to RMA. Class 5 (building industry etc.) employers can request to be transferred to FEMA, new class 5 employers who wish to register with FEM from start of business can do so.

Letters and documents should be submitted to CFCALLCENTRE@labour.gov.za. For more information please contact Customer Care at 0860 105 350.

Q: When will the assessments be raised?

A: Any time before the financial year end, only if the ROE forms are submitted as per government gazette

Q: After the assessment has been raised what will the due date for the payment be?

A: Payment must be done within 30 days for date of invoice. For example, If the assessment was raised on 02/06/2008, the due date will be 01/07/2008.

Q: Which banking details must one use when paying for assessments?

A: The banking details are as follows:

ABSA bank, Voortrekker road, Pretoria

Account no: 01007930905

Branch code: 50904506/ 632005

Q: Under what circumstances can penalties and interest be charged?

A: A penalty (10% of the assessment) is charged if the account is not settled after the due date. Interest (15% of the balance) is then charged every month until the account is settled. It is calculated at the standard rate as prescribed by Section 80 of the PFMA.

EMPLOYER RETURN OF EARNINGS(ROE)

Q: What are the benefits of CF - ROE Online System

A: CF- ROE Online System is a FREE online employer registration platform which makes provision for the filing of the return of earnings offered by the Compensation Fund (CF). CF returns can be done simply and conveniently online.

Q: Can I use CF - ROE for any other tax return types?

A: No, CF - ROE Online System is specific to Compensation Fund declarations and contributions.

Q: How do I register on CF- ROE Online System?

A: Visit the following [web address](#), click on online services, and click ROE Online, and click on online user registration to register as online user then follow prompts.

Q: Please ensure that you have the following information:

For Commercial Employers:

A: Your valid Compensation Fund registration number, your valid RSA identity number or passport number, a valid email address, your company's official registration name and details as provided by the CIPC, and lastly your banking account details from which you will pay your Compensation Fund contributions.

For Agents:

Valid Compensation Fund registration numbers for employers as above, your valid 13 digit bar-coded RSA identity number or passport number, a valid email address, your company's official registration name and details as provided by the Registrar of Companies (which is the CK1 form for CC's and CM1 or CM3 for Proprietary Limited companies), and lastly your banking account details from which you will pay your Compensation Fund contributions.

Q: Can I only submit my current returns on CF-ROE Online System?

What about prior returns that have not been submitted?

A: All of your outstanding returns can be submitted via CF-ROE Online System through the FAQ for employer registration and Assessment for the past four years. The Act requires an employer to submit annual returns, you may have to do multiple return submissions and payments.

Q: I can't view my PDF. How do I change the default pdf viewer?

A: Most browsers have a default PDF viewer which may or may not be able to view our PDF's. If you encounter a situation where you can't view a PDF on the site.

Q: Can I access historical data with respect to my returns and payments?

A: No, please keep a copy for yourself

Q: I am a tax agent. What facilities are available to me?

A: You can register your client for CF-ROE online system or, if they have already registered, access your client's account and conduct all of the regular CF- ROE online system functions on your client's behalf (as per your own agreements and privacy policies with your client).

Q: How do I add my clients?

A: Once you have registered your CF-ROE online system profile and have been authenticated as a user of CF-ROE online system, you can register your clients onto your profile. Once the accuracy of information submitted is confirmed, you will be notified via email. Your client should be added to your profile.

COMPENSATION BENEFITS CLAIMS

Q: When should an Injury on Duty (IOD), be reported?

A: The employer is mandated to report an injury on duty claim within 7 days of receiving notice or an Occupational disease on duty within 14 days as soon as receiving notice.

Q: After reporting an accident, how long should I wait before I get a claim number?

A: It's advisable for employers to register claims through the claim management system online (www.labour.gov.za). The claim number is generated as soon as the IOD is reported and relevant information submitted and uploaded on the system.

Q: Where can I get medical attention from when injured on duty?

A: It is the employee's right to consult with any medical practitioner of his/her choice, in their area, immediately after incurring an injury or disease.

Q: Who is responsible for the payment of the medical expenses?

A: The Compensation Fund, only pays for the medical expenses where liability is accepted of the claim.

Q: Which medications can I take and for how long?

A: The doctor treating the employee will prescribe the type of treatment and the period thereof. This is generally determined by the nature of the injury sustained. The Compensation Commissioner will pay for the reasonable costs incurred for the first 24 months. If further medical treatment is required the doctor must submit request for "Reopening of a Claim" on his/ her letterhead and on the online system (CompEasy) or submitted manually at a Department of Labour centre..

Q: What type of medicine is payable under the Compensation for Occupational Injuries and Diseases (COIDA) Act?

A: The Commissioner will pay for all reasonable medication that is related to the employee's injury, prescribed by the treating doctor.

Q: Am I still covered after my claim is finalised?

A: Benefits are payable to the employee within the prescribed 24 months or until such time that the employee's condition becomes stabilised. The employee's right to further benefits (compensation and medical treatment) will only be revived if the claim is re-opened. For this to happen, the medical service provider must submit request for "Reopening of a Claim" on his/her letterhead and on the online CompEasy system or submitted manually at a Labour centre.

Q: If a Final Medical Report indicating 31% or more Permanent Disability is issued three months after the date of accident, will arrears be paid on the employee's pension?

A: No. the permanent disability is paid based on the final medical report date.

Q: How long does it take to finalise the claim?

A: Claims are finalized based on the dates on the medical report from treating doctor and the Resumption report from the employer.

Q: How will I know if my claim has been finalized?

A: Correspondence will be sent to the employee and the employer depending on the status of the claim.

i) If the employee has no permanent disability, a finalization letter with full details will be sent to the employee or beneficiary or widow.

Q: What are the basic requirements if I want to borrow money against my pension?

A: The requirements are as follows:

- i) Motivation letter by the the applicant,
- ii) A list of income and expenses,
- iii) A quotation,
- iv) W.cl. 258 - payment of lump sum in lieu of patient

Examples: If an employee wants to build a house, improve or repair the following documents are required:

- i) Approved house plan
- ii) Builder certificate and quotation
- iii) 2 quotations from different building material suppliers
- iv) Title deed

Q: Under which conditions can a Commutation Application be approved?

A: When the claimant needs to do either one of the following:

- i) Build a house,
- ii) Access to the property
- iii) Purchase of a vehicle, and
- iv) Start a business.

The request should be in the best interest of the pensioner.

Q: If the accident is as a result of the employee's serious and wilful misconduct, will any compensation be paid on the claim?

A: No, unless the accident results in serious permanent disablement or death. Refer to section 22 subsection (3) paragraph (a) and (b) of the Compensation for Occupational Injuries and Diseases (COIDA) Act.

Q: Which employers are exempted from registering with the Compensation Fund?

A: All employers must register with Compensation Fund, however the following employers are exempted from paying annual assessments:

- i) National departments
- ii) Provincial Settlements
- iii) Government Municipalities
- iv) SAPS, SANDF AND Correctional Services

Q: If I'm employed by an exempted employer, who is going to pay for my compensation benefits?

A: The employer will pay the compensation benefits through Government Pension Administration Agency, i.e. Government employees including SAPS, SANDF and Correctional Services. Exempted municipalities will pay the compensation benefits to their employees.

Q: Who is going to pay my salary when I'm booked off duty?

A: The employer will pay full salary until date of stabilization upon receipt of monthly progress and the final medical reports.

Q: When the employee has passed away, for how long will a pension be paid to the dependants?

A: i) Spouse - It will be paid for life
 ii) Children - It will be paid until they turn eighteen, but they can request for the pension to be extended if they still are at school, tertiary education or if the child has a disability prohibiting him/her earning an income.

Q: Who is regarded as dependent of an employee who passed away due to IOD/OD?

A: i) Spouse(s) who were married according to civil law, civil union or customary law.
 ii) Life partners with a contract signed under oath before date of death, or a court order.
 iii) Children under the age of 18 years, with unabridged birth certificate which links the deceased with the child, or guardian of a child with necessary adoption certificates.

COMPENSATION BENEFITS

PENSION

Q: My monthly pension is R500.00, am I going to receive this amount for life?

A: No. The amount will increase on a yearly basis based on the CPI inflation and rate approved by the board.

Q: I was told that my pension was approved, how much is it?

A: The pension is calculated at earnings x75% x % of disablement (with a minimum/maximum of earnings).

Q: When a widow/er passed away and there's a child under the age of 18 years, what does the guardian of the child have to submit in order to receive the pension on behalf of the child.

A: The guardian must submit the following documents:

- i). W.cl. 3 – by guardian
- ii). W.cl. 32 – by guardian
- iii). Certified copy of the widow/er's death certificate
- iv). Sworn statements by two family members, stating who the guardian of the children is, from when and if the person is capable of taking care of the child,
- v). Sworn statements by the guardian, stating from when they've been taking care of the child.
- v). Certified birth certificates.

Q: I'm receiving a pension for my husband/wife who lost their life as a result of an injury on duty, what will happen to my pension when I get married to someone else?

A: The pension will continue.

Q: What is a pro-rata pension?

A: When the employee has more than one injury and has already been paid a lump sum for some of these injuries, a pro-rata pension must be issue (only if the Permanent Disability percentage totals up to 31% or more).

Q: From which date do we pay a Fatal Pension?

A: From the date of Death, and arrears will be paid as soon as the pension is authorised.

Q: When an employee has died (FATAL), for how long will a pension be paid to the his/her dependants?

- A:
- i) Spouse - It will be paid for life.
 - ii) Children - It will be paid until they turn eighteen, but they can request for the pension to be extended if they still are at school or if they have any mental disabilities.



MEDICAL SERVICES

CASE MANAGEMENT



Q: What is the pre-authorisation for?

A: i) Pre-authorisation serves the following purposes:

- ii) To alert the Fund of any upcoming high-cost treatment;
- iii) To allow the Fund to timeously plan and put appropriate measures in place to collaborate in the holistic management of beneficiaries;
- iv) To allow the Fund to apply appropriate managed care processes and protocols;
- v) To limit risk exposure of the Fund by ensuring that only clinically necessary and cost-effective treatment is provided and that treatment is limited to the injury or occupational disease as per relevant sections of the COID Act; and
- vi) In some cases to alert the Fund of cases of injury on duty and/or occupational diseases which are otherwise not reported to the Fund as required by the Act.

Q: Where must the authorisation for procedures be obtained from?

A: Practitioners must refer to the provincial contact information provided to Medical Associations. Please also refer to the last page of this document.

Q: What is the process that must be followed to obtain the authorisation? How long will it take to process the authorisation request?

A: i) There is no specific Compensation Fund pre-authorisation form to complete. Practitioners must request pre-authorisation on a practice letterhead (manually) or electronically on the Compeasy system. Manually requested pre-authorisation must be emailed to the relevant province using the contact details provided.

- ii) The request for pre-authorization must be accompanied by relevant Medical and Initial Investigation Reports in case of Treating Doctors and Referral Letter and Motivation plus Initial Evaluation and Treatment Plan for Rehabilitation Professionals.
- iii) The authorisation will be done within 15 working days. Practitioners are however advised not to delay treatment in critical and emergency cases and must continue treatment while awaiting pre-authorization.

Q: Will all cases of COIDA require pre-authorization for treatment, investigations and rehabilitation?

- A: i) No. Emergency treatment and investigations do not require authorization, and practitioners must not delay any life-saving treatment and justifiable investigation required to stabilize patients.
- ii) For beneficiaries admitted to Emergency Casualty, ICU and High Care Unit, all emergency services required to manage the patient do not require authorization from the Fund. This includes all investigations required and an initial CT scan where clinically indicated. A notification of admission to these units is however required.
- iii) Authorisation will not be required where an emergency surgery is required to stabilize the beneficiary including all requisite investigations and healthcare professionals involved.

Q: What is seen as an emergency because even though we are an emergency unit we get COIDA patients with whiplash, sprain and strains etc. Would all these also fall under emergency services which automatically have authorisation for treatment?

- A: i) A medical emergency is any acute injury or illness that poses an immediate risk to a person's life or long-term health. Dependent on the severity of the emergency, and the extent of any treatment required, it may require the involvement of multiple levels of care, from first aiders to emergency physicians. This term is quite broad and practitioners must use it judiciously on the grounds of clinical assessment, current knowledge and best practice.

- ii) All cases classified as emergencies will not require prior authorization for the requisite medical and rehabilitative treatment while the patient is being treated in casualty (emergency unit).
- iii) For cases treated in an emergency department and then discharged on an outpatient rehabilitative treatment plan, practitioners must submit a request for authorisation and continue with the required outpatient treatment to a maximum of sessions stipulated in the medical tariff gazette for different disciplines while awaiting authorisation.

Q. In which cases would an authorisation be rejected?

- A: i) Pre-authorization is based on clinical indication and need. Practitioners must ensure evidence-based practice when treating COID patients and observe the best interest principle. When the request does not provide evidence-based justification and is not in the best interest of the beneficiary, the authorisation will not be granted.
- ii) Requests for authorisation where the claim is not reported or liability has not been accepted by the Fund will be rejected.
- iii) Where supporting documentation (Medical Reports, Employer's Report, Hospital Admission Records) are requested and not provided timeously, authorisation will not be given till all required documents are submitted.

Q: Where a patient is admitted as an emergency case, is individual authorization required for each service provider or is radiology covered by hospital authorization?

- A: i) All emergency procedures and treatments do not require authorisation. Administration of any treatment and conduction of any investigation must be based on clinical need and indication in the best interest of the beneficiary. Practitioners do not need to submit request for pre-authorization for all treatment, investigations and individual health professionals required for emergency treatment and stabilization of a beneficiary in an emergency setting.

ii) Plain X-rays do not require authorization provided they are clinically indicated. An initial emergency CT scan will not require authorisation in cases of severe trauma, polytrauma and head injuries where this is indicated. All other specialized radiological investigations (MRI/PET scans) and second and subsequent CT scans will need pre-authorisation.

Q: Is there a motivation letter for doctors to complete or will a Doctor's letter/ referral be sufficient?

A: i) The treating doctor is required to provide motivation and referral to other healthcare providers or allied healthcare practitioners where their services are required for the overall management of the beneficiary. Rehabilitation professionals will not be able to refer beneficiaries between each other. A recommendation to the treating doctor must be made first and the treating doctor will refer the beneficiary accordingly.

ii) This can be done in a practice letterhead or practice or hospital referral form.

Q; In addition to CT/ MRI scans, will the pre-authorisation also apply to general x-rays? If so, what resources do you have in place to manage the workload?

A: All plain X-rays and an initial Ultrasound scans required to assist the practitioner to make a proper diagnosis do not require authorisation. This will also apply to follow-up plain X-rays required to evaluate the progress or response to treatment. Injudicious use of investigations will be monitored by the Fund and where abuse and misuse is proven, necessary disciplinary measures will be instituted in collaboration with relevant professional bodies.

Q: If the resources in our provincial offices are insufficient, can we contact regional offices? What is the turnaround time to obtain pre- authorisation from CF?

A: Practitioners are advised to stick to the stipulated contact personnel for submission of all requests. Each provincial office has adequate resources to assist practitioners in that particular province. Where joy is not obtained from the provincial office, practitioners can contact Compensation Fund National Customer Care at 0860 105 350 during normal working hours.

Q: Where do we obtain contact details for provinces?

A: A communique with contact details for provinces was sent out to Professional Associations for distribution to Medical Service Providers. The communique can also be found on the website of the Department of Labour at <http://www.labour.gov.za>. Also do consult the contact page of this booklet. For pre-authorisation requests, please use the following email addresses:

Province	Email Address
Gauteng	GPPreauths@labour.gov.za
North West	NWPreauths@labour.gov.za
Limpopo	LimpPreauths@labour.gov.za
Mpumalanga	MpuPreauths@labour.gov.za
KwaZulu Natal	KZNPreauths@labour.gov.za
Free State	FSPreauths@labour.gov.za
Northern Cape	NCPreauths@labour.gov.za
Eastern Cape	ECPreauths@labour.gov.za
Western Cape	WCPreauths@labour.gov.za

Q: If a patient had an operation and must come back for another operation to remove fixations (like screws and plates) because of the first operation, how will this process work? Will we have to obtain authorisation for this as well?

A: No additional pre-authorisation is required for planned outpatient procedures following emergency or in-hospital treatment which form a continuum of the overall patient management following an injury or occupational disease. However practitioners must indicate such procedures in the relevant Medical Report (First or Progress) with anticipated dates and applicable codes to be used and must be accompanied by relevant motivation on a practice letterhead.

Q: If a patient went to the emergency room of the hospital and was not operated immediately but referred to a specialist and went to see the specialist a week later and the specialist decided to do an operation on the patient, will there have to be authorisation obtained for that as well? Hypothetically the cause of this delay could be that there was no specialist on duty that could have operated on the shoulder immediately and the patient was able to wait for the procedure or to see the relevant specialist that was able to help the patient.

A: Practitioners are advised to observe all applicable laws of the Republic when dealing with any patient regardless of who the funder is. The first point to observe is that no one may be refused emergency treatment in the Republic at any facility in the country. The second point is that where resources are not available to provide all the treatment required, practitioners have a duty to refer the patient to a facility where such resources are available, after appropriate steps are taken to stabilise the patient.

Q. How will the re-opening of cases work? Will the same procedure be followed?

A: The process for requesting the reopening of previously finalized claims will remain unchanged. Practitioners are advised to however provide appropriate motivation and a comprehensive treatment plan as well as to indicate why the option chosen is more beneficially suitable than all other alternatives in the best interest of the beneficiary and provide all supporting documentation for prompt response.

Q. How will the follow up appointments be handled after the first 4 months after the operation has passed? Will we need to obtain authorisation for these follow-up visits as well?

A: All pre-authorisations will be provided with the specific treatment, procedure, relevant codes and stipulated period of authorisation. Where the pre-authorized period has expired and there is a justifiable and clinically-indicated need for further treatment, extension of pre-authorisation must be requested from the Fund.

Q. If the patient comes for a final consultation and to receive a final report, will this also have to be authorised?

A: No. However, if a specialized radiological investigation (CT, MRI and PET scans) other than a plain X-ray or Ultrasound is required to produce a Final Medical Report, such an investigation need to be authorised unless previously covered in the initial authorisation.

Q. Is pre-authorisation required afterhours, on weekends and during public holidays? If so, who should we contact and how soon can this be obtained?

A: All afterhours consultations and clients seen during weekends and public holidays, and where pre-authorisation is required, practitioners must conduct requisite investigations and initiate treatment as appropriate and only submit the request for pre-authorisation on the next available working day.

Q. What are Complex Medical Cases?

A: Complex medical cases include all cases of multiple trauma and systemic diseases where different body systems are affected and at least one of the injuries is classified as severe or life-threatening. They are frequently persistent in nature, have a potential to cause death, disability and serious discomfort and result in multidimensional sequelae with long-term physical, social and mental dimensions. These conditions require a coordinated quality care from a wide variety of medical and allied service providers.

Q. Are radiologists required to request authorisation for specialized radiological investigations?

A: No. The Primary Physician is required to submit such request for authorisation with a referral letter and requisite motivation.

Q. What is the difference between the Primary Physician and the Treating Doctor? Can radiologists be either or both of the two?

A: All doctors involved in the active management and treatment of the patient are basically treating doctors. A Primary Physician is a treating doctor who, by nature of the injury or disease and the nature of his or her speciality assumes the overall management of the patient. Radiologists by nature of their discipline can only be treating doctors (in case of Interventional Radiology and Radiation Medicine) but never Primary Physicians.

MEDICAL CLAIMS



Q: Who is liable for paying medical expenses incurred as a result of an injury on duty or occupational disease?

- A: The Compensation Fund, exempted employers and the employer's mutual associations are responsible for the payment of medical expenses if liability of the claim is accepted. The Compensation Fund pays medical expenses for private employers.
- i) The medical service provider must claim according to the tariffs as prescribed in the government gazette. Only COIDA tariffs are payable.
 - ii) The employer is not allowed to deduct money from the employee's salary to cover any expenses that occurred in respect of the injury on duty.
 - iii) No accounts must be submitted to the medical aid for payment unless if the Commissioner has repudiated the claim.
 - iv) After two years the Medical Service Provider must request re-opening of the claim for further medical aid to be paid.

Q: Where can I get medical treatment when injured?

A: The employee is permitted to freely choose his own medical service providers.

Q: What is the responsibility of the employee in ensuring that all medical bills are paid?

A: The employee must report all the injuries incurred at the time of the injury so that they can be covered and paid by the Fund. All the contact details must be provided so that the Fund may contact the employee when necessary. The employee must attend all the consultation on time, if the employee is unable to see the medical service provider cancellation must be done on time otherwise the employee will be liable for medical costs.

Q: Who is responsible for submitting these medical invoices?

A: The Medical Service Provider who is registered with the Board of Healthcare Funders and Health Professional Council of South Africa.

Q: How do I submit medical invoices to the Compensation Fund?

- A: i) The doctor submits medical invoices to the switching houses, who will then submit the accounts electronically to Compensation Fund. After consultation/procedure the Medical Service Providers must submit medical reports online to enable processing of the invoices submitted through switching houses and processing of the claim in general.
- ii) If an employee's medical aid was used for medical expenses after an injury/ occupational disease the Fund will process refunds to the medical aid. The medical aid or the injured employee may submit relevant documents.

Q: How long does it take to pay medical expenses?

A: Medical expenses can be paid within 90 days from the date of receipt, only if the claim is registered, accepted, if medical reports are submitted and the doctor claimed according to the Government Gazette. If the claim is more than two years re-opening of the claim must be requested and approved before medical invoice. If the claim was not reopened the system will reject that invoice.

Q: How long does the Fund take responsibility for payment of medical expenses after an injury/occupational disease?

A: Medical expenses are payable for a period of two years from the date of accident. Thereafter re-opening of the claim is requested by the Medical practitioner if medical treatment is still clinically indicated.

Q: I need to claim for reimbursement on my traveling expenses, which forms must I complete?

- A: The following documents must be submitted:
- i) Claim for Subsistence and Transport Expenses Form – W.cl.69
 - ii) Proof of payment (e.g. Petrol slip etc.)
 - iii) Medical reports with the same date of service as indicated W.cl.69
 - iv) W.Ac.33 Form must be completed by the Bank.
 - v) 3 Months Bank Statements (Bank Stamp on Every Page)
 - vi) Proof of Address

- vii) Certified ID Copy of the Account Holder.
- viii) The Fund will only pay reasonable medical cost for travelling expenses.

Q: I paid for my medical expenses, how do I go about getting a reimbursement?

A: Submit the following documents:

- i) Detailed invoice from the Medical Service Provider
- ii) Proof of payment
- iii) Medical report with the same date of service as indicated on the invoice
- iv) W.Ac.33 Form must be completed by the Bank.
- v) 3 Months Bank Statements (Bank Stamp on Every Page)
- vi) Proof of Address
- vii) Certified ID Copy of the Account Holder.

Q: I used my medical aid for medical expenses, how do I go about getting a reimbursement?

A: Submit the following documents:

- i) Detailed medical invoices from the Medical Service Provider
- ii) Statement from the medical aid
- ii) Medical report with the same date of service as indicated on the invoice
- iv) Refunds are processed according to published COIDA tariffs and rates, non COIDA tariffs are not payable.
- v) Refunds are only payable to Medical aids not to employees if medical aid was used for payment of medical expenses.

Q: How do I submit documents for refunds?

A: Physical copies of all required documents must be submitted to the nearest processing labour centre.

Q: Why do I need to submit my banking details when claiming for refunds?

A: Refunds will be paid electronically into the claimant's bank account and the bank details must be verified before being captured on the system.

Q: Does COIDA have its own network Doctors, hospitals and pharmacists?

A: No, the injured employee has a right to consult a medical practitioner of their own choice.

Q: Can the employer be liable for medical expenses?

A: Only some exempted employers are liable for medical expenses. (E.g. SAPS, Correctional Services and SANDF) this applies for uniform personnel only

Q: Are all medical disciplines payable from the Compensation Fund as they appear at the Board of Healthcare Funders?

A: No, only specific medical disciplines are payable by the Compensation Fund. The list of all medical disciplines payable from the Compensation Fund is published in the Government Gazette.

Q: How do I get copies of published tariffs?

A: COIDA tariffs are available at Government printers and can be purchased from there.

Q: How do I qualify for chronic medication?

A: The treating medical doctor will assess the claim, if the disability requires chronic medication the Dr will issue a prescription every six months.

Q: What are employee responsibilities with chronic medication?

A: The employee must visit the Dr every six months for a consultation and review of the prescription. Chronic medication must first be pre authorized by the Fund.

Q: If I lost a limb during the injury on duty will the Compensation Fund pay for the prosthesis and other devices like wheelchair?

A: The fund will pay reasonable cost for artificial devices according published medical tariffs. All artificial devices must first be pre authorized by the Fund.

Q: What are the requirements for switching houses?

A: All switching houses must be registered with the Compensation Fund as employers. They submit a test switch file before and they must sign the service level agreement before switching with Fund. The full requirements for switching houses are published in the government gazette with switching specifications.

LEGAL SERVICES

The COID Act stipulates that after an objection is received and it is valid, it must be heard by the tribunal.

The tribunal consists of:

- i) Presiding Officer
- ii) Employee Assessor (representing the employee)
- iii) Employer Assessor (representing the employer)
- iv) Medical Assessor (if the dispute is of medical nature)

The Section 91 tribunal follows the same procedures as the Magistrate's Court. The Commissioner will subpoena Witnesses, that is, persons whom in his or her opinion will assist in the tribunal. Services of a sworn Interpreter can be arranged. The objector must indicate or advise of the language of his or her choice. The tribunal is there to hear evidence and make a decision. If the objector is not satisfied with the tribunal decision, he or she may appeal to the High Court.

Q: If I employ an attorney to represent me for my objection, will Compensation Fund cover my attorney fees

A: An objector can be represented at the tribunal or hearing by a union representative or an attorney or advocate at his or her own cost. The objector can also represent him or herself at a hearing.

Q: How do I know when my court date will be?

A: A Compensation Fund representative will contact the objector and his or her representative telephonically, which will be followed by written notification in the form of a letter.

Q: A decision for payment of my claim was reached at a hearing held when I will get the payment as instructed by the court?

A: The file will be forwarded to Claims by the Legal Department for payment.

Q: What can I do if I'm not happy about the decision made by Compensation Fund on my claim?

A: In terms of Section 91 of the Compensation for Occupational Injuries and Diseases Act, any person affected by a decision of the Commissioner may object to that decision. An objection should be lodged on the form W.G.29 as prescribed by the Act and must be signed by the objector. The Act also prescribes that an objection should be lodged within 180 days from the date of the decision made by the Commissioner.

Q: What happens after the objection is lodged?

A: The COID Act stipulates that after an objection is received and it is valid, it must be heard by the tribunal.

The tribunal consists of:

- i) Presiding Officer
- ii) Employee Assessor (representing the employee)
- iii) Employer Assessor (representing the employer)
- iv) Medical Assessor (if the dispute is of medical nature)

The Section 91 tribunal follows the same procedures as the Magistrate's Court. The Commissioner will subpoena Witnesses, that is, persons whom in his or her opinion will assist in the tribunal. Services of a sworn Interpreter can be arranged. The objector must indicate or advise of the language of his or her choice. The tribunal is there to hear evidence and make a decision. If the objector is not satisfied with the tribunal decision, he or she may appeal to the High Court.

Q: If I employ an attorney to represent me for my objection, will Compensation Fund cover my attorney fees?

A: An objector can be represented at the tribunal or hearing by a union representative or an attorney or advocate at his or her own cost. The objector can also represent him or herself at a hearing.

Q: How do I know when my court date will be?

A: A Compensation Fund representative will contact the objector and his or her representative telephonically, which will be followed by written notification in the form of a letter.



VOCATIONAL BURSARY

The Compensation Fund is offering bursaries to youth, dependents of Compensation Fund pensioners and current Compensation Fund pensioners, intending to pursue identified qualifications.

Universities	Field of Study
Tshwane University of Technology	<ol style="list-style-type: none"> 1. Bachelor of Technology in Nursing 2. National Diploma in Medical Orthotics and Prosthetics
University of Cape Town	<ol style="list-style-type: none"> 1. Bachelor of Medicine and Bachelor of Surgery (MBChB) 2. Bachelor of Science in Occupational Therapy
University of Johannesburg	<ol style="list-style-type: none"> 1. Bachelor of Science in Information Technology 2. Bachelor of Science in Computer Science and Informatics
University of KwaZulu-Natal	<ol style="list-style-type: none"> 1. Bachelor of Science in Occupational Therapy 2. Bachelor of Physiotherapy (BPhysT)
University of Pretoria	<ol style="list-style-type: none"> 1. Bachelor of Medicine and Bachelor of Surgery (MBChB) 2. Bachelor of Commerce in Accounting Science 3. Bachelor of Science in Actuarial Science and Financial Mathematics 4. Bachelor of Physiotherapy (BPhysT)
University of the Witwatersrand	<ol style="list-style-type: none"> 1. Bachelor of Medicine and Bachelor of Surgery (MBChB)

Q: Who qualifies for bursary?

A: Financially needy and academically deserving youth, dependents of Compensation Fund pensioners and current Compensation Fund pensioners, who are South African Citizens between the ages of 17 – 25 years, currently in Grade 12 and have been accepted to study identified qualifications at listed Universities the following year.

Q: What does the bursary fund cover?

A: It covers tuition fees, prescribed books and learning material, accommodation, meals and a monthly allowance.

Q: What are the eligibility requirements?

- A: i) First year students the following year
ii) South African citizens
iii) Fully completed application form
iv) Proof of residence
v) Certified copies of Identity card/ birth certificate of the applicant (youth, dependents of Compensation Fund pensioners and current Compensation Fund pensioners), parent(s) or guardians' ID card/book and Grade 12 June results
vi) Proof of acceptance / preliminary acceptance from Tshwane University of Technology, University of Pretoria, University of Cape Town and University of Kwa-Zulu Natal for any of the above-mentioned qualifications.

Preference will be given to applicants who excel in their studies and/or demonstrate potential

Q: Is the bursary renewable?

A: Yes, the bursary is renewable every year depending on the availability of funds and academic performance of students

Q: When is the closing date for submission of applications?

A: 31 October

Q: When can I expect to hear about the outcome of my application?

A: Once your application has been processed and you were successful you will be notified by the bursary project coordinators. If you do not receive a response from the Department by the end of January, consider your application unsuccessful.

Q: Can the student undertake employment during the academic year?

A: In order to ensure complete dedication to the successful completion of the undergraduate studies, the student may not undertake any employment other than vacation work during the academic year.

Q: Will late applications be accepted?

A: No

Q: How to apply?

A: Once the Compensation Fund announces that the bursary applications are open, download and complete the Compensation Fund bursary application form on the Department of Labour Website. Submit fully completed and signed application form along with certified listed supporting documents.

Q: Where can I submit the bursary application forms?

A: Completed applications form and certified supporting document must be submitted via post to:

**The Director
Directorate: Vocational Rehabilitation
Department of Labour
Compensation Fund
Private bag x 955
Pretoria
0001**

COMPEASY CLAIMS ONLINE REGISTRATION

Q: How do I register/de-register as a CompEasy user?

A: Step 1 – In order to register as a CompEasy user you must first register as a DoL user by accessing Online Services of the Department of Employment and Labour by clicking the link below and completing the Register for DOL Access form. <https://cfonline.labour.gov.za> . OR Use the following link. <https://cfonline.labour.gov.za/OnlineSubmissions/wicket/bookmarkable/za.gov.labour.cf.RegisterOrganization?9>

The screenshot shows a web form titled 'WELCOME TO THE ONLINE SUBMISSIONS Register For DOL Access'. It features a navigation menu on the left, a main form area with input fields for ID Number, First Name, Surname, Email Address, Mobile, and Telephone Number, and a 'Submit' button. An 'Instructions Panel' on the right provides detailed steps for online user registration, including instructions on ID number entry and email verification.

If you are already registered as a DoL user proceed to step 2 below.

ii) Step 2 – Register as a CompEasy user by accessing Online Services, then click on the e-COID - Compensation made easy tab, then click External User Registration tab. OR click the link below:

https://compeasy.labour.gov.za:44328/sap/bc/webdynpro/sap/zuser_reg?sap-language=EN#

The following documents to be submitted to request User Access for Compeasy online claims and medical system

1. Employers registered with CIPC, NPOs and Trusts and other unincorporated entities

a) Registered Company

- i) CIPC documents
- ii) A duly completed nomination form
- iii) Certified copy of Director's ID (at least one) not older than 3 months
- iv) Certified copy of ID of the user not older than 3 months

b) NPO/NGO/Trust

- i) The relevant registration certificate
- ii) A duly completed nomination form
- iii) Certified copy of Director's ID (at least one) not older than 3 months
- iv) Certified copy of ID of the user not older than 3 months

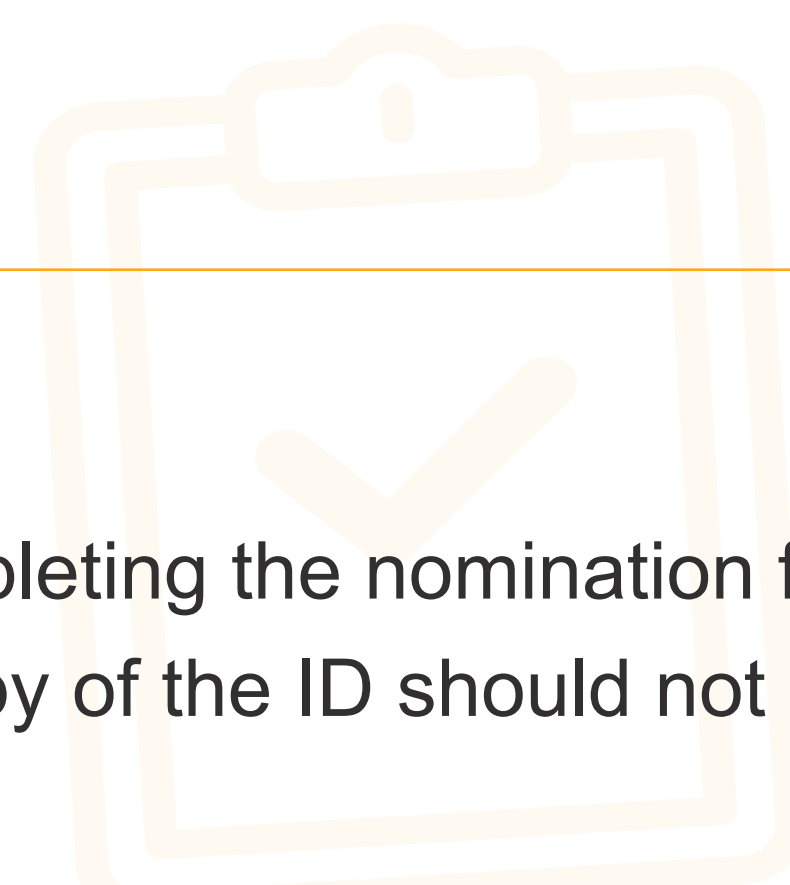
c) Sole proprietor

- i) Certified copy of ID of the owner of the business
- ii) The certified copy of ID of the user if different from the owner
- iii) A duly completed nomination form if the user is not the owner of the business

d) Partnership

- i) A partnership agreement
- ii) A certified copy of one partner
- iii) A duly completed nomination form if the user is not a partner

- iv) Certified copy of ID of the partner that is completing the nomination form if different from the one above. The certified copy of the ID should not be older than 3 months
- v) The certified copy of ID of the user if different from the partners. The certified copy of the ID should not be older than 3 months



e) Body Corporates

- i) The founding documents for a body corporate
- ii) A certified copy of ID of one Director/Trustee
- iii) A duly completed CF nomination form if the user is not a trustee
- iv) A certified copy of ID of the Director/Trustee nominating the user. The certified copy of the ID should not be older than 3 months
- v) The certified copy of ID of the user not older than 3 months

2. National Government Departments, Provincial Government Departments and Municipalities

- i) No CIPC or founding documents are required to support the existence of a Government Department or Municipality
- ii) A duly completed nomination form
- iii) Certified copy of ID of the person who nominates the user not older than three months
- iv) Certified copy of ID of the nominated user not older than three months

3. Medical service provider, hospital, nurse, specialist, etc. (MSP)

- i) MSP Registration Document i.e. BHF, HPCSA (where applicable) and other relevant professional council registration documents (The ID of the practitioner should be on the MSP registration doc)
- ii) A duly completed nomination form. No nomination form is required if the MSP is also the user requesting access in case of small MSPs
- iii) Certified copy of the ID of the MSP. The certified copy of the ID must not be older than three months on the date of submission.

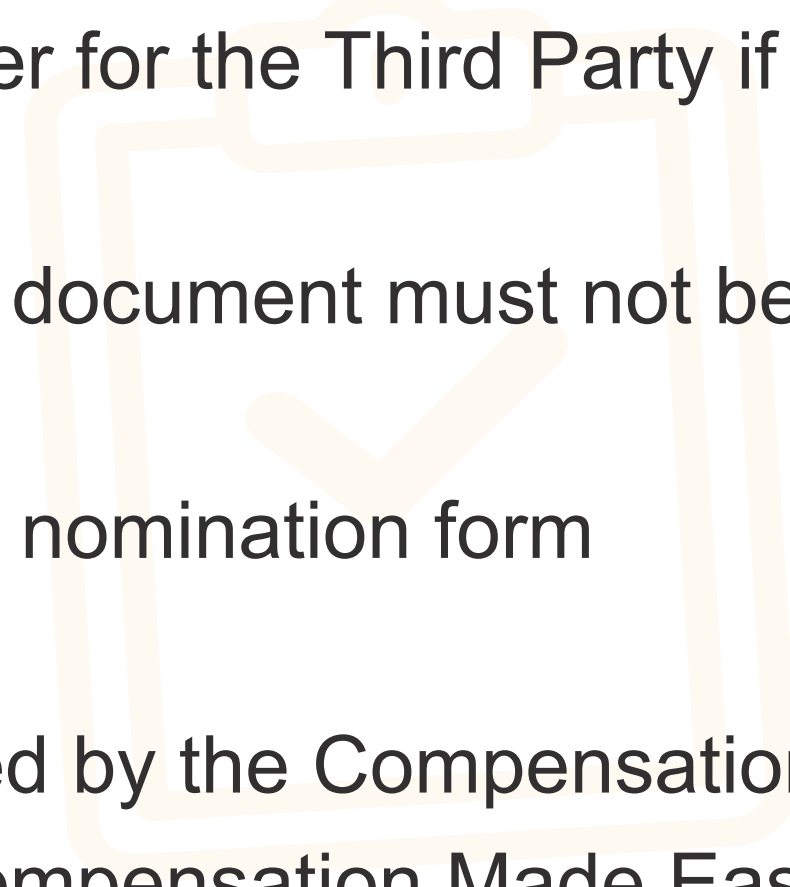
- iv) Certified copy of the ID of the user. The certified document must not be older than three months on the date of submission.

4. Third party representing an employer

- i) All the information required for user registration of the employer in paragraph a) or b) above.
- ii) A signed Power of Attorney on the company letterhead
- iii) Certified copy of the ID of the person representing the Third Party on the power of attorney. The certified copy of the ID must not be older than three months on the date.
- iv) A duly completed nomination form completed by the Third Party
- v) A certified copy of the person nominating the user for the Third Party if different from the one in the power of attorney.
- vi) Certified copy of the ID of the user. The certified document must not be older than three months.
- vii) Note that the employer is not required to complete the nomination form

5. Third party representing a Medical Service Provider (MSP)

- i) All the information required for user registration of the employer in paragraph c
- ii) A signed Power of Attorney on the company/MSP letterhead
- iii) Certified copy of the ID of the person representing the Third Party on the power of attorney. The certified copy of the ID must not be older than three months on the date.
- iv) A duly completed nomination form completed by the Third Party
- v) A certified copy of the person nominating the user for the Third Party if different from the one in the power of attorney.
- vi) Certified copy of the ID of the user. The certified document must not be older than three months.
- vii) Note that the MSP is not required to complete a nomination form



The user registrations requests that have been rejected by the Compensation Fund should be resubmitted by the relevant users on the Compensation Made Easy tab on the Department of Labour website. The resubmissions must comply with the requirements detailed in this communication.

Please note that all documents should be scanned separately and attached one by one and name each document accordingly

*Important to note: the CompEasy is compatible with the below browser

Browser	Supported Version	Notes
Microsoft Internet Explorer	IE11	
Mozilla Firefox	Firefox 60 ESR	
Google Chrome	Chrome 60	Safari on Windows not supported
Apple Safari	Apple Safari 9.0	
Mobile/Handheld devices		
Browser	Mobile version	Notes
Microsoft Internet Explorer	MS Edge	
Mozilla Firefox	Firefox 60	
Google Chrome	Chrome 60	Safari on Windows not supported
Apple Safari	Apple Safari 9.0	

Q: What do I do If I am registered as a DOL User but I receive message "Identification not yet registered with Department of Employment & Labour website"?



Navigation

User Menu

Home

WELCOME TO THE ONLINE SUBMISSIONS

Register For DOL Access

*ID Number:

The Account is already registered, please use the forgot password to reset your password.

A: The user must send their ID number to CompEasySupport@labour.gov.za with the copy of the error upon receipt of which they'll receive an e-mail feedback within 5 working days of the registration.

Q: What do I do when Email field is greyed out or incorrect:

A: Please ensure that you PRESS enter immediately after capturing your ID number, it is important to ensure that the populated email address is correct. If the email is incorrect kindly send an email change request to ADAdministration@LABOUR.gov.za

Q: What to do when the business partner field is greyed out?

A: Please PRESS the enter button immediately after capturing your Health practice number or CF Registration number.

Company / Service Provider Details

* BusinessPartner:

Health Practice No:

Company Name:

City:

Postal Code:

PO Box:

PO Box City:

Manager Name:

* Manager ID Type:

Organisation Reg No:

CF Registration No:

Street:

Region:

PO Box Post Cde:

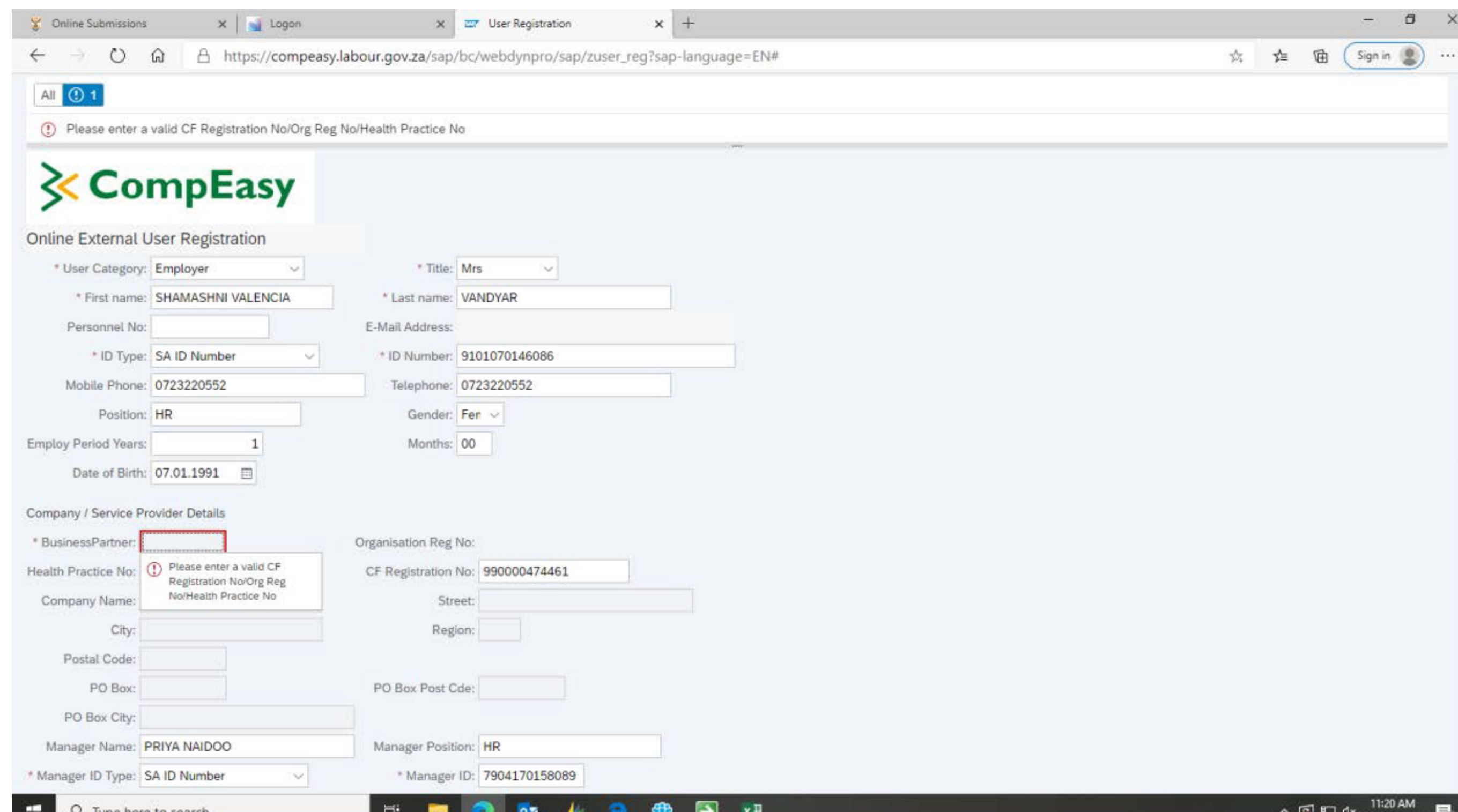
Manager Position:

* Manager ID:

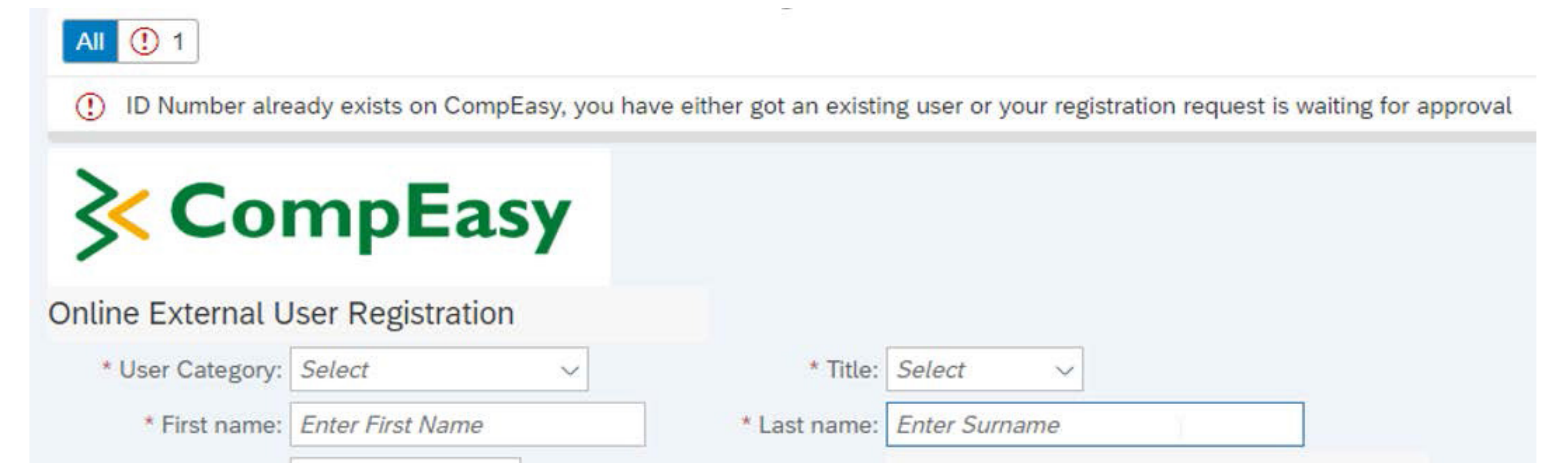
Declaration

Q: What do I do if I enter my Health practise number and the business partner does not populate?

A: Medical service provider should register by submitting the following documents to their nearest Labour Centre.



Q: What do I do when I get an error message “ID number already exists on CompEasy,



A: i) You have an existing user profile, please login or reset your password. The user name is your ID number.

OR

ii) Your registration request is awaiting approval; please wait until you receive a confirmation email informing you of the outcome of your registration within five working days

Q: External user unable to register a claim for a specific company?

A: The Employer/MSP must send an e-mail to CompEasySupport@labour.gov.za with their ID number and the company contract account number (CF registration number 99000...) in question

Q: How do I remove/delink an organisation from my profile?

A: The Employer/MSP must send an e-mail to CompEasySupport@labour.gov.za for user delink/removal.

Q: How do I De-Register/Replace a user on the system

A: The Employer/MSP must send an e-mail to CompEasySupport@labour.gov.za for user de-registration/replacement.

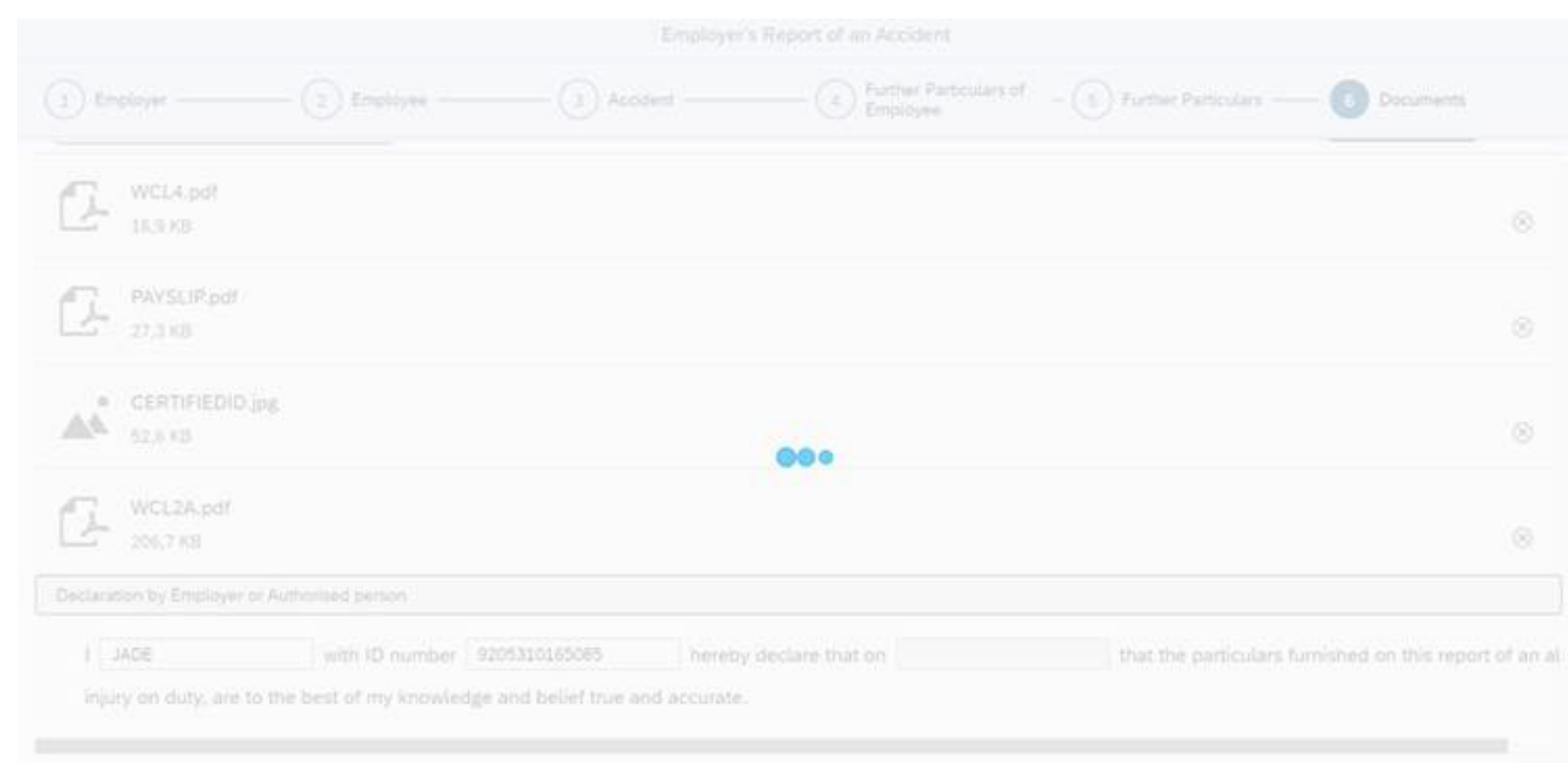
Q: What do I do when I get a blank blue screen after logging on to CompEasy?

A: At the top left corner of your screen there is a little Person/Profile icon. Click on the icon to have a view of your tiles in a list form.

Q: What do I do if CompEasy becomes unresponsive when I submit an IOD claim?

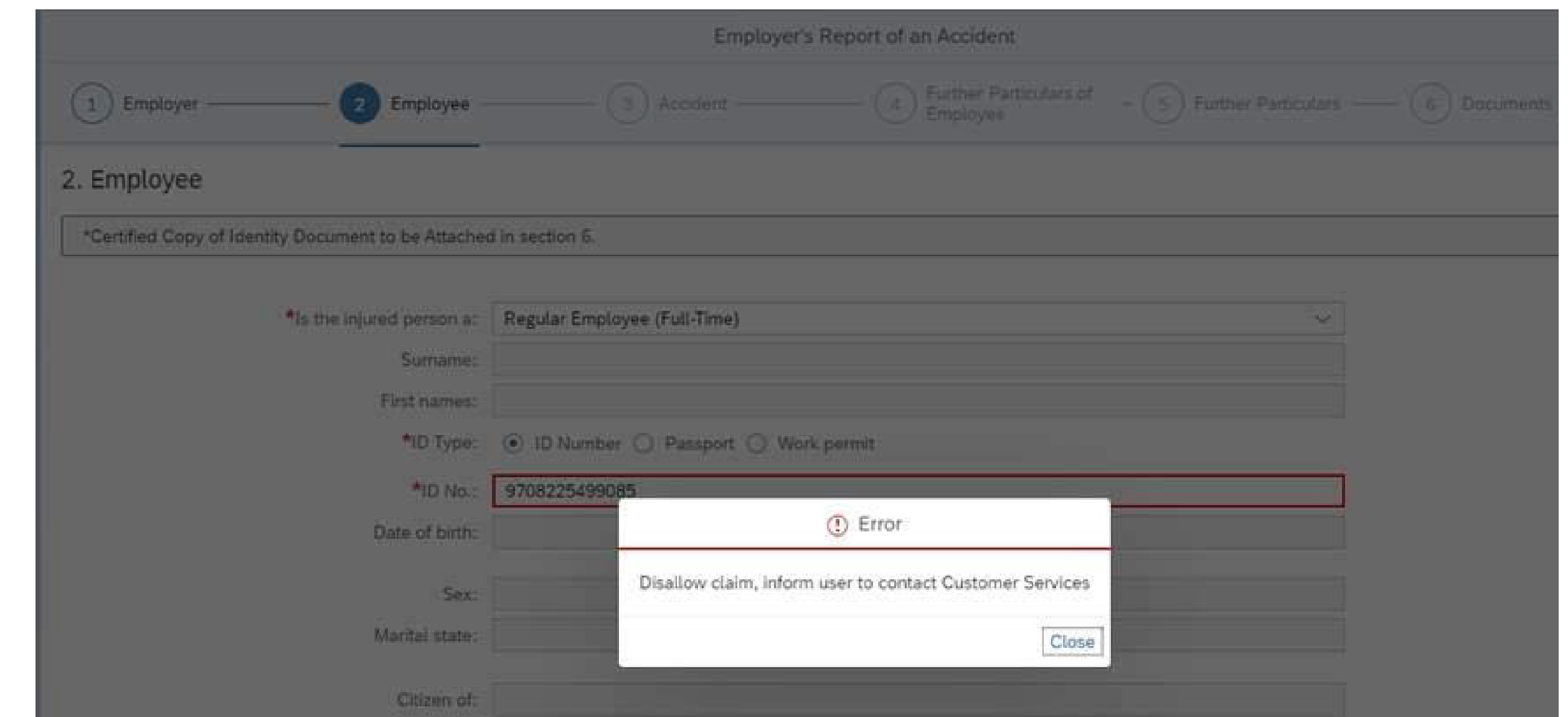
A: Network related issue, check if the network did not drop off while in the process of capturing the claim. Should the system continue hanging the User must submit ID number of the injured employee, ID number of the user and CF registration number(99000....) to CompEasySupport@labour.gov.za with the screenshot of the error message.

User must check and verify all fields if the information captured is correct .

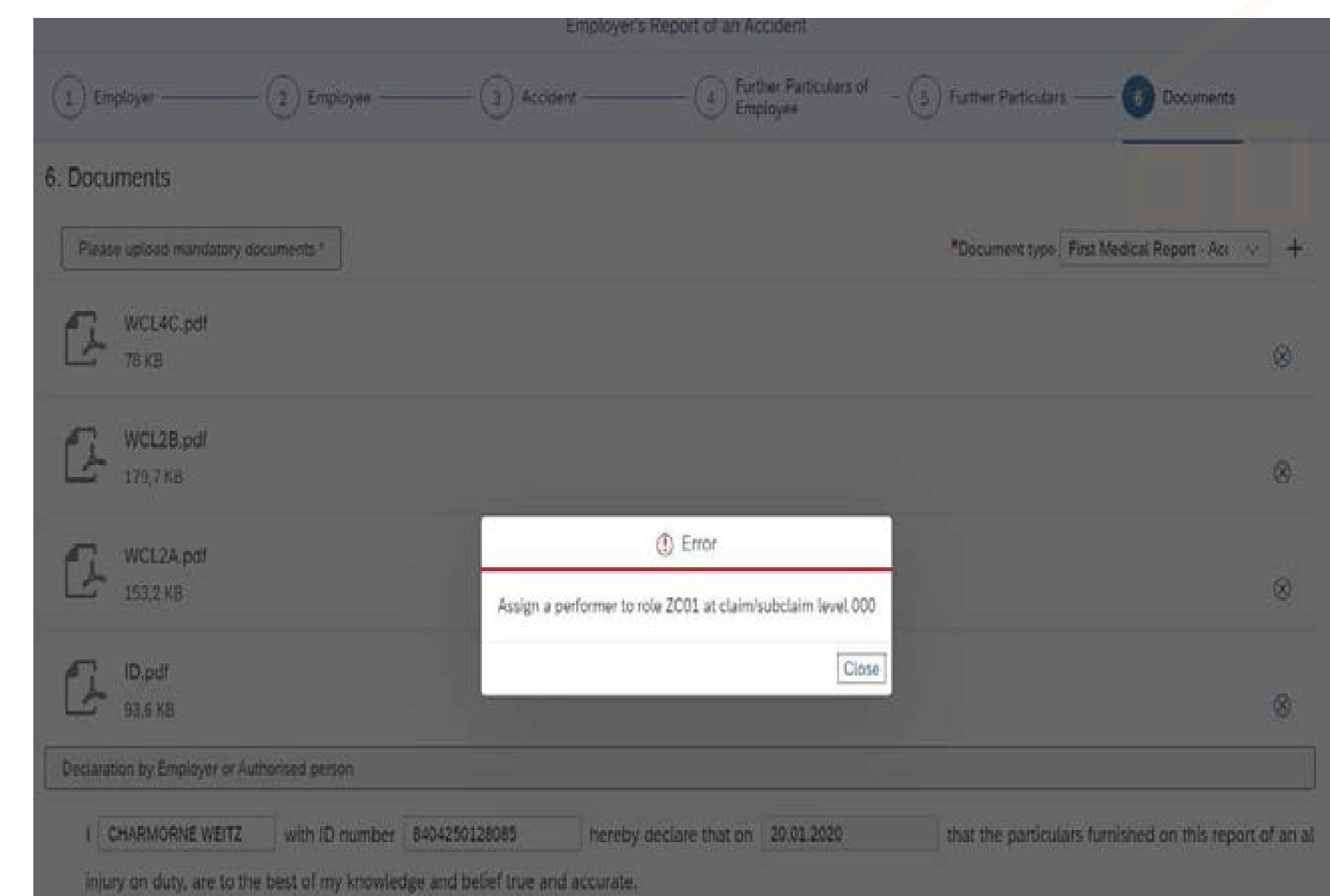


Q: When I enter the Passport number/ SA Id number/ Work permit number of an injured worker, I get an error message “Disallow claim, inform user to contact Customer Services”. What do I do?

A: Your registration request is awaiting approval; please wait until you receive a confirmation email informing you of the outcome of your registration within five working days

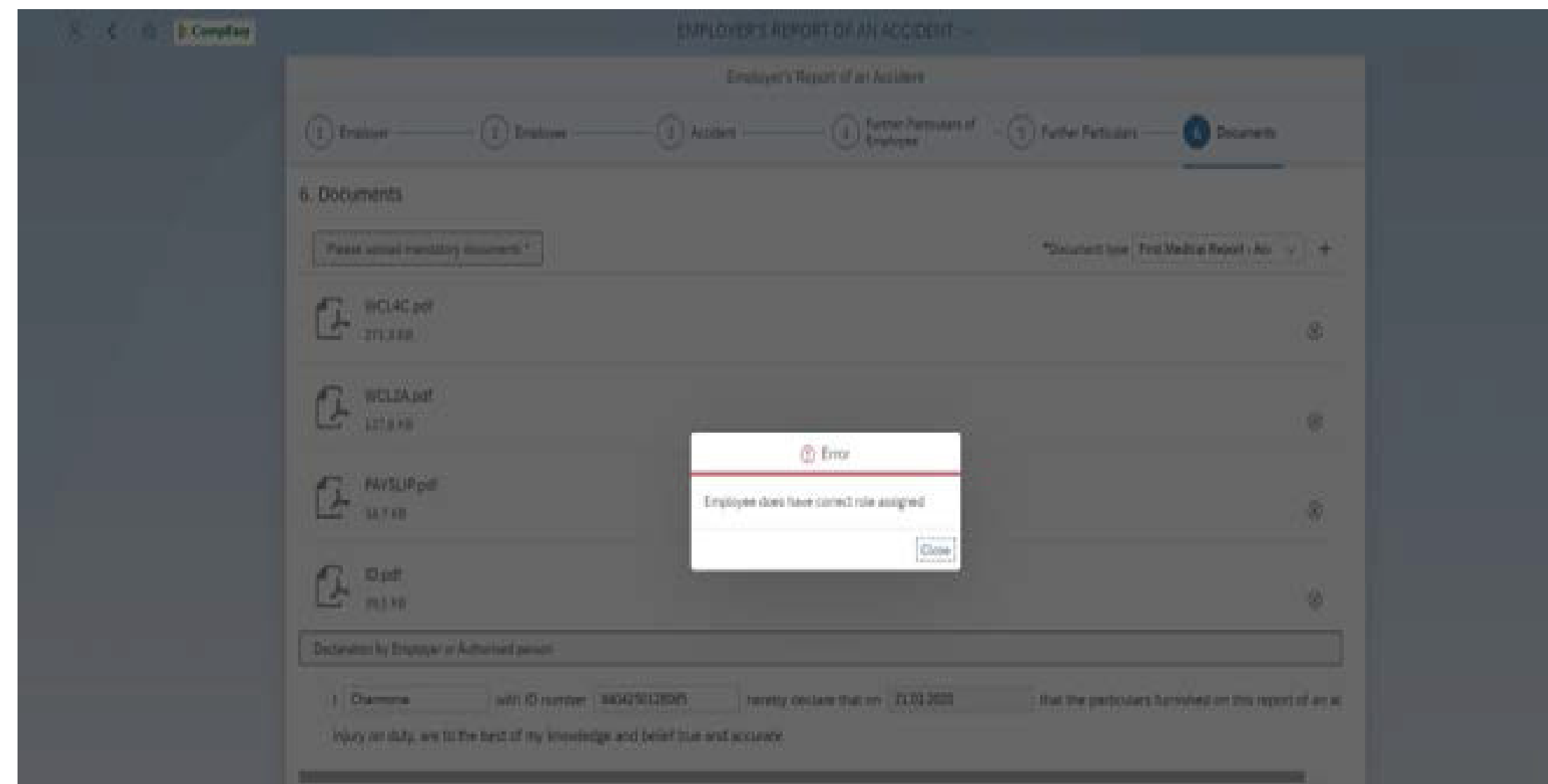


Q: What Do I Do when I get an error: “Assign a performer role Zc01 at claim/sub claim level 000” on step 6 of uploading Documents after clicking the submit button?



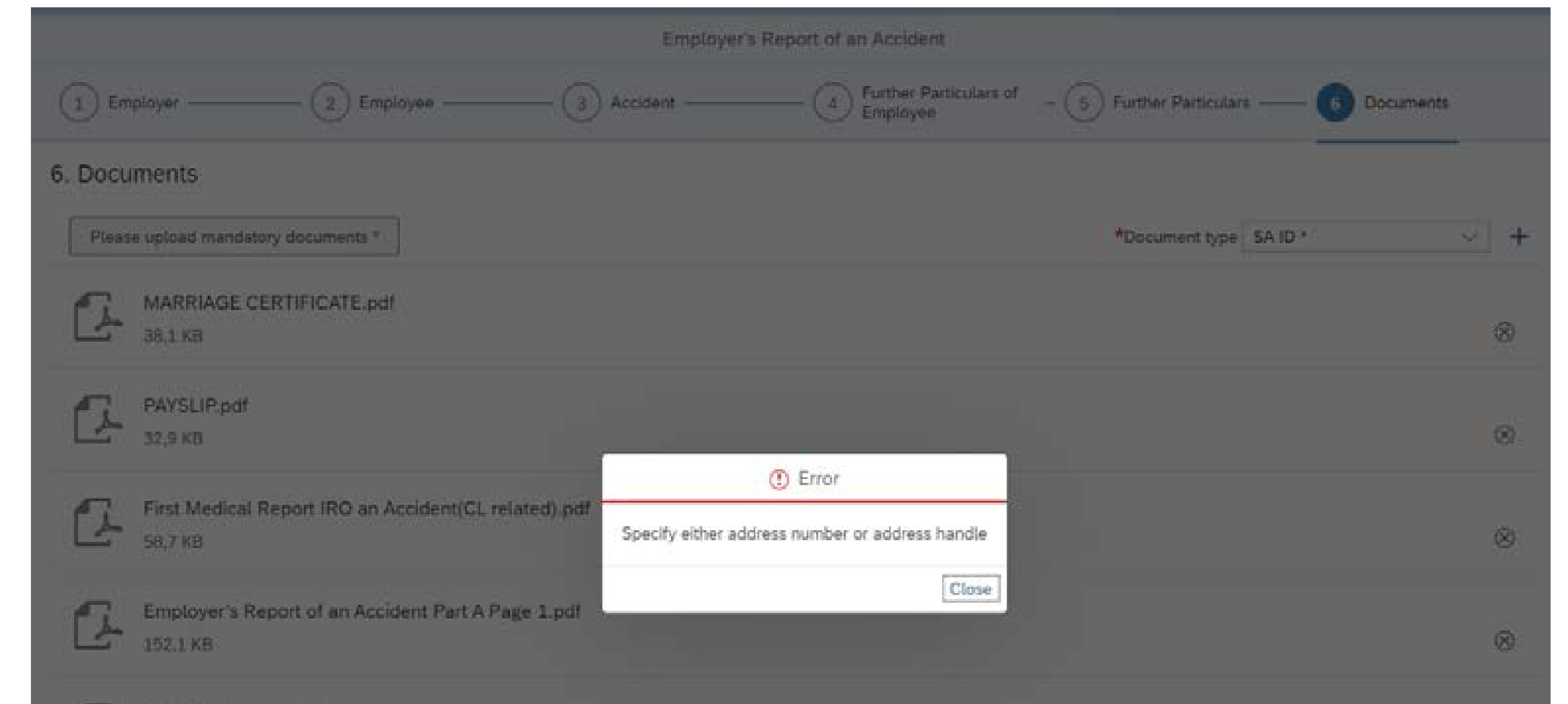
A: Submit ID number of the user capturing the claim to CompEasySupport@labour.gov.za

Q: When clicking the submit button I get the error message “Employee does have correct role assigned”. what do I do?

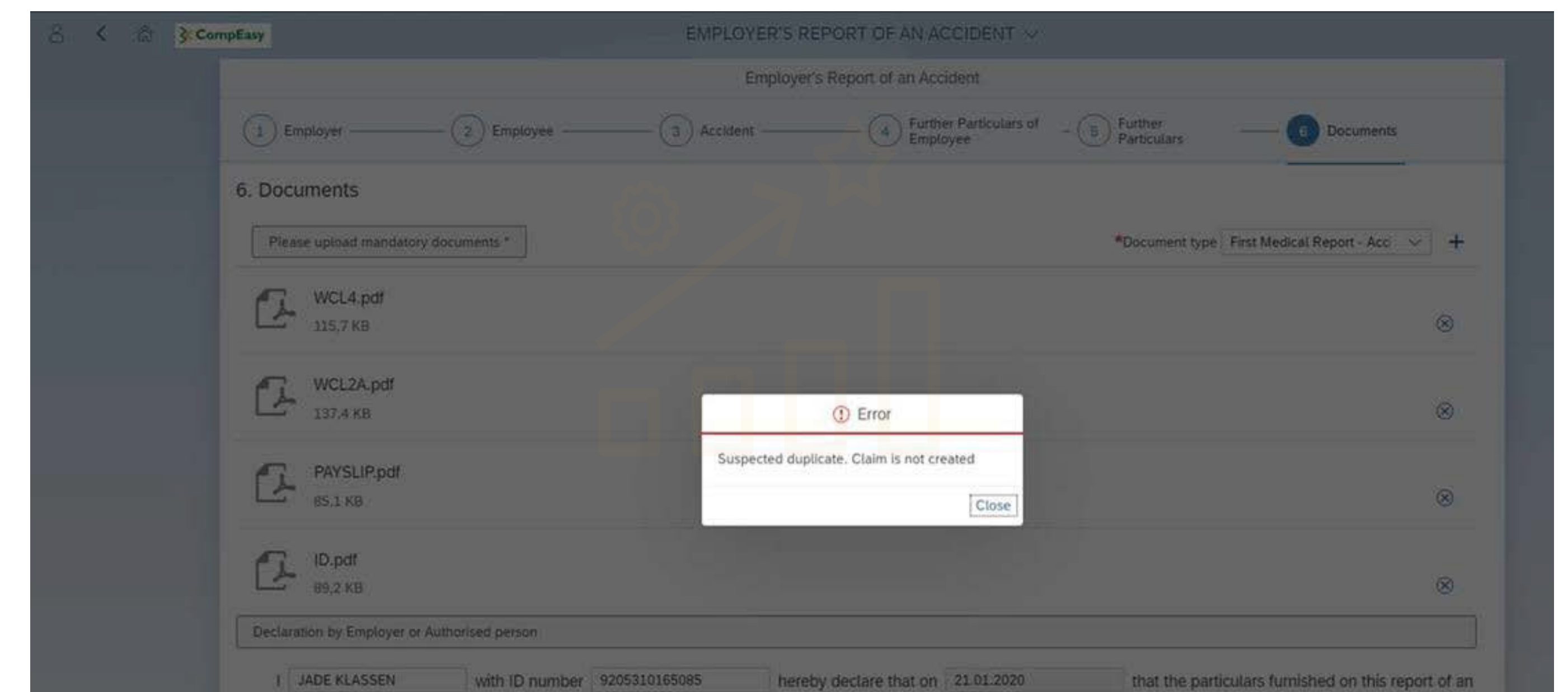


A: Submit ID number of the user capturing the claim to CompEasySupport@labour.gov.za with the screenshot of the error message

Q: What do I do when I get an error message “Specify either address number or address handle” when attempting to submit the claim?



A: Submit ID number of the user capturing a claim and employer contract account number (CF registration number 99000...) to CompEasysupport@labour.gov.za with the screenshot of the error message.



Q: What do I do when I get the error message “Suspected duplicate claim”.

A: Send the screenshot of the error to CompEasySupport@labour.gov.za to log a call.

Q: What do I do when I get the error message “The CF contract is incomplete please contact customer care”

A: Submit ID number of the user capturing the claim to CompEasySupport@labour.gov.za with the screenshot of the error message

Q: What do I do when I get the error message “The claim is RMA liability”

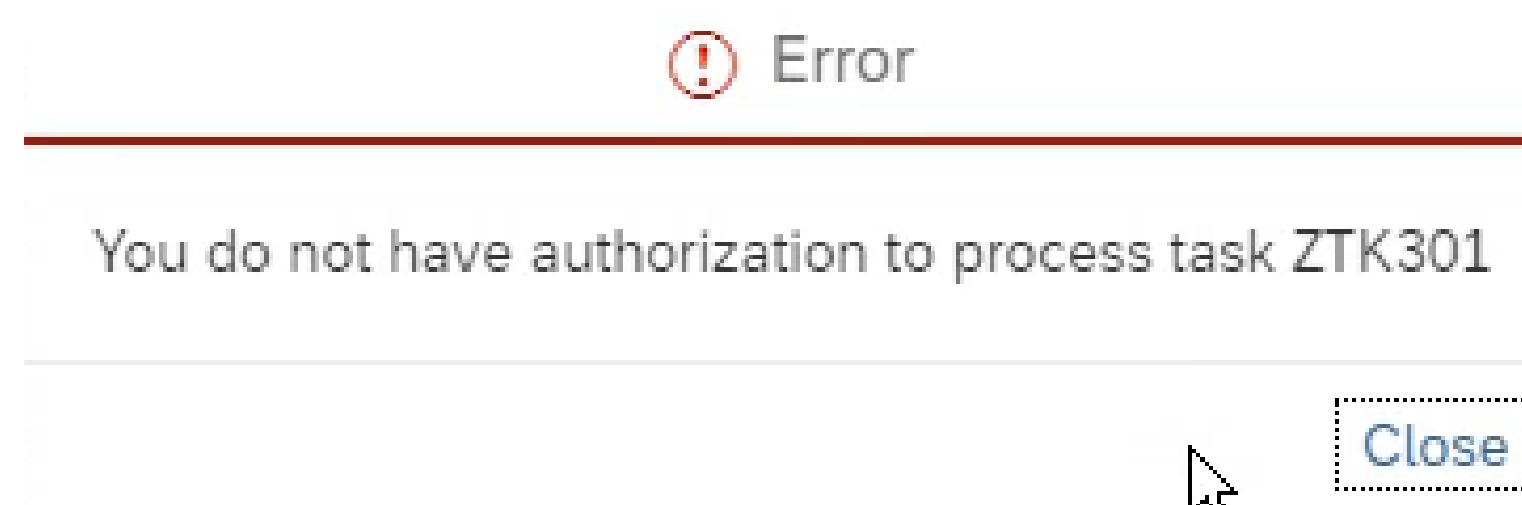
A: The employer is registered with Compensation Fund however the return of earnings and claims are submitted to Rand Mutual Association, a licensed independent organisation, please contact RMA: 0860 222 132.

Q: What do I do when I get the error message “The CF contract is cancelled?”

A: Call the call centre on 0860105350 to check if the company is still registered and active.

Or send an email to CompEasySupport@labour.gov.za and provide Screenshots.

Q: What do I do when I get an error, upon submission of the medical report: “You do not have Authorisation to process task ZTK301”?

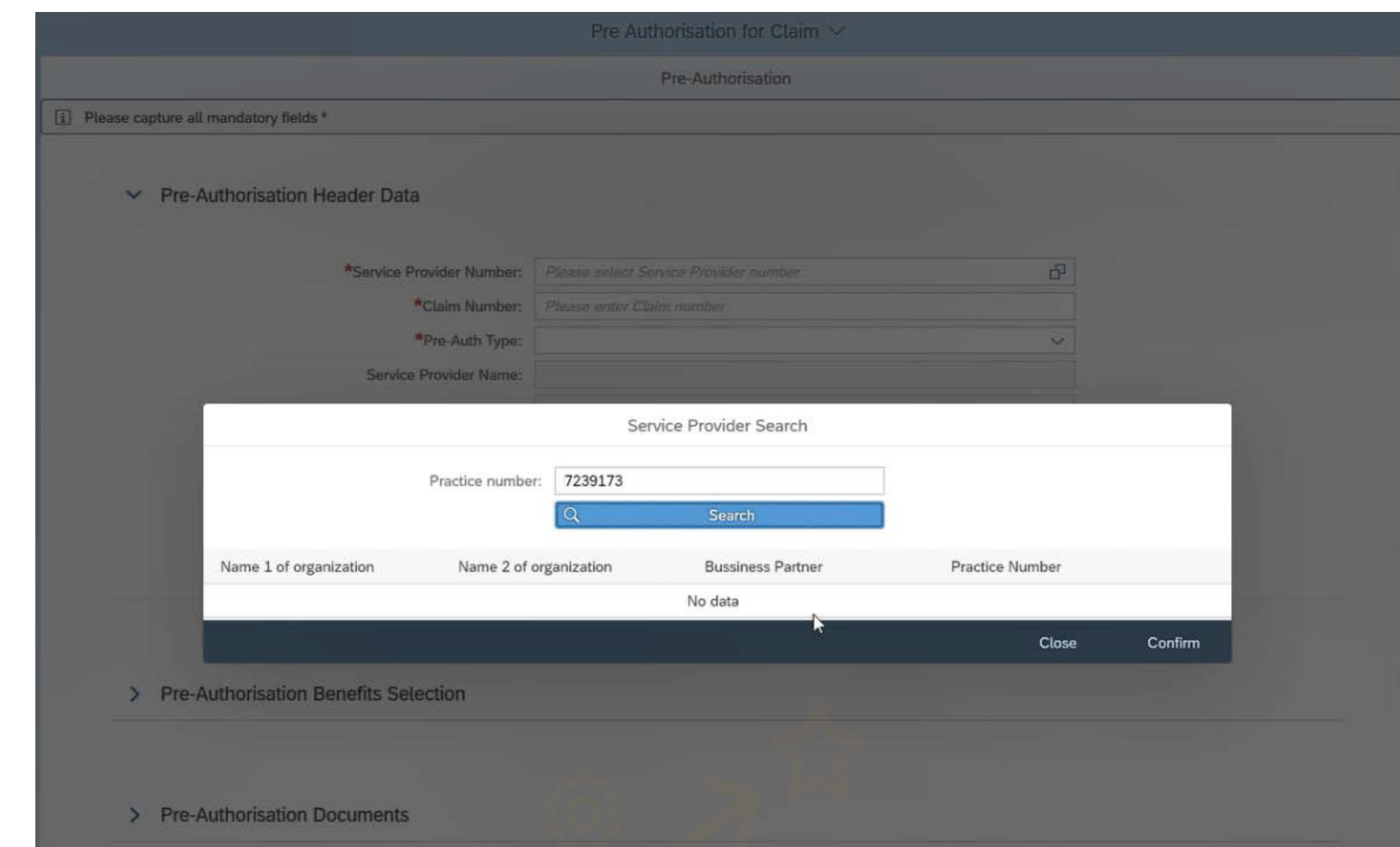


A: ZTK 301: Capture compensation items is a task assigned to compensation benefit administrators. If you are not a compensation benefit administration performer and attempt to complete the task via Authorisation you will get the error disallowing you from completing the task

Q: What do I: “When I cannot view submitted medical reports” on a claim ?

A: External users can search for a claim and view documents that are attached to the claim on the DOCUMENTS tab.

Q: When attempting to complete a pre-Authorisation request, the Service Provider search does not return any results. What do I do: “When I cannot submit a pre-Authorisation request”?

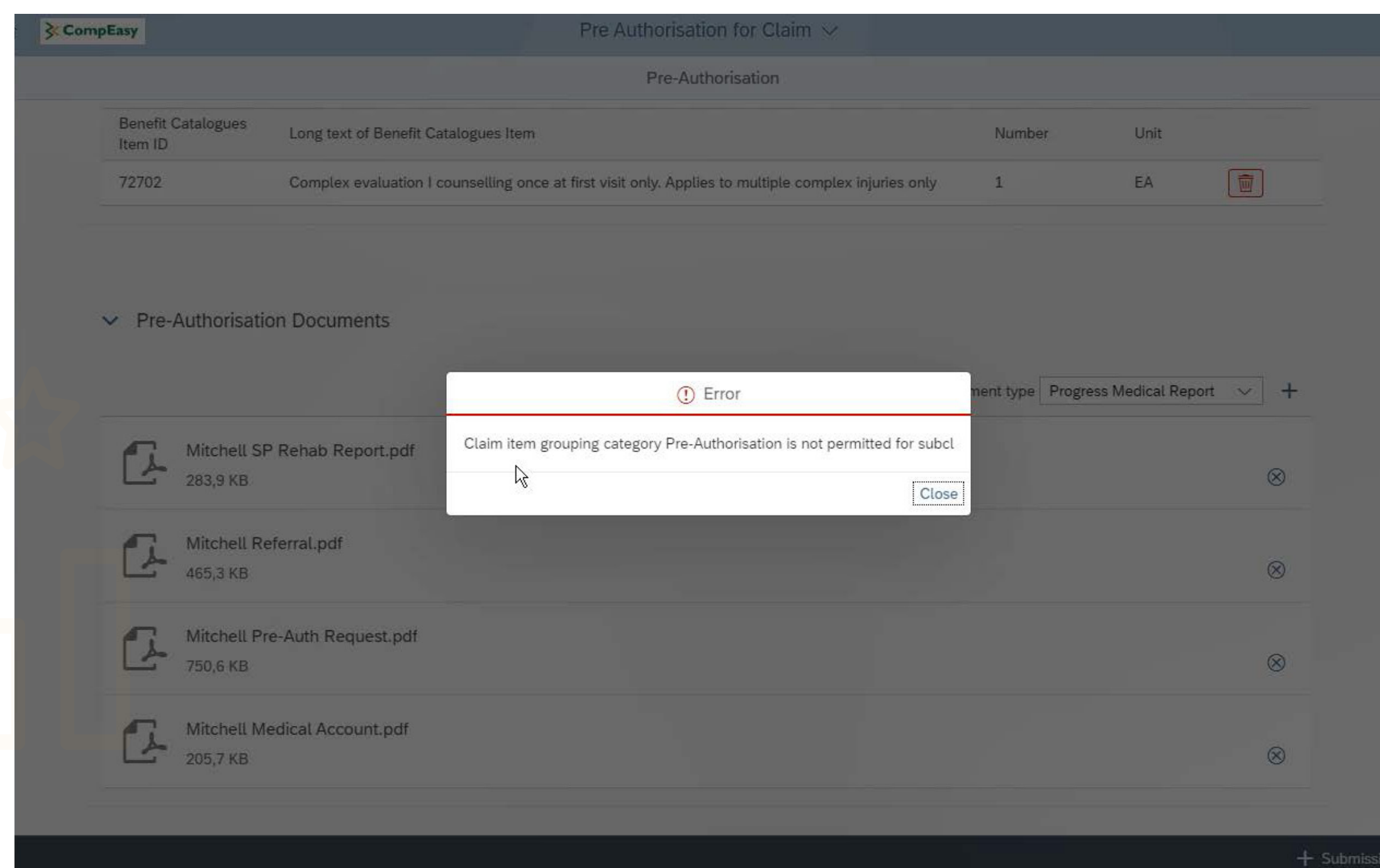


A: The Medical Service Provider (MSP) cannot complete the Pre-Authorisation due to a number of reasons, which are:

- i) The MSP may not have the user group: EXT_MSP (External MSP) maintained in his profile.
- ii) Once MSPs have been granted Authorisations and linked to BP, the search will yield result details.

Q:What does it mean and what do I do when I get an error: “Claim item grouping category Pre-Authorisation is not permitted for subclaim”?

A:At the top left corner of your screen there is a little Person/Profile icon. Click on the icon to have a view of your tiles in a list form.

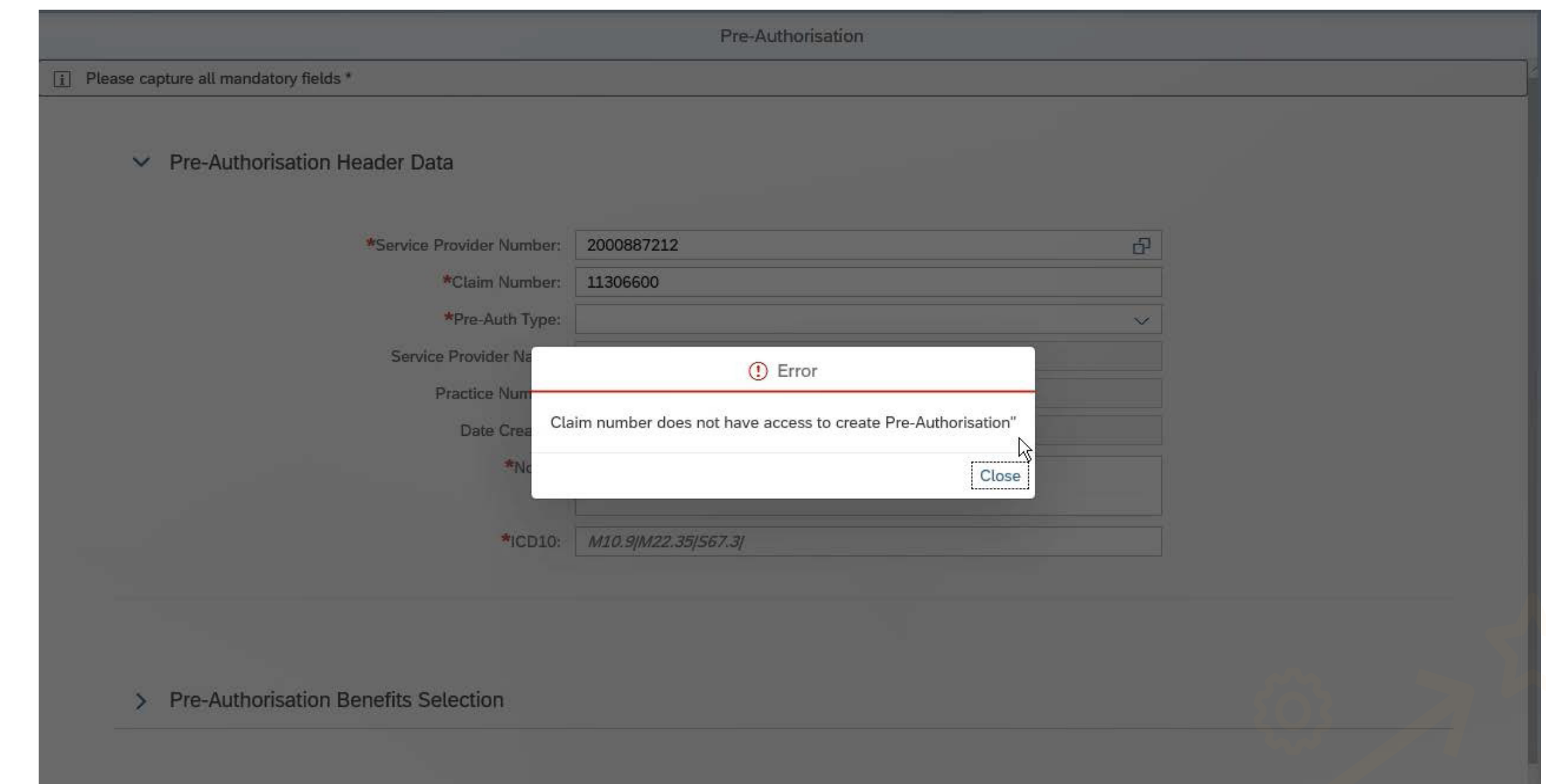


A: The Medical Service Provider (MSP) Authorisation roles do not have the following:

- i) Claims Prescription Create Change
- ii) Claims Prescription Create
- iii) Claims Prescription Display
- iv) Claims Sub-Claim Type Medical & Category Pre-Auth
- v) Category 1 is the claim item grouping for Pre-Authorisation.
- vi) Once it is assigned to the MSP, it will now be possible to capture the pre-authorisation request.

- vii)The claim status might be ‘No Liability Accepted’. A Pre-Authorisation request will only be created if the status of the claim is Liability Accepted.

Q: What does it mean and what do I do when I get an error: “Claim number does not have access to create Pre-Authorisation”?



A: This error occurs when;

- The claim status is “No Liability Accepted”. A Pre-Authorisation request will only be created if the status of the claim is “Liability Accepted”.
- Any other status: e.g. New claim in adjudication, under investigation the error message.

Go to Claim Display application to see status of the claim.

Q: What do I do when I get: “Incomplete Benefit Catalogue”?

Benefit Catalogue Item	Description	Benefit Catalogue	Ben Type
0001	Un-cancelled appointments, not reimbursed by CF	ZCF08	CF2000
0006	After hours treatment	ZCF08	CF2000
0013	Travelling fee	ZCF08	CF2000
0014	In hospital of Nursing facility treatment	ZCF08	CF2000
0136	Special medical examination requested by the Compensation Commissioner	ZCF08	CF2000
72305	Bed exercises / passive movements.	ZCF08	CF2000
72305	Simple treatment for one condition/injury of one treatment technique	ZCF08	CF2000
72305	Bed exercises / passive movements.	ZCF08	CF2000
72501	Rehabilitation first 30 minutes, where the pathology requires the undivided attention of the physiot	ZCF08	CF2000
72503	Also includes spinal rehabilitation (cannot be charged for bed exercises / passive movements only)	ZCF08	CF2000
72509	Should be medically motivated for e.g. complicated condition. This code can only be claimed once per	ZCF08	CF2000
72509	There should be a clear indication and motivation and Should be medically motivated for e.g. complic	ZCF08	CF2000
72509	Should be medically motivated for e.g. complicated condition. This code can only be claimed once per	ZCF08	CF2000
72701	Applies to simple evaluation once at first visit only. It should not be used for each condition. A t	ZCF08	CF2000
72702	Complex evaluation I counselling once at first visit only. Applies to multiple complex injuries only	ZCF08	CF2000
72702	Complex evaluation once at first visit only. Applies to complex evaluation once at first visit only.	ZCF08	CF2000
72702	Complex evaluation I counselling once at first visit only. Applies to multiple complex injuries only	ZCF08	CF2000

A: The MSP practice number link to Benefit Catalogue, and the Benefit Catalogue will automatically default onto the ALV grid.

The practice number might not have tariff codes linked to it

The User must contact CompEasySupport@labour.gov.za with the screenshot of the error message.

Q: What do I do when : “ I get a message no data found”?

Claim Status

Claim Number Search :

Claim Number:

Previous Claim Number:

(OR) Employee Name Search :

Surname:

First name:

(OR) Employee ID Search :

Employee ID Type: ID Number Passport Work permit

Number:

(OR) Date Range Search :

Date of Loss From: To:

Claim Number Labour centre Prev Claim Number Employer Name Employee Name Date of Loss Claim Type Claim

A: Medical Service Providers (MSPs) can search and view claims created for their organization.

Third Parties can view claims created for their respected MSPs and employer.

Note: If no No Data found it means there is no claims information.

Q: What does it mean and what do I do when I get the rejection message: “Please separate the registration per Provinces.

Organisation Name	CF Registration No	Healthcare Practice No	Address	User Category	Date Registered	Status	Rejection Reason
KNIGHT R		8700478	23 PICKERING STREET NEWTON PARK EC 6055	THP	2019-10-28	Approved	
BASANI MARINE PTY LTD	990000385474		0000 Main Road St Helena Bay WC 8001	EMP	2020-03-04	New Request	
TOMIS ABATTOIR & FRESH MEAT WHOLESALERS	990000470836		0000 VORENTOE WELLINGTON WC 7654	EMP	2020-03-04	New Request	
KIMBERLEY COLD STORAGE PTY LTD	990000064858		0000 CARLSTEIN STREET KIMBERLEY NC 8300	EMP	2020-03-04	New Request	
S S G SECURITY SOLUTIONS (PTY) LTD	990000372264		128 OAK AVENUE HIGHVELD CENTURION GP 0157	EMP	2020-03-04	New Request	USER REGISTRATION APPROVED
NEWSHELF 1262 PTY LTD	990000851007		0000 CNR MAIN REEF HOUTKAPPER ST Roodepoort GP 1724	EMP	2020-03-04	Rejected	Please separate the registration per Provinces. We only register for Gauteng not any other Provinces

The rejection from the CF is incorrect for the following reasons.

- i) The employer is based in Gauteng as per proof of address uploaded on CompEasy.
- ii) The system does not request the user to select a province during the request process.

A: When users link themselves to various organizations they must provide and attach all required documents to each organization they want to be linked to.

The User must contact CompEasySupport@labour.gov.za with the screenshot of the error message required documents to each organization they want to be linked to.

Q: What do I do when I receive access to View Invoice Tile: “But I am unable to view any information for a selected Service Provider”?

A: Submit ID number to CompEasySupport@labour.gov.za with the screenshot of the error for resolution.

Q: What do I do when I get invoice rejection reason on an Invoice Verification Report (IVR), for switched invoices: “PreAuthorisaton Number 0 is not valid”?

23478	PreAuthorisation Number 0 is not valid.
23479	PreAuthorisation Number 0 is not valid.
23480	PreAuthorisation Number 0 is not valid.

A: The rejection is caused by the “0” captured on the Pre_Auth field, the system validates this field and it takes the “0” as a numeric character which tends to be an invalid Pre-authorization Number. The field must either be left blank or be populated with a valid entry of Pre-authorization Number in the following format: Claim/sub-claim/procurement no.

Below is an example of a Pre-authorization Number that led to the rejection reason

The screenshot shows the SAP interface for an invoice. On the left, a tree view shows the document structure with 'ZINVOICE' selected. The main area displays 'Short Technical Information' with fields for Direction (2), Current Status (51), Basic type (ZICLCLM_INVOICE01), Extension, Message Type (ZICLCLM_INVOICE), Partner No. (SWITCH_HSE), Partn.Type (LS), and Port (SAPXPI). Below this, the 'Content of Selected Segment' is shown as a table:

Fld Name	Fld Cont.
PDOCCATTYPE	Z2
DATASOURCE	02
ZZBATCH_NO	2460
ZZBATCH_DATE	20200325
DIAGNOSTIC_CODES	Z08.9
PREAUTH_NO	0

The 'PREAUTH_NO' field value '0' is highlighted with a red rectangular box.

Q: What do I do when I get the error “Claim 12345678 is locked by user 00000”?

The screenshot shows a claim details form with the following fields: Service Provider Number (2000870952), Claim number (11060189), Type of Report (Progress Medical Report), Service provider name (SEBOLA H S), Practice number (0455512), Date of consultation (11.09.2019), Date of loss (11.01.2019), Date of report (12.09.2019), Date of return to work (dd.MM.yyyy), Notes (Retinal detachment with retinal br...), ICD10 (H33.0(S05.8)(W20.82)), Document type (Progress Medical Report - Accident WCL5), and Period Date from (11.09.2019). An error dialog box is overlaid on the form, displaying the message: "Error: Claim 11060189 is locked by user 10542256".

A: Only one user can work on a claim at any given time. User need check later if a claim is released by the other user.

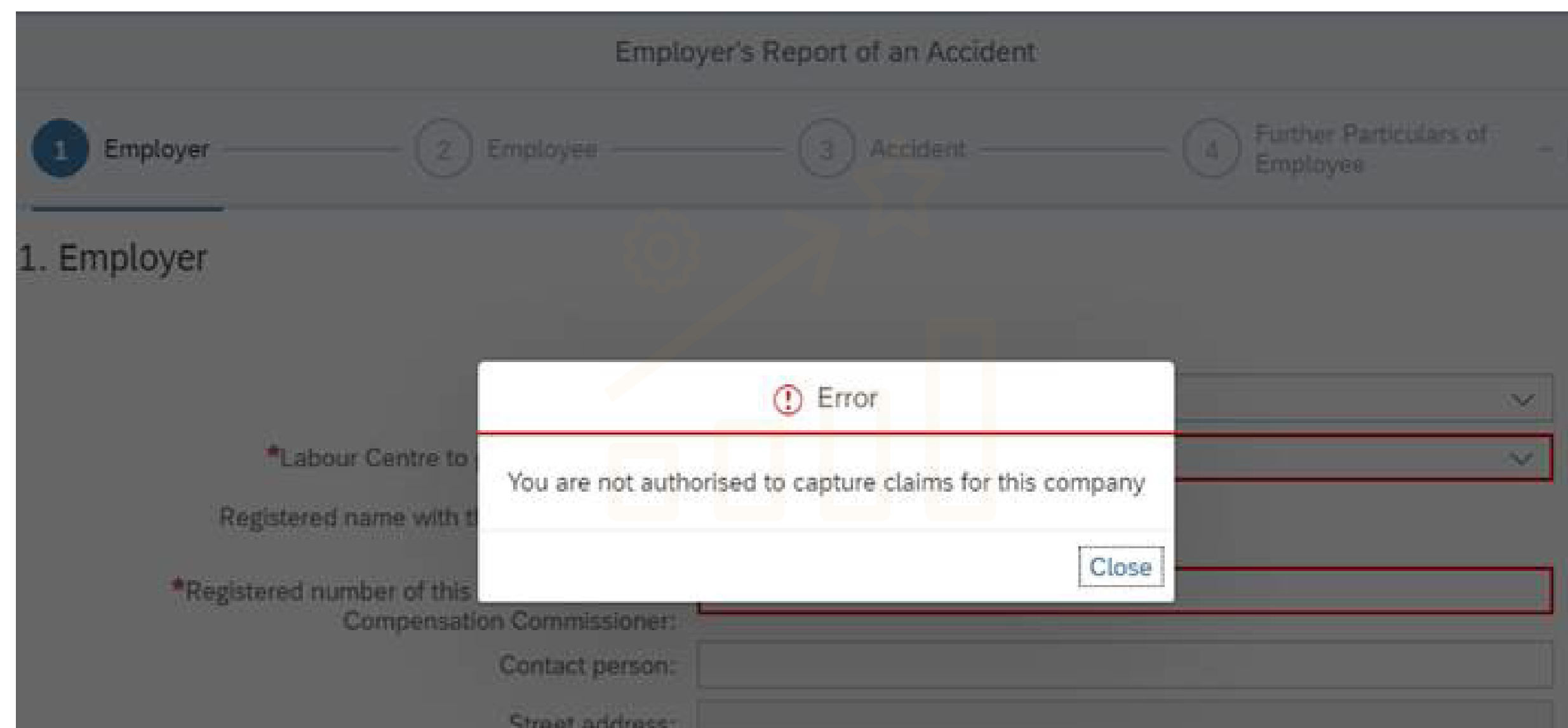


Q: What do I do when I get an error: “You are not authorized to capture claims for this company” when I have been linked and approved for the same company?

<input type="radio"/>	D & E STEEL PTY LTD	990000064311	WIMBLEDON STREET CAPE TOWN	EMP	2020-04-02	New Request	approved
			WC 7579				
<input type="radio"/>	PLATOON TRADE 7 INVEST 83	990000593331	0000 CNR STRAND WIMBLEYDON ROAD KULLS RIVER	EMP	2020-04-02	New Request	approved
			WC 7580				
<input type="radio"/>	D AND E WESKUS STAAL	990001167020	0000 PROSES STREET VREDENBURG	EMP	2020-04-02	New Request	approved
			WC 7380				
<input type="radio"/>	AGRI STEEL SA CC	990000708619	0000 VORSTER AVENUE CAPE TOWN	EMP	2020-04-03	New Request	APPROVED
			WC 7780				
<input type="radio"/>	D AND E POST TEN	990001175306	0000 OLD MAIN ROAD CROYDON CAPE TOWN	EMP	2020-04-03	New Request	Approved
			WC 7130				
<input type="radio"/>	D AND E STEEL	990001190003	C/O VAN RIEBEECK WIMBLEDON ROADS KULLS RIVER	EMP	2020-04-01	Approved	Approved
			WC 7580				



Compensation Fund
WORKING FOR YOU



SERVICE BOOK

A: Submit ID number of the user capturing the claim to CompEasySupport@labour.gov.za with the screenshot of the error message



Call centre number: 0860 105 350

Report Fraud and Corruption:

Hotline number: 0800 234 432

Email: cf-fraud@thehotline.co.za

SMS: 30916

FAX2MAIL: 086 726 1681

WEBSITE: www.thehotline.co.za