



2nd Floor Oxford & Glenhove, 114 Oxford Rd, Houghton Estate, 2198 - Private Bag 87109, Houghton, 2041
Tel: (011) 359 4300 - Fax: (011) 359 4302 - info@fema.co.za - www.fema.co.za

EMPLOYER RETURN of EARNINGS

COIDA - Section 82

Employers must submit to FEM a Return of Earnings form, certified as correct, **by no later than 31 March** each year. The Return of Earnings statement must reflect the total amount of earnings (up to the maximum) paid by the employer to its employees during the period with effect from 01 March of the immediate preceding year up to and including the last day of February of the following year.

1. **Herewith the revised ERoE form.**
2. **Please complete and return to our office before 31 March.**
3. **Please read the "Important Information and Guidelines" before completing this form.**
4. **The failure to submit a Return of Earning in the prescribed time and the subsequent non-payment of the assessed premium by **30 June could result in cancellation of any Merit Rebate Due****

The following forms are attached for completion and information. Please return the completed forms - Schedules 1 to 4 (a) - to FEM before 31 March.

I. Audit Confirmation request	Schedule 1
II. Broad Based BEE Ownership Verification Requirements	Schedule 2
III. Changes to the Employer details and General Information	Schedule 3
IV. Employer's Return of Earnings	Schedule 4
V. Employer's Return of Earnings / Notes and Certification	Schedule 4 (a)
VI. Important Information and Guidelines	Schedule 5 and 5 (a)

NOTE: FEM is in the early investigation stages of various options in respect of new products. Possible new products we are investigating include:

- A separate top-up product to cater for the gap in benefits between the wage ceiling and the actual wage.
- Separate cover on the same basis as COID for local and foreign workers that are not currently covered under COID

Should you have any suggestions for other related products, please do not hesitate to call your local FEM office

NOTE: If you require assistance in this regard please contact FEM Underwriting Office.
Kindly forward the completed return to the contact below.

RA'EESAH ABED (011) 359 4320 raesaab@fema.co.za Fax To Email (011) 359 4395





Schedule No : 1

AUDIT CONFIRMATION

Date :

Policy Name : _____
Policy No : _____

FEM operates in terms of the Compensation for Occupational Injuries and Diseases Act (COIDA) and a very strict licence from the Department of Labour. We are governed by the Act and our licence, we therefore have to abide by the terms and conditions at all times.

As part of FEM's internal audit requirements, we have been requested to obtain confirmation of the figures submitted on the Employer's Return of Earnings forms subject to relevant maximum wage and confirmation of the Nature of Business.

1. **Actual Earnings confirmation to be attached to the Employer Return of Earnings form.
Please attach a letter (on the relevant letterhead) from your Auditors or Accountant (whichever is applicable) confirming the Actual Earnings for the period.**

2. **Please confirm the Nature of Business.
The Nature of Business is now a field on the Employer Return of Earnings and we will not be able to proceed with the assessment until this field is completed.**

Please note that failure to attach the above information could result in a delayed assessment and could result in the forfeiture of any Merit Rebate due.

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Schedule No : 2

BROAD BASED BEE OWNERSHIP VERIFICATION

Date:

Policy Name : _____

Policy No : _____

**Broad Based BEE Ownership Verification Requirements for THE FEDERATED EMPLOYERS
MUTUAL ASSURANCE COMPANY (RF) PTY LTD**

As our policyholder, we require your assistance in attaining as favourable and accurate a BB BEE score as possible.

Part of the verification will require the ownership information of FEM's policyholders.

Please provide us with your current verified BB BEE accreditation certificate, or the following information (on a letterhead):

1. **The percentage of black ownership in the company**
2. **The percentage of black women in the company**
3. **The percentage held by Designated people**

This information will be used to calculate FEM's BEE ownership score.

Please return this information with your Employer Return of Earnings form.

*** Please ignore if submitted in the past 3 months.**

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Schedule No : 3

CHANGE of COMPANY CONTACT DETAILS / GENERAL INFORMATON

Policy Name : _____
Policy No : _____

Date: _____

Part 1: EMPLOYER PARTICULARS

1.1 Name of Employer

1.2 Type of business -

1.3 Company / CC

1.4 Postal Address

1.5 **Directors (Names, ID Numbers and Inception Date)**
Attach a separate page if necessary

1.6 Physical address

1.7 Underwriting contact person

Name
Telephone No.
Fax number
Cell number
E-mail address

1.8 Claims contact person

Name
Telephone No.
Fax number
Cell number
E-mail address

CC PTY LTD PTN JV TR SP Other
Close Corporation Proprietary Limited Partnership Joint venture Trust Sole proprietor

1.9 **Nature of Business** _____ **(Mandatory)**

1.10 **Allocation Split Note:**

1. Only allowed if employees exceed 100
2. Maximum split of 2 classes
3. Minimum 20 % per class
4. Total % of splits to equal 100%

	Previous year actuals	Current year estimates		Previous year actuals	Current year estimates
Civil Engineering			Plumbing		
General Building over 12.2 metres high			Erection of steel structures		
General Building under 12.2 metres high			Other (Specify)		

1.11 Particulars of bank account: _____

1.12 Member of: (circle) SAFCEC / MBA / ECA / NHBRC/ OTHER (Please specify) _____

1.13 BBBEE COMPLIANT: **yes (Please attach certificate) / no / exempt (Please attach a letter from your auditors)**





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Schedule No : 4

EMPLOYER RETURN of EARNINGS

Policy Name : _____
Policy No : _____

Date:

Please refer to Information and Guidelines (Schedule 5) before completing this section

PART 2 Please declare Earnings of All: Permanent, Temporary and Casual employees / Employees of unregistered Sub-contractors / Employees working outside the Republic of South Africa.

If Sub-Contractors are included attach a separate page if required

ACTUAL EARNINGS PAID FOR THE PERIOD

EMPLOYEES

2.1 Total earnings paid to employees who earned below the Maximum (excluding Directors / Members)	Average No. of employees		Total Earnings
	<input type="text"/>		<input type="text"/>
2.2 Total earnings paid to employees who earned above the Maximum (excluding Directors / Members) Only declare maximum per employee	Average No. of employees	Maximum	Total Earnings
	<input type="text"/>	X <input type="text" value="R355,752.00"/>	<input type="text"/>

DIRECTORS

2.3 Total earnings paid to Directors / Members who earned below the Maximum	No. of Directors		Total Earnings
	<input type="text"/>		<input type="text"/>
2.4 Total earnings paid to Directors / Members who earned above the Maximum Only declare maximum per Director	No. of Directors	Maximum	Total Earnings
	<input type="text"/>	X <input type="text" value="R355,752.00"/>	<input type="text"/>
2.5 TOTAL AMOUNT(2.1 + 2.2 + 2.3 + 2.4)	<input type="text"/>		<input type="text"/>

ESTIMATED EARNINGS TO BE PAID FOR THE PERIOD

EMPLOYEES

2.6 Total earnings to be paid to employees who earn below the Maximum (excluding Directors / Members)	Average No. of employees		Total Earnings
	<input type="text"/>		<input type="text"/>
2.7 Total earnings to be paid to employees who earn above the Maximum (excluding Directors / Members) Only declare maximum per employee	Average No. of employees	Maximum	Total Earnings
	<input type="text"/>	X <input type="text" value="R377,097.00"/>	<input type="text"/>

DIRECTORS

2.8 Total earnings to be paid to Directors / Members who earn below the Maximum	No. of Directors		Total Earnings
	<input type="text"/>		<input type="text"/>
2.9 Total earnings to be paid to Directors / Members who earn above the Maximum Only declare maximum per Director	No. of Directors	Maximum	Total Earnings
	<input type="text"/>	X <input type="text" value="R 377,097.00"/>	<input type="text"/>
2.10 TOTAL AMOUNT(2.6 + 2.7 + 2.8 + 2.9)	<input type="text"/>		<input type="text"/>





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Schedule No : 4

EMPLOYER RETURN of EARNINGS

Policy Name : _____
Policy No : _____

Date: _____

NOTES IN RESPECT OF SCHEDULE 4 / CERTIFICATION of DECLARATION

1. Calculation of Actual Earnings
 - The Maximum wage for the period 1 March to end February the following year is calculated
 - If Earnings are **below** the Maximum:
Declare actual earning for each employee
 - If Earnings are **above** the Maximum:
Declare the Maximum (as stipulated) for each employee
2. Calculation of Estimated Earnings
 - The Maximum wage for the period 1 March to end February the following year is calculated
 - If Earnings are **below** the Maximum:
Declare actual earning for each employee
 - If Earnings are **above** the Maximum:
Declare the Maximum (as stipulated) for each employee
3. To determine the average number of employees for one month - add the number of employees (as defined on schedule 5) employed for each of the twelve months and divide the total by 12 (rounded up or down)
4. Please provide a reason if the Number of Employees and / or the Total Earnings paid decreases / increases by more than 25 % in comparison to the previous period.

Actuals _____

Estimates _____

NOTE

The failure to submit a Return of Earnings in the prescribed time **could result in the cancellation of any Merit Rebate due.**

I hereby CERTIFY that the particulars as declared on Schedules 3 and 4 are true and correct.

Name _____

Position _____

Date ____/____/____

SIGNATURE

5. Please help us to improve our service by rating your service experience for the past year.

Poor	Less than satisfactory	Meets expectations	Good	Excellent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Feel free to leave any additional comments _____





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Schedule No : 5

IMPORTANT INFORMATION and GUIDELINES

Policy Name : _____
Policy No : _____

Date:

NOTE The failure to submit a Return of Earnings in the prescribed time and the subsequent non-payment of the assessed premium by 30 June could result in the cancellation of any Merit Rebate due.

1.1 EMPLOYEES

"Employee" means 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 includes :

1. Any person in your employ (irrespective of earnings) including:
 - a. All working directors of a company or Members of a Close Corporation.
 - b. Site personnel including casual labour.
 - c. All clerical / Administration staff.

Irrespective of age, race, gender, whether employed permanently or temporarily and whether the wages / salaries are calculated to time worked or work done.

2. The employees of a (Sub) Contractor / employer without proven Compensation cover are deemed to be the employees of the (Mandator) Main Contractor and all their earnings must be included in Part 2 of Schedule 4.
3. A person provided by a Labour Broker, against payment to the Labour Broker for the rendering of a service or performance of work and for which work or service such person is paid by the Labour Broker, is an employee of the Labour Broker. The earnings of such persons should not be included in your Employer Return of Earnings.

1.2 EARNINGS

Earnings are all payments made regularly, before any deductions, whether in money or in kind to employees.

INCLUDED in the Gross Earnings are:

1. Overtime that is of a regular nature.
2. Bonuses of a regular nature e.g. (Annual Bonus).
3. Commission of a regular nature.
4. The cash value of food and quarters provided to employees as part of their remuneration package.
5. Cash value of fringe benefits - company car, accommodation, reduced rates etc.
6. Where the employee is remunerated in accordance with a package of benefits.
7. Earnings / Drawings paid to working Directors of a Company or Members of a Close Corporation.

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Schedule No : 5 (a)

IMPORTANT INFORMATION and GUIDELINES

Policy Name : _____
Policy No : _____

Date:

EXCLUDED from the Gross Earnings are:

1. Payments of a reimbursive nature.
2. Occasional Overtime.
3. Ex-Gratia payments.
4. Intangible fringe benefits such as the taxable portion of employer contributions to medical aid / pension etc.
5. Payments to cover special expenses such as subsistence and travel costs, lunches etc.
6. Travel and other occasional allowance.
7. If a Director / Member's only remuneration is profit sharing, the Director / Member is not an employee in terms of COID Act.

A sole Proprietor or partners in a Partnership are not regarded as "employees" in terms of the COID Act and their earnings should therefore not be declared in the Employer Return of Earnings form.

1.3 FINAL EARNINGS

If you have ceased trading, please include the date of cessation and declare the final earnings paid to that date.

1.4 MINIMUM ASSESSMENT

In terms of Section 83.2 (b) of the COID Act, FEM has a minimum premium of R5, 000.00.

1.5 LETTER of GOOD STANDING

Please note that in terms of the OHS and COID Acts a Letter of Good Standing may only be issued by FEM provided :

- The latest Employer Return of Earnings has been received by FEM.
- Any outstanding premium has been paid in full.

Letters of Good Standing are not issued automatically and will only be issued upon request.

The Federated Employers Mutual Assurance Company (RF) Proprietary Limited shall at their own discretion institute criminal proceedings against perpetrators who unlawfully alter or deface this letter with intent to defraud or misinterpret facts contained herein.

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