

[Your Name]
[Your Address]
[City, State, ZIP Code]
[Email Address]
[Phone Number]
[Date]

[Recipient Name]
[Department/Organization Name]
[Address]
[City, State, ZIP Code]

Dear [Recipient Name],

Subject: UIF Claim Submission

I am writing to formally submit my claim for Unemployment Insurance Fund (UIF) benefits. My details are as follows:

- **Name:** [Your Full Name]
- **ID Number:** [Your ID Number]
- **Employee Number:** [Your Employee Number, if applicable]

I am claiming UIF benefits due to the following reasons:

1. **Involuntary Termination:** I was recently laid off from my position at [Company Name] on [Last Working Day]. The company cited [reason for termination, e.g., downsizing, retrenchment] as the cause.
2. **Illness/Injury:** I have been unable to work since [date] due to [briefly explain illness/injury] and have attached the necessary medical documentation as proof.
3. **Maternity Leave:** I am currently on maternity leave, starting from [Start Date] until [End Date], and I am applying for benefits to support myself during this period.

I have attached all required documentation, including:

- Proof of employment termination [or other relevant documentation]
- Copy of my ID
- Medical certificate [if applicable]
- Other supporting documents [list any additional documents]

I appreciate your prompt attention to my claim and look forward to your positive response. Should you require any further information, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]