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Enquiries: Call Centre

Circular: 0018/2019
Expiry date: None

To: Deputy Directors-General, Chief Directors, Directors and Deputy Directors (Head Office and district offices), Circuit Managers and Heads of educational institutions and unions

Short summary: *Government Employees Housing Scheme (GEHS): Withdrawal of accumulated savings from the GEHS Individual-Linked Savings Facility (ILSF) for employees who rent homes.*

SUBJECT: WITHDRAWAL OF ACCUMULATED SAVINGS FROM THE GEHS INDIVIDUAL-LINKED SAVINGS FACILITY (ILSF) FOR EMPLOYEES WHO RENT HOMES (I.E. TENANTS)

1. Public Service Coordinating Bargaining Council (PSCBC) Resolution 7 of 2015, dated 27 May 2015, introduced a framework agreement for the establishment of a Government Employees Housing Scheme (GEHS) to promote home ownership amongst state employees.
2. **Compulsory enrolment**
 - 2.1 In terms of clause 4.1.4 of the said Resolution it is **mandatory for all employees to enrol with the GEHS should they wish to utilise the services offered through the GEHS.** Employees may enrol in one of the following ways:
 - 2.1.1 An employee may enrol online at www.gehs.gov.za.
 - 2.1.2 An employee may enrol by calling the Enrolment Call Centre at 0861 12 34 34.
 - 2.2 Should any employee want a call centre agent from the GEHS to call him/her to telephonically enrol in the scheme, the employee must provide the Directorate: Service Benefits with his/her cellular phone number.

3. The Individual-linked Savings Facility (ILSF) terms and conditions

3.1 The ILFS was established in terms of clause 4.5.6 of the said Resolution and shall be used to accumulate savings for the following employees:

3.1.1 All employees in service before 27 May 2015 and who are eligible to receive the housing allowance but do not own a house, shall continue to receive R900 per month. The difference between the total housing allowance and the R900 shall be diverted into and accumulated in an ILSF.

3.1.2 New employees entering the Public Service on or after 27 May 2015 may become eligible to receive the housing allowance if they have a rental agreement. It must be noted that the full housing allowance in respect of these new employees will be diverted into and accumulated in an ILSF.

3.2 The accumulated savings shall be held in an interest-bearing facility until such time as the employee is ready to access the funds for purposes of acquiring home-ownership, building and improving a home (clause 4.5.6.4 of the Resolution).

3.3 Should an employee's employment in the Public Service be terminated, clause 4.5.6.5 of the said Resolution provides that the full value of the accumulated savings in an ILSF can be withdrawn in the following events:

3.3.1 An employee retires or is medically boarded.

3.3.2 An employee passes away.

3.4 Should an employee's employment in the Public Service be terminated due to resignation/discharge, the full value of the accumulated savings will be forfeited.

4. Procedure to access withdrawals from the ILSF

4.1 The employee must complete and sign the attached GEHS: ILSF Employee Withdrawal Application Form and submit it, together with the required documentary proof, to the Directorate: Service Benefits at the WCED Head Office.

4.2 The documentary proof to be submitted is as follows:

4.2.1 A certified copy of the title deed, or a certified copy of the Permission to Occupy certificate, or a home loan statement from the financial institution.

4.2.2 If an employee requires his or her savings as a deposit towards purchasing a home: a copy of the letter from the transferring attorney confirming the purchase of the house.

- 4.2.3 In the event of retirement or medical boarding: a certified copy of the employee's letter to retire and the WCED's letter of approval for retirement or medical boarding.
- 4.2.4 In the event of death: a certified copy of the employee's death certificate, a certified copy of the deceased employee's ILSF beneficiary form and bank stamped account details if the account details should differ from that of the employee's salary account details.
- 5. Please bring the contents of this circular to the attention of all concerned.

SIGNED: BK SCHREUDER
HEAD: EDUCATION
DATE: 2019-04-08



GOVERNMENT EMPLOYEES HOUSING SCHEME: INDIVIDUAL-LINKED SAVINGS FACILITY (GEHS: ILSF) EMPLOYEE WITHDRAWAL APPLICATION FORM

INSTRUCTIONS	
1	Ensure that you are enrolled with the GEHS (Enrolment Call Centre: 0861 12 34 34)
2	Employees who qualify to withdraw from the GEHS: ILSF should complete this application form.
3	The full value of the accumulated savings, subject to interest earned and applicable tax, can be withdrawn only in the event that: <ul style="list-style-type: none"> 3.1 the employee becomes a home-owner; or 3.2 the employee passed on; 3.3 the employee retires or is medically boarded; or 3.4 the employee's contract expire 3.5 transfer in terms of Section 197 of the Labour Relations Act (LRA)
4	Complete and tick the boxes that apply to you.
5	Ensure that you have completed and signed the application form.
6	Attached all the required documents since lacking information may delay the finalisation of your application.
7	If you experience difficulty to complete this application form, please do not hesitate to contact your personnel office for assistance.

SECTION A: GEHS ENROLMENT			For Official Use	
Are you enrolled with the GEHS?	Yes	No	Yes	No
Printout of GEHS enrolment confirmation form attached	Yes	No	Yes	No

SECTION B: PERSONAL DETAILS			
EMPLOYEE'S DETAILS			
Surname		Initials	
Department		Component	
ID no			
PERSAL No			
Contact No	Work		
	Home		
	Cell		
SPOUSE'S DETAILS			
Surname		Initials	
ID No			
Employer			
Work address			

Contact No	Work	
	Home	
	Cell	

SECTION C: WITHDRAWAL REASON					For official use		
Reference code	Reason to withdraw GEHS: ILSF savings is-	Tick the applicable box	Proof to be attached to this application form	Tick the applicable box if proof is attached		Proof is attached	
				Yes	No	Yes	No
ILSF 1	Retirement or Medically Boarded		Certified copy of employee's letter/request to retire/ Departments letter OR				
			Certified copy of medical boarding discharge form				
ILSF 2	Death		Certified copy of death certificate AND				
			Certified copy of employee's signed nomination of beneficiary form AND				
			Bank-stamped account details if the account is different from the employee's salary account				
ILSF 3	End of contract (for contract employees)		Certified copy of letter from Department confirming end of contract and non-renewal thereof				
ILSF 4	Acquired home ownership		Certified copy of Title Deed; OR				
			Certified copy of PTO certificate; OR				
			Home loan statement from financial institution.				
ILSF 5	Savings required as deposit towards purchasing a home		Original Letter from the Transferring Attorney / a copy of the letter from the Transferring Attorney confirming the purchase of the house				
ILSF 6	Transfer to Sec 197 of the LRA		Certified copy of the transfer agreement				

SECTION D: DETAILS OF PROPERTY ACQUIRED FOR HOME OWNERSHIP							
Date of Occupancy							
The full residential address of the home is:	Province:						
	Municipality:						
	Town:						
	Suburb/Village:						
	Street Name & Number Unit Name:						
		Municipality:					
The home is/ is to be occupied by-	Tick the applicable box	Indicate the number	Proof to be attached to this application form	Tick the applicable box if attached		For Official Use	
				Yes	No	Proof is attached	
						Yes	No
Myself			A sworn affidavit				
My spouse							
My dependants							
My spouse & dependants							

SECTION E: CONFIRMATION, ACKNOWLEDGEMENT, UNDERTAKING AND DECLARATION	
<p>I the undersigned-</p> <p>(a) Confirm that the information in this application form is accurate and complete;</p> <p>(b) Confirm that by completing this withdraw form I give my consent and permission to the GEHS to verify, profile and cross check my information against other sources;</p> <p>(c) Acknowledge that I could be disqualified from the accessing the accumulated Housing Allowance savings and interest earned thereon should the information provided be false and/or inaccurate in which event the employer may institute disciplinary action and/or lay criminal charges against me; and</p> <p>(d) Undertake to inform the employer should there be any changes in my circumstance.</p>	
_____ Employee (or nominated Beneficiary) Signature	_____ Date

SECTION F: ACKNOWLEDGEMENT OF RECEIPT	
<p>I the undersigned acknowledge that I received the completed application form from the above employee to withdraw the accumulated GEHS savings, subject to interest earned and applicable tax thereon.</p>	
_____ Human Recourse Section Head or delegated authority Signature	_____ Date

FOR OFFICIAL USE ONLY

Employee PERSAL/Persol No																							
Employee name(s) and surname																							
Employee Identity document number																							

Employee qualifies to withdraw GEHS: ILSF savings	ILSF 1	ILSF 2	ILSF 3	ILSF 4	ILSF 5	ILSF6	Do not comply
The home is occupied according to the requirements in the Determination on Housing(in the case of new home-owners)	Yes		No		Do not comply		
GEHS ILSF payment to be made to	Employees salary account		Nominated Beneficiary		Do not comply		

Signature of official authorised to approve the withdrawal from the GEHS ILSF	
Name in print	
Designation	
Date	
Capture on PERSAL	