WORC
WORKFORCE OPPORTUNITIES & RESIDENCY CAYMAN
CAYMAN ISLANDS GOVERNMENT

TEMPORARY WORK PERMIT EXTENSION CHECKLIST

THIS LIST IS A SUMMARY OF GENERAL REQUIREMENTS FOR ALL APPLICANTS. WORC RESERVES THE RIGHT TO REQUEST ADDITIONAL INFORMATION OR DOCUMENTATION AS DEEMED NECESSARY.

PLEASE NOTE THAT WHEN SUBMITTING THE REQUEST FOR A TEMPORARY WORK PERMIT EXTENSION, IT MUST BE SUBMITTED ON OR BEFORE THE CURRENT TEMPORARY WORK PERMIT EXPIRES. THE SUBMISSION OF A LATE TEMPORARY WORK PERMIT EXTENSION WILL RESULT IN THE APPLICANT WORKER HAVING TO CEASE WORK IMMEDIATELY AND AWAIT THE OUTCOME OF THE APPLICATION.

- ☐ Cover letter signed by Employer with detailed summary of why the extension is required. Include employee duties & responsibilities.
- ☐ Application form duly completed signed and dated by employee and employer.
- ☐ CI$250 Non-refundable application fee, and a work permit fee which amounts to 50% of the normal annual work permit fee.
- ☐ Accommodation Form signed by Employer, Landlord, and Employee (form AC001).
- ☐ Health Insurance & Pension Supplement Form signed by the Employer and Employee (HP001).

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ACCOMMODATION SUPPLEMENT

DO NOT USE LIQUID PAPER OR CORRECTION TAPE, IF AN ERROR IS MADE CROSS OUT AND INITIAL THE CHANGE(S) OR USE A FRESH PAGE

IMPORTANT NOTE: It is a Government requirement that suitable accommodation must be available for the employee and for any dependants. Accordingly, this form must be completed in full by the Employer, attested to by the Employee and Landlord/Rental Agent, and submitted along with the Work Permit Application Form.

1. Is the prospective Employee on Island? ☐ Yes ☐ No If No, move to question 9.

2. Employee's Physical Address _____

   District _____ PO Box and KY _____ Telephone No _____

   Block and Parcel No _____

3. Type of Building ☐ Dwelling House ☐ Apartment ☐ Hotel

4. How many rooms are available for the employee and his/her family?

   Bedrooms _____ Bathrooms _____ Living Rooms _____ Kitchens _____

5. Will any of these rooms be shared with other occupants of the dwelling? ☐ Yes ☐ No
   If Yes, give details - including number of other occupants and which rooms.

   _____

6. This accommodation is ☐ Owned by the Employer ☐ Owned by the Employee ☐ Rented by the Employer ☐ Rented by the Employee

7. If Rented, what is the period of lease? _____

8. If Rented, the name and address of the Landlord/Rental Agency is _____

   (i) House No _____ (ii) Street Name _____

   (iii) District _____ (iv) PO Box and KY _____ v) Telephone _____

9. When the Employee arrives on Island to work, please advise on their proposed physical address:

I understand and agree that a representative of the Department of WORC may be required to view the premises described above at any reasonable hour of the day. I declare that the information provided above by me is true and correct and I understand and accept that if it is proven that I have made a false statement, I am liable on conviction to a fine of CI $5,000 and imprisonment for one year.

Landlord Name	Landlord Signature	Date (DD/MM/YYYY)
Employee Name	Employee Signature	Date (DD/MM/YYYY)
Primary Employer Name	Primary Employer Signature	Date (DD/MM/YYYY)

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HEALTH INSURANCE AND PENSION SUPPLEMENT TO WORK PERMIT APPLICATION (TEMP/GRANT/RENEWAL)

PLEASE DO NOT LEAVE ANY QUESTION BLANK. IF A QUESTION DOES NOT APPLY TO YOU, INSERT "NOT APPLICABLE" OR "N/A" IN THE SPACE PROVIDED.

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SUPPLEMENT - TO BE COMPLETED BY EMPLOYER AND ATTESTED TO BY THE EMPLOYEE

PENSION PLAN

In accordance with the National Pensions Act after an employee has completed 9 months of employment in the Cayman Islands, the enrollment & payment of pension contributions are mandatory.

1. Do you have a valid Pension Plan for this employee in accordance with the National Pensions Act and its current revisions?
   ☐ Yes ☐ No If Yes, proceed to Question 2. If No, proceed to the Health Insurance section.

2. What is the name of the Company and Administrator of your registered Pension Plan? **This section must be filled in its entirety. Failure to complete this section completely or accurately will result in your application being deferred for proof of good standing.*

   Company _____

   Telephone No. _____ E-Mail Address _____

   Registration No _____ Employee Pension No _____

3. Are your Company's Pension Plan contributions for this employee paid up to date? ☐ Yes ☐ No
   If No, why not? _____

HEALTH INSURANCE

In accordance with the Health Insurance Act every person, and their dependants, resident on Island must have health insurance coverage effected by their employer.

1. Do you have a valid Health Insurance Plan for this employee in accordance with the Health Insurance Act and its revisions and regulations thereunder? If No, why not? ☐ Yes ☐ No

   _____

2. What is the name of the Company and Administrator of your registered Health Insurance Plan? **This section must be filled in its entirety. Failure to complete this section completely or accurately will result in your application being deferred for proof of good standing.*

   Company _____

   Telephone No _____ E-Mail Address _____

   Employee Membership No _____ Policy No _____

3. Are your health insurance premiums for this employee paid up to date? ☐ Yes ☐ No
   If No, why not? _____

EMPLOYER'S DECLARATION:

I declare that the information given above is correct and confirm that the employee for whom the work permit is being sought is or will become a member of the above Health Insurance Plan in accordance with the Health Insurance Act and is a member or will join the above Pensions Plan in accordance with the National Pensions Act.

I understand that I will be responsible for any medical expenses incurred by the employee and their dependants in the absence of a standard health insurance contract.

I understand making a false statement or representation knowing the same to be false in accordance with the Section 66 (10) of the Caymanian Protection Act (2022 Revision), I am liable on conviction to a fine of up to CI $5,000.00 and imprisonment of one year.

Name of Employer _____

Authorized signatory for and on behalf of Employer _____
Cannot be Agency signature

Print Name _____

Date (DD/MM/YYYY) _____

EMPLOYEE'S DECLARATION:

I declare that the information given above is correct and confirm that the employer from which I seek employment has or will enrol me in the Health Insurance Plan and has or will enrol me in the above Pension Plan (unless exempted by Pensions Act).

I understand making a false statement or representation knowing the same to be false in accordance with the Caymanian Protection Act (2022 Revision), I am liable on conviction to a fine of up to CI $5,000.00 and imprisonment of one year.

Name of Employee _____

Signature _____
Cannot be Agency signature

Date (DD/MM/YYYY) _____