

TEMPORARY WORK PERMIT EXTENSION CHECKLIST

This list is a summary of general requirements for ALL applicants. The Director of WORC reserves the right to request additional information or documentation as he sees fit.

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.
- Non-refundable C\$70 application fee, and a work permit fee which amounts to 50% of the normal annual work permit fee.
- A fully completed medical declaration cover letter, must be less than one year old at date of submission.
- Accommodation Form signed by Employer, Landlord, and Employee (form AC001)
- Health Insurance & Pension Supplement Form signed by the Employer and Employee (HP001)

For Accompanying Dependants

- Child(ren):** 17 years and under:
 - 1) a certified birth certificate (first time adding)
 - 2) a letter from a local school confirming acceptance/attendance.
- Child(ren):** 18 years and older:
 - 1) A medical declaration cover letter (less than 1 year old)
 - 2) certified birth certificate (first time adding)
 - 3) signed and sealed Police Clearance certificate (less than six months old, from last place of residence)
 - 4) letter from school confirming acceptance/attendance (required annually).
- Spouse/Civil Partner:**
 - 1) a medical declaration cover letter (less than 1 year old)
 - 2) certified copy of marriage/civil partnership certificate (first time adding)
 - 3) signed and sealed Police Clearance certificate (less than six months old, from last place of residence)
 - 4) Affidavit (AF66-10) to be completed if applying under Section 66(10)
- Income and expense report (where combined monthly salary falls below C\$3,500)



Accommodation Supplement

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.

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

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

2. Employee's Physical Address

District _____ PO Box and KY _____ Telephone _____

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 accommodation:

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.

Print Landlord Name

Landlord Signature

Date (dd/mmm/yyyy)

Print Employee Name

Primary Employee Signature

Date (dd/mmm/yyyy)

Print Primary Employer Name

Primary Employer Signature

Date (dd/mmm/yyyy)



Health Insurance and Pension - Supplement To Work Permit Application (Temp/Grant/Renewal)

Questions relating to the Provision of Pension Benefits and Health Insurance

Supplement - To Be Completed By Employer and Attested To By The Employee

PENSION PLAN

In accordance with the National Pensions Law 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 Law and its current revisions? Yes No

If No, please explain? _____

2. What is the name of the Company and Administrator of your registered Pension Plan?

Company	_____	Telephone No	_____
E-Mail Address	_____	Employee Pension No	_____
Registration 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 Law 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 Law and its revisions and regulations thereunder? Yes No

If No, why not? _____

2. What is the name of the Company and Administrator of your registered Health Insurance Plan?

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 Law and is a member or will join the above Pensions Plan in accordance with the National Pensions Law.

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 Immigration (Transition) Law, 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/MMM/YY) _____

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 Law).

I understand making a false statement or representation knowing the same to be false in accordance with the Immigration (Transition) Law, 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 or Employer

Date (DD/MMM/YY) _____