



# WORC

WORKFORCE OPPORTUNITIES & RESIDENCY CAYMAN  
CAYMAN ISLANDS GOVERNMENT

## WORKING BY OPERATION OF THE LAW APPLICATION

This application should be addressed to: The Director of WORC, P.O. Box 1098, Grand Cayman KY1-102, CAYMAN ISLANDS.

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.

**NOTES:** (i) Refer to the checklist accompanying this form for additional documents required to process this application. (ii) Use a separate sheet of paper where necessary. (iii) Retain a copy of all applications and attachments you provide WORC. (iv) If the employer is a company; all communication will be sent to the contact information associated with the company's Trade & Business License as held by the Department of Commerce and Investment.

### PART1: TO BE COMPLETED BY EMPLOYEE

File/Worker Ref No. (if known) \_\_\_\_\_

1. Surname (Last Name) \_\_\_\_\_ Maiden Name \_\_\_\_\_ Given Names (First Names) \_\_\_\_\_

2. Nationality \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender Male Female

3. Passport No. \_\_\_\_\_ Date of Issue \_\_\_\_\_ Place of Issue \_\_\_\_\_ Date of Expiry \_\_\_\_\_

4. Any other names known by \_\_\_\_\_ Personal E-Mail \_\_\_\_\_

5. Physical Address \_\_\_\_\_

District \_\_\_\_\_ P.O. Box & KY \_\_\_\_\_ Telephone \_\_\_\_\_

6. Have you, or any dependant accompanying you, ever been charged or convicted of a criminal offence in any country? Yes No  
If yes, please provide details of ALL offences.

Nature of Offence	Date	Location	Verdict of Sentence
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Term Limit Date \_\_\_\_\_ Are you presently in good health? Yes No

8. Particulars of any dependant(s) previously approved on work permit or final work Permit

Name	Date of Birth	Nationality	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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## EMPLOYEE'S DECLARATION:

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. By signing below I also understand and accept that if this application is approved any and all conditions contained in the Work Permit must be complied with.

In accordance with Section 56(4)(b) of The Immigration (Transition) Act 2021, I hereby agree to submit to being Fingerprinted/Palm-printed for the purpose of identity verification and criminal checks domestically and internationally.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date (DD/MM/YYYY)

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. USE SEPARATE SHEET OF PAPER IF NECESSARY.

## PART 2: TO BE COMPLETED BY EMPLOYER

1. Name of Business/Company Employer \_\_\_\_\_

Name of Individual (Personal) Employer

\_\_\_\_\_  
 Surname (Last Name)

\_\_\_\_\_  
 Maiden Name

\_\_\_\_\_  
 Given Names (First Names)

2. Nationality \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender Male Female

3. Address \_\_\_\_\_

District \_\_\_\_\_ P.O. Box & KY \_\_\_\_\_ E-Mail \_\_\_\_\_

Telephone - Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

4. Occupation to be filled \_\_\_\_\_

5. How much is the worker receiving in salary or wages? \_\_\_\_\_ per day per week per month

6. State under which Law this business is licensed to operate \_\_\_\_\_

7. Trade & Business number, if applicable \_\_\_\_\_

**Name and contact information of additional employer if being shared**

(should have been previously approved by Director of WORC or the Board when work permit was in effect)

8. Additional Employer Name \_\_\_\_\_

9. Address \_\_\_\_\_

District \_\_\_\_\_ P.O. Box & KY \_\_\_\_\_ Telephone - Work \_\_\_\_\_ Cell \_\_\_\_\_

Please select the appropriate option below:

I am awaiting a decision on a work permit refusal from the Immigration Appeals Tribunal

I am awaiting a decision on a Specialist Caregiver application

I am awaiting a Judicial Review

Please specify date Appeal Filed: \_\_\_\_\_

**Notes:**

- A worker awaiting the decision from the Immigration Appeals Tribunal on his work permit refusal is not entitled to work beyond the date of his term limit.
- An employee awaiting the decision of a work permit refusal appeal must remain with the same employer in the same occupation as stated on his last work permit.

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. USE SEPARATE SHEET OF PAPER IF NECESSARY.

## DECLARATION:

I declare that the information contained in this application to be correct to the best of my knowledge and belief and I am aware that it is a criminal offence to make a statement or representation that is false in a material fact which I know to be false or do not believe to be true.

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Signature of Employer

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Date (DD/MM/YYYY)

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Signature of Additional Employer (if applicable)

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Date (DD/MM/YYYY)

## Questions relating to the Provision of Pension Benefits and Health Insurance

**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. USE SEPARATE SHEET OF PAPER IF NECESSARY.**

### 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, why not? \_\_\_\_\_

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, please explain? \_\_\_\_\_

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

# 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. USE SEPARATE SHEET OF PAPER IF NECESSARY.**

**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 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/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 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/MMM/YY) \_\_\_\_\_

**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 deemed necessary.**

**Application forms duly completed, signed and dated by employee and employer.**

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.

**Cover letter** signed by Employer with detailed summary of why the Working by Operation of Law permit is required.

**Correct fee** - (a) \$150 where the annual work permit application fee is \$2,100 or less, (b) \$250 where the annual work permit fee is between \$2,101 - \$10,400, or (c) \$500 where the annual work permit fee is more than \$10,400 and 50% of annual work permit fee (6 months)

**Proof of enrollment in a pension plan**

**Proof of enrollment in a health insurance plan**

**Medical declaration cover letter** - may be no older than one year old at date of submission

**A copy of the appeal fee receipt** (where an appeal has been filed)

**Signed and sealed, Police Clearance certificate** - less than 6 months old