



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.

PART 1 - To Be Completed By Employee

File/Worker Ref No. (if known) _____

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1. Surname (Last Name) _____	Maiden Name _____	Given Names (First Names) _____
2. Nationality _____	3. Date of Birth <u>DD/MM/YY</u>	4. Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
5. Passport number _____	6. Date of Issue <u>DD/MM/YY</u>	7. Place of Issue _____
8. Date of Expiry <u>DD/MM/YY</u>	9. Any other names known by _____	
10. Personal Email _____		

11. Address _____

12. District _____ 13. PO Box and KY _____ 14. Telephone: _____

15. 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 and Sentence
_____	<u>DD/MM/YY</u>	_____	_____
_____	<u>DD/MM/YY</u>	_____	_____
_____	<u>DD/MM/YY</u>	_____	_____

16. Term Limit Date _____ 17. Are you presently in good health? Yes No

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

Name	Date of Birth	Nationality	Relationship
_____	<u>DD/MM/YY</u>	_____	_____
_____	<u>DD/MM/YY</u>	_____	_____
_____	<u>DD/MM/YY</u>	_____	_____

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 being Fingerprinted/Palm-printed for the purpose of identity verification and criminal checks domestically and internationally.

Signature of Employee

Date (DD/MM/YY)

PART 2 - To Be Completed By Employer

1a. Name of Business/Company Employer _____

1b. Name of Individual (Personal) Employer

2. Surname (Last Name) _____ Maiden Name _____ Given Names (First Names) _____

3. Nationality _____ Date of Birth DD/MM/YY Gender: Male Female

4. Address _____

5. District _____ PO Box and KY _____ E-Mail _____

6. Telephone - Work _____ Home _____ Cell _____

7. Occupation to be filled _____

8. How much is the worker receiving in salary or wages? _____ per day per week per month

9. State under which Law this business is licensed to operate _____

10. 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)

11. Additional Employer Name _____

12. Address _____

13. District _____ PO Box and KY _____

14. 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: _____
 Date (DD/MM/YY)

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.

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

Signature of Employer _____

Date _____
 (DD/MM/YY)

Signature of Additional Employer (if applicable) _____

Date _____
 (DD/MM/YY)



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, 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 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, 2018, 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, 2018, 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)

WORKING BY OPERATION OF LAW - 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 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**: C1\$100 application fee 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