

## TEMPORARY WORK PERMIT EXTENSION CHECKLIST

This list is a summary of general requirements for ALL applicants. The Chief Immigration Officer 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.

- Original Cover letter signed by Employer with detailed summary of why the work permit is required. Include employee duties & responsibilities - original signature required.
- Non-refundable CI\$70 application fee, and a work permit fee which amounts to 50% of the normal annual work permit fee.
- A fully completed **medical questionnaire**, with doctor's signature & stamp, including original HIV/VDRL lab report, must be less than six months old at date of submission. (Applicants from Jamaica, Haiti, Dominican Republic, Honduras & Nicaragua will be required to **retake** HIV/VDRL when in the Cayman Islands.)
- Copy of T&B license (or other appropriate business license) for business employers, where the **Trade & Business licence** has expired, a copy of the receipt of payment for the renewal from employer
- 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)**: An original medical questionnaire (if application is for a period over 3 months, and child over 18 years of age), a notarised birth certificate, a letter from a private school confirming registration and attendance.
- Spouse**: An original medical questionnaire (if application is for period over 3 months), a certified marriage license, a notarized birth certificate, original signed and sealed Police Clearance certificate - less than six months old, from last place of residence



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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.

1. Name of Employee \_\_\_\_\_

2. Name of Employer \_\_\_\_\_

3. Is the perspective Employee on Island? Yes  No  If No, move to question 11.

4. Employee's Physical Address \_\_\_\_\_

District \_\_\_\_\_ PO Box and KY \_\_\_\_\_ Telephone \_\_\_\_\_

Block and Parcel No \_\_\_\_\_ - \_\_\_\_\_

5. Type of Building Dwelling House  Apartment  Hotel

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

Bedrooms \_\_\_\_\_ Bathrooms \_\_\_\_\_ Living Rooms \_\_\_\_\_ Kitchens \_\_\_\_\_

7. 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

\_\_\_\_\_

8. This accommodation is Owned by the Employer  Owned by the Employee  Rented by the Employer  Rented by the Employee

9. If Rented, what is the period of lease? \_\_\_\_\_

10. 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 \_\_\_\_\_

11. 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 Immigration 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 Primary Employer Name \_\_\_\_\_ Primary Employer Signature \_\_\_\_\_ Date (dd/mmm/yyyy) DD/MMM/YY  
Original Signature required, may be Agency Signature if Agency authorised to sign by Employer

Print Employee Name \_\_\_\_\_ Employee Signature \_\_\_\_\_ Date (dd/mmm/yyyy) DD/MMM/YY  
Original signature required, cannot be Agency signature

Print Owner/Landlord/Rental Agent Name (if any) \_\_\_\_\_ Owner/Landlord/Rental Agent (if private dwelling) \_\_\_\_\_ Date (dd/mmm/yyyy) DD/MMM/YY  
\*Must be signed if Applicant is on Island Original Signature required



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, 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 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

Original Signature of Employer Required!, cannot be Agency signature

Print Name

Date (DD/MMM/YY)

D/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 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

Original Signature of Employee Required!, cannot be Agency signature or Employer

Date (DD/MMM/YY)

D/MMM/YY