



# HEALTH INSURANCE COMMISSION

## CERTIFICATE OF COMPLIANCE – HEALTH INSURANCE

### Guidance Notes for Form M

Use this form if you are applying for:

- |  |   |  |
|--|---|--|
| ▪ Trade & Business License                     | ▪ Work Permit Grant Renewal (Grand Cayman)                        | ▪ BSP – Work Permit Grant                    |
| ▪ Trade & Business License Renewal             | ▪ Grant of Work Permit (Cayman Brac and Little Cayman)            | ▪ BSP – Work Permit Renewal                  |
| ▪ Temporary Work Permit Application            | ▪ Renewal of Grant of Work Permit (Cayman Brac and Little Cayman) | ▪ Special Economic Zone Work Permit          |
| ▪ Temporary Work Permit Renewal                | ▪ Residency Certificate for Persons of Independent Means          | ▪ Permanent Resident Annual Declaration Form |
| ▪ Work Permit Grant Application (Grand Cayman) |   | ▪ Government Tenders                         |

Keep these notes until you have received your Certificate of Compliance – Health Insurance from your Health Insurance Company (Approved Insurer).

### Definitions:

- *Employee*: any individual who enters into or works under a contract of employment with an employer whether the contract be oral or written, express or implied, and the term includes a person whose services have been interrupted by a suspension of work during a period of leave or temporary lay-off.
- *Employer*: any person who has entered into a contract of employment with an employee, and includes any agent, representative or manager of such person who is placed in authority over an employee.
- *Insured person*: any person, group, or organization for whom or for which cover is provided by an approved insurer under the terms and conditions of a contract of health insurance.

### Requirements:

To obtain a Certificate of Compliance – Health Insurance, please ensure that you have done the following:

- I. Complete Section A of the Certificate of Compliance – Health Insurance Form in its entirety and present the completed form to your “Approved Insurer”.
- II. Ensure that all of your employees (including domestic workers, in a private home and those classified as legal residents working in these islands), are enrolled in a health insurance plan from an “Approved Insurer”.
- III. Under Section A, please note that the certificate will not be accepted as complete if an agency or other representative acting on behalf of the employer provides the authorized signature.
- IV. Confirm that you have read, understood and signed the Employer Declaration, which is further detailed below:

*We, the undersigned declare that the information given above is correct and confirm that the health insurance policy is current and in accordance with Section 5 of the Health Insurance Law (2013 Revision).*

*We also understand that making a false statement or representation, knowing the same to be false, is an offence under the Immigration Law, Labour Law, Trade & Business Licence Law, and will be subject to penalty including a fine and if upon summary conviction, may result in an imprisonment.*

- V. Under Section B, please ensure that your Certificate of Compliance Form has the signature and official date stamp of the “Approved Insurer” (it will not be accepted as complete if a health insurance agent or broker provides the authorized signature and/or stamp).

Last revised on 02-FEB-2016

Note: Please retain a copy of the signed form for your records. Submit the original to the Immigration Department, Department of Commerce and Investment, or other appropriate government agency.



# HEALTH INSURANCE COMMISSION

## CERTIFICATE OF COMPLIANCE – HEALTH INSURANCE

### Section A – To be completed by Employer

Name of Employer: \_\_\_\_\_ T/A \_\_\_\_\_

Name of Approved Insurer \_\_\_\_\_

Employee	Policy Number	Certificate Number	Effective Date

\*Continue on a separate sheet if necessary

### Employer's Declaration:

We, \_\_\_\_\_, declare that the above-stated information provided is correct and to the best of our knowledge and belief. We are aware that it is a criminal offence to make a statement or representation that is false in a material fact which we know to be false or do not believe to be true.

\_\_\_\_\_  
Print Name of Employer/Principal

\_\_\_\_\_  
Authorized Signature  
(Signature of an agency or other  
representative acting on behalf  
of the employer will **not** be accepted)

\_\_\_\_\_  
Date

### Section B – To be completed by Approved Insurer

We, \_\_\_\_\_ confirm that the health insurance premiums are paid in full for the above-stated insured person(s) in agreement with our Company's records, as at the time of this document being completed and signed by us.

\_\_\_\_\_  
Print Name of Approved Insurer

\_\_\_\_\_  
Authorized Signature  
(of Approved Insurer)

\_\_\_\_\_  
Date

Official Date  
Stamp of  
Approved  
Insurer

FOR OFFICIAL USE:

Received By:

Date:

2-Feb-16