Department of
Labour & Pensions
Cayman Islands Government

Submit To:
Department of Labour & Pensions
2nd Floor Midtown Plaza, #273 Elgin Avenue
P.O. Box 2182, Grand Cayman KY1-1105
Ph: 945-8960 | Email: dlp@gov.ky

Pensions Non-Compliance Report/Complaint Form

(To be completed in ink and using block capitals and signed & witnesssed.)

Employer Information

1. a. Business Name:_____

   b. Employer Name: _____

   c. Employer's Contact Person: _____ d. Phone: _____

   e. Mailing Address: _____

   f. Physical Address: _____ g. Email Address: _____

2. Name of Pension Plan: _____

Employee Information

3. Last Name: _____ First Name: _____ Middle Initial: _____
4. Mailing Address: _____

   a. Cell/Home Ph: _____ b. Email Address: _____

5. Date of Birth: _____
6. a. Start date of employment relating to this complaint: _____ b. End date: _____

7. Did you file a complaint with our office before? ☐ Yes ☐ No

If yes, briefly provide the details of your previous complaint and state whether or not it was resolved satisfactorily.

_____

_____

_____

Important Notice: The Department of Labour & Pensions (DLP) enforces the National Pensions Act (2012 Revision) (the "Act") and engages with employers and employees to prevent breaches of this Act by providing the necessary information and training to both parties in accordance of this Act. The information collected from an employer or an employee is derived from the completion of this document, which will not be shared with any other external persons and/or organizations. However, the information provided may be shared with the employer of an employee who has authorized the sharing of such information or requests a further investigation to be completed by the DLP. The information collected from this enquiry will be stored in DLP's secure database and used in investigations authorised by the provider and will be archived at the conclusion of the matter as per the National Archive and Public Records Act. Please visit www.dlp.gov.ky to read our Privacy Notice. To learn more about how we process your personal data or exercise your rights under the Data Protection Act (2021 Revision), please contact Leticia Goring, Data Protection Leader at Leticia.Goring@gov.ky, and Ava-Marie Parkinson, Deputy Data Protection Leader, at Ava-Marie.Parkinson2@gov.ky accordingly.

Evidence:

11. a. Do you have any payroll slips? ☐ Yes ☐ No *If yes, please attach your original payroll slips. If not available today, please bring them in within one week. This information is critical to support your report.*

b. In which currency were you paid? ☐ CI$ ☐ US$

c. How were you paid? (*Please select the appropriate box.)* ☐ Cash ☐ Cheque ☐ Direct Deposit

d. How often were you paid? *(Please select the appropriate box below.)*

☐ Weekly ☐ Bi-Weekly ☐ Monthly

☐ Other, please specify: _____ Total Salary $: _____

12. Are you leaving the island? ☐ Yes ☐ No

a. If yes, please indicate how long you will be off island: _____ No.of days:_____

b. Please indicate when you will be leaving the island: _____

c. Please provide your forwarding address below. ***NOTE:*** *Failure to respond to correspondence from this office within six (6) months, will be recorded as your no longer having an interest in pursuing an interest in this claim. It is imperative that you maintain any forwarding address or contact information up-to-date upon any changes occurring.*

Forwarding address: _____

d. New Contact Number: _____ e. Email Address: _____

I, _____, declare that the information given above is provided by me voluntarily and is to the best of my knowledge and belief to be correct.

Signed: _____ Name in BLOCK CAPITAL LETTERS: _____

Date: _____

For Office Use Only

Witness Name: _____ Witness Signature: _____

Date: _____

Seen by Deputy Director – Pensions: _____

Signature: _____

Pensions Compliance Checklist

(Please tick the appropriate boxes below and provide the following documents within one week to our office.

Important Documents

☐ Pay Slips File #_____

☐ Employment Contracts

☐ Copies of cheques and/or bank statements

☐ Pension statements

☐ Correspondence (e.g. Letters, Email, Fax)

☐ Copies of work permit documents and/or work permit stamp

☐ Valid Identification (e.g. Driver's License or Passport)

☐ List of Employees, including their immigration status (Caymanians/Permit Holders) and employment start dates

☐ Other, please specify: _____

SPO Signature _____ Date (dd/mm/yyyy) _____

Pensions Compliance Checklist

(Please tick the appropriate boxes below and provide the following documents within one week to our office.)

Important Documents

☐ Pay Slips File #_____

☐ Employment Contracts

☐ Copies of cheques and/or bank statements

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☐ Correspondence (e.g. Letters, Email, Fax)

☐ Copies of work permit documents and/or work permit stamp

☐ Valid Identification (e.g. Driver's License or Passport)

☐ List of Employees, including their immigration status (Caymanians/Permit Holders) and employment start dates

☐ Other, please specify:_____

SPO Signature _____ Date (dd/mm/yyyy) _____

8. a. Are you a Caymanian or Status Holder? ☐ Yes ☐ No If yes, go to Question 9

b. Is this your first work permit on the island? ☐ Yes ☐ No

c. Date of first work permit if after January 1999 (dd/mm/yyyy): _____

9. Nature of Complaint *(Please circle the appropriate letter(s) below that best describes your complaint.)*

a. Pension is being or was deducted from salary but not paid into a pension plan.

b. No pension plan has been provided for you and no deductions have been taken.

c. Business does not have a pension plan.

d. I have reviewed my pension statement; however, my contributions do not match as some contributions are missing for certain periods.

e. Other: Please explain below: _____

Detailed Nature of Compliant: (*Please state in your own words the particulars surrounding your complaint below. Use additional sheets if necessary and attach them to this report. Please ensure that you initial and date each page accordingly.)*

Personal Statement:

This statement consisting of ( ) pages, signed by me, is true to the best of my knowledge and belief, and I make it knowing that if it is tendered in evidence, I shall be liable to prosecution if I have wilfully stated in it, anything which I know to be false, or do not believe to be true.

Complaint Details: _____