

# CAYMAN ISLAND'S SEAFARERS ASSOCIATION

**APPLICATION AND INFORMATION FOR MEMBERSHIP**

## **REQUIREMENTS FOR ENROLLING A SEAMAN OR VETERAN**

1. The following documents must be submitted to the Ministry of Finance & Economic Development to enrol a seaman or veteran:

- (a) A CINICO enrolment form completed, dated and signed by applicant
- (b) Evidence of membership in a Seamen's or Veterans' Association - obligatory for Seamen, recommended for Veterans
- (c) Copy of passport photo (Passport must be brought for inspection or have been certified by a JP or Notary Public).
- (d) Applicant's birth certificate – to prove that the applicant is 55 years or older and also to prove Caymanian Citizenship. If applicant has been born in the Cayman Islands (e) below is not applicable
- (e) Status Certificate or Letter of Acknowledgement of Status – if applicable i.e. not born in the Cayman Islands
- (f) Discharge or Service Papers/Affidavit – proof that the seaman first went to sea before 1<sup>st</sup> January 1985 or the veteran served in any armed force before 1973 – Discharge or Service papers obligatory for Veterans
- (g) Recent Utility bill in name of applicant; or letter from landlord stating that the individual rents from them *and* a Utility Bill in the landlord's name

## **REQUIREMENTS FOR ENROLLING A WIDOW OF A SEAMAN OR VETERAN – not previously enrolled under her deceased husband**

2. The following documents must be submitted to the Ministry of Finance & Economic Development to enrol the widow of a seaman or veteran:

- (a) A CINICO enrolment form completed, dated and signed by applicant
- (b) Evidence of deceased husband's membership in a Seamen's or Veterans' Association - obligatory for Seamen, recommended for Veterans
- (c) Copy of passport photo (Passport must be brought for inspection or have been certified by a JP or Notary Public).
- (d) Applicant's birth certificate
- (e) Husband's birth certificate – to prove that the deceased husband would be 55 years or older and also to prove Caymanian Citizenship. If deceased husband was born in the Cayman Islands (f) below is not applicable
- (f) Status Certificate or Letter of Acknowledgement of Status – if applicable i.e. not born in the Cayman Islands
- (g) Discharge or Service Papers/Affidavit for deceased husband – proof that the seaman first went to sea before 1<sup>st</sup>

January 1985 or the veteran served in any armed force before 1973 – Discharge or Service papers obligatory for Veterans

(h) Proof of relationship

i. For official marriage – A Marriage Certificate; or

ii. For common law marriage:

- An affidavit stating length of relationship as defined in the Health Insurance Law (2013 Revision) section 2 and referred to in paragraph 17 of this document; *and*

- A minimum of three supporting documents to prove living conditions

(i) Husband's death certificate

(j) Recent Utility bill in name of applicant; or letter from landlord stating that the individual rents from them *and*

a Utility Bill in the landlord's name

### **REQUIREMENTS FOR ENROLLING A SPOUSE OF A SEAMAN OR VETERAN**

3. The following documents must be submitted to the Ministry of Finance & Economic Development to enrol a spouse.

(a) Proof of relationship

i. For official marriage – A Marriage Certificate; or

ii. For common law marriage:

- An affidavit stating length of relationship as defined in the Health Insurance Law (2013 Revision) section 2 and referred to in paragraph 17 of this document; *and*

- A minimum of three supporting documents to prove living conditions

(b) Copy of passport photo of spouse (Passport must be brought for inspection or have been certified by a JP or Notary Public).

(c) Birth certificate of spouse

(d) A completed CINICO change of circumstance form

(e) Affidavit confirming the unemployed status of spouse where applicable.

### **REQUIREMENTS FOR ENROLLING CHILDREN, UNDER THE AGE OF 18, OF A SEAMAN OR VETERAN**

4. The following documents must be submitted to the Ministry of Finance & Economic Development to enrol children. Each child is to be end dated the day before his 18<sup>th</sup> birthday, unless they qualify for continuation of coverage as outlined in paragraph 26 subsection

(b) iv to (b) vi.

(a) Birth certificate of each child

(b) Marriage certificate of parents, where parents are, or were, married

(c) A completed CINICO change of circumstance form

### **REQUIREMENTS FOR CONTINUING ENROLMENT FOR A WIDOW OF A SEAMAN OR VETERAN – previously enrolled under her deceased husband**

5. The following documents must be submitted to the Ministry of Finance & Economic Development to continue the coverage of the widow of a seaman or veteran who was previously enrolled under her deceased husband:

(a) CINICO change of circumstance form

(b) Death certificate of husband

(c) To be copied from husband's file – All documents/forms

**REQUIREMENTS FOR CHANGES IN CIRCUMSTANCES**

6. The following documents must be submitted to the Ministry of Finance & Economic Development to make changes in the records.

(a) Change of Circumstance CINICO form;

(b) And document to prove change of circumstance:

i. Death of spouse or dependent - Copy of Death Certificate

ii. Adoption of child – same as the requirements for enrolling children of a seaman or veteran in paragraph 25 above but also must include a copy of Adoption Certificate

iii. Becoming a step-parent - Copy of Marriage Certificate and child's Birth Certificate.

iv. Child 18 or over but under 23 attending full-time School, Boarding School or College - Proof of attendance of full time education. If the child is over eighteen (18) years old but less than 23 years old, and attending School/College on a full time basis, then proof of payment and registration for courses must be provided for the September and January semesters. A mere acceptance letter is not proof of attendance. The student's coverage will be end-dated on 31<sup>st</sup> December and August 31<sup>st</sup> each year until proof of attending fulltime is submitted. To qualify as full-time the student must be taking at least 10 credit hours per semester.

v. Dependant offspring for mental or physical reasons – proof that the individual is mentally or physically dependant such as a doctor's letter

vi. Dependant offspring for financial reasons – an affidavit as proof that the individual is dependent on the primary for shelter or care; and birth certificate to prove person is between the ages of 18 and 30

vii. Change of name by deed poll - Copy of Deed Poll

viii. Spouse becomes employed – evidence of other health insurance, for example copy of contract detailing that health insurance is included

ix. Divorce/legal separation – divorce certificate or court order

# APPLICATION AND PROPOSAL FOR MEMBERSHIP

For Seaman and/or Wife (Widow)

## PERSONAL DATA OF SEAMAN/WIDOW.

Name: \_\_\_\_\_  
( Last) (Middle) (First)

Date of Birth: Day \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Years Spent At Sea (for Seamen): Start \_\_\_\_\_ End: \_\_\_\_\_ Company: \_\_\_\_\_

First and Last Ship (for Seamen) \_\_\_\_\_

Spouse Name \_\_\_\_\_ Place Of Birth \_\_\_\_\_

Spouse Date of Birth; Day \_\_\_\_\_ Month: \_\_\_\_\_ Year \_\_\_\_\_

Spouse Date of Death (for Widows): Day: \_\_\_\_\_ Month: \_\_\_\_\_ year \_\_\_\_\_

Death Certificate to be submitted for Widows Coverage

Mailing Address: PO Box: \_\_\_\_\_ Zip Codes: KY

Resident Address: \_\_\_\_\_  
Number Street Town Country

Phone Number: \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email Address: \_\_\_\_\_ Next of Kin: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

### IMPORTANT NOTE:

Please enclose a photo copy of Passport ID page, Plus Status paper of both parties., Marriage certificate or death certificate. And all relevant forms

This information is private and confidential and will not be used without the express consent of the above parties.

### **Affidavit and Proposal of Membership**

We the undersigned members of the Cayman Islands Seafarers Association do hereby swear and say that  
Mr/Ms. \_\_\_\_\_

Resident of the Cayman Islands

Is known by me and went to sea or is a Widow of a Seaman and propose him or her for membership to the  
Organization .

1). \_\_\_\_\_

2) \_\_\_\_\_

Sworn to me on this date \_\_\_\_\_

1) \_\_\_\_\_ X \_\_\_\_\_

Justice of the Peace.

Signature of Member

2) \_\_\_\_\_ X \_\_\_\_\_

Justice of the Peace

Signature of Member

Date \_\_\_\_\_

Official Use only: Pending/Approved/ Denied/ Revoked	Date :.....
Notes:	
Signatures:	



## HEALTH CARE COVERAGE ENROLLMENT & ELIGIBILITY FORM

1. Fill out this enrollment form carefully and completely.
2. Promptly return to CINICO either by hand or to P.O. Box 512 GT.
3. Keep CINICO informed of changes that could affect your benefits.

Group No:30101

Participant No: \_\_\_\_\_

New Enrollment: \_\_\_\_\_

Add: \_\_\_\_\_

Change: \_\_\_\_\_

### PARTICIPANT INFORMATION:

1. Name (Last, First, Middle): \_\_\_\_\_

2. Address (Street & P.O. Box): \_\_\_\_\_

District: \_\_\_\_\_

Island: \_\_\_\_\_

3. Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

4. Birth Date (dd/mm/yy): \_\_\_\_\_

5. Place of Birth (City and Country): \_\_\_\_\_

6. Home Telephone: \_\_\_\_\_

7. Work Telephone: \_\_\_\_\_

8. Cell Phone: \_\_\_\_\_

9. Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Separated \_\_\_\_\_

10. To which Association are you a member:

Veteran's Association of Cayman Brac & Little Cayman: \_\_\_\_\_ Seaman's Association of Cayman Brac & Little Cayman: \_\_\_\_\_

Cayman Islands Veteran's Association: \_\_\_\_\_ Cayman Islands Seafarer's Association: \_\_\_\_\_

11. If applying as a Seaman/Seafarer, please indicate the date on which you first went to sea: \_\_\_\_\_

Identify Spouse by completing items 12 through 18.

12. Spouse

13. Sex: (m/f)

14. Birth Date

15. Relationship

16. Other Insurance:  
YES\*\* NO

☐ ☐

17. Spouse's Employer and Complete Address (Please indicate if not employed): \_\_\_\_\_

18. Spouse's Health Plan Provider & Policy Number (if applicable): \_\_\_\_\_

**Note: Spouse is not eligible for coverage if employed and company has health plan coverage.**

### DEFINITIONS:

"Seaman" means a person who resides in the Islands and who: -

- a. Is a member of either the Veterans' and Seaman's Society of Cayman Brac and Little Cayman or of the Cayman Islands Seafarer's Association; and
- b. First went to sea before January 1<sup>st</sup>, 1985; and
- c. Was a Caymanian (as defined under the Immigration Law (2003 Revision) during the period of time when he was at sea.

"Veteran's Association" means the Cayman Islands Veterans Association.

**IMPORTANT: Please provide evidence of CURRENT membership of your Association.**

### \*\*OTHER INSURANCE INFORMATION (For Coordination of Benefits (COB):

List Dependent Name(s)	Coverage Type: Medicare, Medical or Dental	Insurance Company Name, Address & Phone #	Effective Date of Coverage

**\*\*Please include any Medicare coverage as well.**

**CHANGE OF INFORMATION:**

Change of Plan: From \_\_\_\_\_ To: \_\_\_\_\_

Change of Marital Status: From \_\_\_\_\_ To: \_\_\_\_\_

Change of Address: From \_\_\_\_\_ To: \_\_\_\_\_

Change of Name: From \_\_\_\_\_ To: \_\_\_\_\_

Other Change: Explain: \_\_\_\_\_

**PAYMENT INFORMATION:**

**Premiums are payable monthly on the first of the month, and the only acceptable methods of paying are Direct Debit, Postdated Cheque, Cash or Monthly Cheque. Failure to pay within 30 days of due date will lead to automatic termination from the Plan and you will be ineligible to rejoin the plan indefinitely.**

**Please note that cheques must be made payable to the Cayman Islands National Insurance Company Ltd.**

Method of Payment: Cash: \_\_\_\_\_ Cheque: \_\_\_\_\_ Direct Debit: \_\_\_\_\_ (Complete Mandate Attached)

I confirm the selection I made above. I understand that I cannot change or end my coverage until the next enrollment period, unless I have a change in family status. I also understand that any change in my coverage will be subject to the terms of the Plan.

Participant Signature:

Date:

**PARTICIPANT:** Please return the completed form with supporting documentation to the CINICO Eligibility Department by hand or to P.O. Box 512 GT. Please DO NOT Fax.





# CARE PAY CARD REGISTRATION FORM

Care Pay

Please print when filling out this form carefully and completely.

## PARTICIPANT INFORMATION:

1. Last Name:		First Name:		Middle Name:	
2. Street Address:		District:		P.O. Box #:	
3. Gender: Male      Female		4. Birth Date (dd/mm/yyyy):		5. Email Address:	
6. Home Telephone:		7. Work Telephone:		8. Cell Phone:	
9. Marital Status (please check one):      Single      Married      Divorced      Widowed      Separated					
10. Please check the level of coverage you desire:      Single Only      Couple      Single Parent & Child(ren)      Family					
11. Employer or Government Department Name (if applicable):				12. Employer Tel #:	

Identify Dependents by completing items 13 through 17. Only dependents listed below will be covered. (Omit if dependent coverage is NOT desired.)

13. Full Name(s) of Dependents	14. Relationship (Spouse / Child)	15. Gender (m/f)	16. Birth Date*	17. Other Insurance: YES**      NO
				<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>

\*If child is aged 18 and less than 23, attach full time student information

18. Spouse's Employer and Complete Address:
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19. Dependent Health Plan Provider Information**				
List Name(s) of Dependents	Insurance Company Name, Address & Phone #	Policy and Identification Number	Coverage Type: Medical or Dental	Effective Date of Coverage

20. Next of Kin:      Name:	Phone #:	PO Box:
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Signature \_\_\_\_\_ Date \_\_\_\_\_