

Declaration by Employee: I, _____
hereby declare that I understand the **limitations** as it pertains to my
benefit coverage.

In accordance with the **Benefit (Amendment) Regulations 2016**; the
following applies:

Regulation 5A

(2) The Plan will cover medical services in the Islands only, for the first
six months of registration with the Plan, for a beneficiary who holds a
work permit and his dependents.

(3) After the first six months mentioned in subregulation (2), such
beneficiary and his dependents shall be entitled to receive medical
services outside the Islands as follows—

(a) if he has made contributions to the Plan for 6 months to 2 years,
maximum coverage of \$200,000;

(b) if he has made contributions to the Plan for 2 years to 4 years,
maximum coverage of \$400,000;

(c) if he has made contributions to the Plan for 4 years to 6 years,
maximum coverage of \$600,000;

(d) if he has made contributions to the Plan for 6 years to 8 years,
maximum coverage of \$800,000;

(e) if he has made contributions to the Plan for 8 years to 10 years,
maximum coverage of \$1 million dollars;

(f) if he has made contributions to the Plan for greater than 10 years,
unlimited coverage.

Signed by: _____

Date (mm/dd/yyyy): _____