



THE  
**JAMAICA GAZETTE**  
**SUPPLEMENT**

**PROCLAMATIONS, RULES AND REGULATIONS**

4181

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Vol. CXLIII

FRIDAY, MAY 1, 2020

No. 74D<sup>1</sup>

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No. 74E<sup>1</sup>

Extract from the Minutes of the meeting of the Honourable House of Representatives held on Tuesday, April 28, 2020:

PUBLIC BUSINESS

Dr. Kenneth W. McNeill continued debate on the motion:

**THE TOURISM WORKERS PENSION ACT**

THE TOURISM WORKERS PENSION SCHEME REGULATIONS, 2020  
RESOLUTION

WHEREAS, by virtue of section 62(2)(a) of the Tourism Workers Pension Act (hereinafter referred to as "the Act"), the Minister may, after consultation with the Board and the Commission, make regulations for the enrolment and registration of members;

AND WHEREAS on the 30th day of March, 2020, the Minister, after consultation with the Board and the Commission, made the Tourism Workers Pension Scheme Regulations, 2020;

AND WHEREAS it is provided by section 62(3) of the Act that Regulations made under section 62(2) shall be subject to affirmative resolution:

NOW, THEREFORE, BE IT RESOLVED by the House of Representatives and the Senate as follows:

This Resolution may be cited as the Tourism Workers Pension Scheme Regulations, 2020, Resolution;

The Tourism Workers Pension Scheme Regulations, 2020, which were laid on the table of the House on the 31st day of March, 2020, are hereby affirmed.

The Honourable Edmund Bartlett, Minister of Tourism, then closed the debate on the motion.

Seconded by: Mr Leslie Campbell

Agreed to.

(The Honourable Nigel Andrew Lincoln Clarke, DPhii, MP, Minister of Finance and the Public Service, entered and took his seat.)

I certify that the above is a true extract from the Minutes.

HEATHER E. COOKE, JP, (MRS.)  
Clerk to the Houses

No. 74E<sup>2</sup>

Extract from the Minutes of the meeting of the Honourable House of Representatives held on Friday, May 1, 2020:

**PUBLIC BUSINESS**

The Honourable Senator Matthew Samuda, Minister without Portfolio in the Ministry of National Security, moved:

**THE TOURISM WORKERS PENSION ACT**

**THE TOURISM WORKERS PENSION SCHEME REGULATIONS, 2020  
RESOLUTION**

WHEREAS by virtue of section 62(2)(a) of the Tourism Workers Pension Act (hereinafter referred to as "the Act") the Minister may, after consultation with the Board and the Commission, make Regulations for the enrolment and registration of members:

AND WHEREAS on the 30th day of March, 2020, the Minister, after consultation with the Board and the Commission, make the Tourism Workers Pension Scheme Regulations, 2020:

AND WHEREAS it is provided by section 62(3) of the Act that Regulations made under section 62(2) shall be subject to affirmative resolution:

NOW THEREFORE, BE IT RESOLVED by the House of Representatives and the Senate as follows:—

1. This Resolution may be cited as the Tourism Workers Pension Scheme Regulations, 2020 Resolution.

2. The Tourism Workers Pension Scheme Regulations, 2020; which were laid on the table of the Senate on the 24th day of April, 2020, are hereby affirmed.

Senator Damion Crawford, Senator Kavan Gayle, Senator Dr Andre Haughton, Senator Donald Wehby, Senator Lambert Brown and Senator Wensworth Skeffery also spoke on the motion.

Seconded by: Senator Donald Wehby

Agreed to.

(Senator Sophia Lilleth Frazer-Binns entered and took her seat.)

I certify that the above is a true extract from the Minutes.

HEATHER E. COOKE, JP, (MRS.)  
Clerk to the Houses

### THE TOURISM WORKERS PENSION ACT

#### THE TOURISM WORKERS PENSION SCHEME REGULATIONS, 2020

In exercise of the power conferred upon the Minister by section 62 of the Tourism Workers Pension Act, and of every power hereunto enabling, the following Regulations are hereby made, after consultation with the Board and the Commission:—

- |   |  |
|---|--|
| Citation.                                       | 1. These Regulations may be cited as the Tourism Workers Pension Scheme Regulations, 2020.   |
| Tourism workers application form.               | 2. For the purpose of being enrolled as a member of the Scheme, every tourism worker shall make an application to the Board in the form set out as Form 1 in the Schedule.   |
| Form 1. Schedule                                |  |
| Self-employed tourism workers application form. | 3. For the purpose of being enrolled as a member of the Scheme, the application form that is required to be submitted by a self-employed tourism worker, in accordance with section 17 of the Act, shall be in the form set out as Form 2 in the Schedule. |
| Form 2.   |  |

Augmenta-  
tion of  
retirement  
benefits.

4.—(1) Subject to paragraph (2), where the Board decides to augment the retirement benefits of a member, pursuant to section 32 of the Act, the fund administrator shall—

- (a) provide the Board with a statement detailing the contributions made by, and on behalf of, a member and the frequency of such contributions; and
- (b) certify that the balance in the retirement savings account of the member is insufficient to purchase the prescribed minimum annual pension at the date of retirement of the member.

(2) A person shall only be eligible for consideration for an augmented pension, if the person enrolled as a member of the Scheme within the first three hundred and sixty-five days from the date of commencement of the Scheme.



SCHEDULE, *contd.*

Form 1, *contd.*

| Section C BENEFICIARY APPOINTMENT | Name of Nominated Beneficiary or Trustee* |          | Sex | D.O.B. | Relationship | Address | TRN | Tel. No. | % Share |
|-----------------------------------|---|----------|-----|--------|--------------|---------|-----|----------|---------|
|                                   | 1   | Trustee: |     |        |              |         |     |          |         |
| 2                                 | Nominated Beneficiary:                    |          |     |        |              |         |     |          |         |
|                                   | Trustee:                                  |          |     |        |              |         |     |          |         |
| 3                                 | Nominated Beneficiary:                    |          |     |        |              |         |     |          |         |
|                                   | Trustee:                                  |          |     |        |              |         |     |          |         |
| 4                                 | Nominated Beneficiary:                    |          |     |        |              |         |     |          |         |
|                                   | Trustee:                                  |          |     |        |              |         |     |          |         |

\*NOTE A Trustee must be appointed in respect of any beneficiary under the age of 18.

A Member may, at any time, change a nominated beneficiary, and, or, the amount allotted to each nominated beneficiary

Section D DECLARATION

**Politically Exposed Persons (PEP) or Public Figures:**  
 Do you, any immediate family or close associates, currently serve or previously served in the capacity of an official/senior official in the administrative, legislative or executive division of the government, military or judiciary of your country of residence or in any foreign country?  Yes  No

Do you, any immediate family or close associates, currently serve or previously served in the capacity of assistant commissioner or higher of the police force or as a senior executive of a state owned company of your country of residence or a foreign country?  Yes  No  
 If you have ticked "Yes" to any of the above, please state the capacity? \_\_\_\_\_

**Authorization, Declaration and Consent:**  
 I understand that the information provided in this form will enable the Administrator to manage operations and risks and allow for the enhancement of customer experience. I further comprehend that the information provided may be used to appease information requests of the regulators or in order to satisfy legal or regulatory requirements and hereby grant permission for the usage of the information for the purposes herein stated or as may be required from an operational standpoint.

I hereby apply for membership in the Tourism Workers Pension Scheme and declare that, to the best of my knowledge, the information given and the statements made in this application are complete and true. I also understand that failure to disclose important and material information may invalidate my membership in the scheme or affect future benefits.

In accordance with the Tourism Workers Pension Scheme Act, I hereby agree to pay my mandatory and voluntary contributions from my earnings as indicated, in Section B.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Witness: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR INTERNAL USE ONLY**

MEMBER ID#: \_\_\_\_\_ Effective Date of Participation: \_\_\_\_\_ TRN: \_\_\_\_\_

Index by Member ID Number, TRN and Name. Scan both pages of this document

TOURISM WORKERS PENSION SCHEME (TWPS)  
 "Board's Email address"

Dated this 30<sup>th</sup> day of March, 2020.

  
 Minister of Tourism

SCHEDULE, *contd.*

(Regulation 3)

Form 2

TWPS  
LOGO

TOURISM WORKERS PENSION SCHEME  
APPLICATION FORM – SELF-EMPLOYED TOURISM  
WORKER

Section A DETAILS OF MEMBER

Name:  Mr.  Mrs.  Miss \_\_\_\_\_  
First Middle Last Maiden

Marital Status: Single  Married  Divorced  Widowed  Separated  Sex:  F  M Date of Birth: DD \_\_\_\_ MM \_\_\_\_ YYYY \_\_\_\_

Name of Tourism Enterprise: \_\_\_\_\_

Address of Tourism Enterprise \_\_\_\_\_

Are you an active member of an Approved Retirement Scheme (ARS)? YES  NO

If yes, please indicate name of ARS \_\_\_\_\_

If yes, do you wish to discontinue contributing to the above ARS and enroll in the Tourism Workers Pension Scheme (TWPS)? YES  NO

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Declared Earnings: \$ \_\_\_\_\_ per annum

Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Telephone No: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Mobile) \_\_\_\_\_

ID Type \_\_\_\_\_ ID# \_\_\_\_\_ (valid copy must be attached) Expiry Date: DD \_\_\_\_ MM \_\_\_\_ YYYY \_\_\_\_

TRN: \_\_\_\_\_ NIS#: \_\_\_\_\_

Nationality: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Preferred method of correspondence:  E-mail  Postal mail  Text message  
 (If not ordinary resident in Jamaica, you are required to provide proof of your work permit for, or unconditional landing in Jamaica)

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

Relationship \_\_\_\_\_ Tel. No. (e): \_\_\_\_\_

Section B CONTRIBUTION DETAILS

Annual Contribution (Maximum Allowable 20% of Income; Mandatory three per cent (3%) of earnings: from January 31, 2020 to January 31, 2023 and five percent (5%) of earnings from January 31, 2023).

Mandatory Contribution (%) \_\_\_\_\_ Voluntary Contribution (%): \_\_\_\_\_

Self-Employed Tourism Worker 3% earnings followed by 5% earnings \_\_\_\_\_

I hereby agree to pay my Mandatory and Voluntary Contributions over to the Investment Manager in accordance with the TWPS Act.

Effective Date for First Payment: \_\_\_\_\_

SCHEDULE, *contd.*

Form 2, *contd.*

| Section C BENEFICIARY APPOINTMENT | Name of Nominated Beneficiary or Trustee* |                        | Sex | D.O.B. | Relationship | Address | TRN | Tel. No. | % Share |
|-----------------------------------|---|------------------------|-----|--------|--------------|---------|-----|----------|---------|
|                                   | 1   | Nominated Beneficiary: |     |        |              |         |     |          |         |
|                                   | Trustee:                                  |                        |     |        |              |         |     |          |         |
| 2                                 | Nominated Beneficiary:                    |                        |     |        |              |         |     |          |         |
|                                   | Trustee:                                  |                        |     |        |              |         |     |          |         |
| 3                                 | Nominated Beneficiary:                    |                        |     |        |              |         |     |          |         |
|                                   | Trustee:                                  |                        |     |        |              |         |     |          |         |
| 4                                 | Nominated Beneficiary:                    |                        |     |        |              |         |     |          |         |
|                                   | Trustee:                                  |                        |     |        |              |         |     |          |         |

\*NOTE A Trustee must be appointed in respect of any beneficiary under the age of 18.

A Member may, at any time, change a nominated beneficiary, and, or, the amount allotted to each nominated beneficiary

Section D DECLARATION

**Politically Exposed Persons (PEP) or Public Figures:**

Do you, any immediate family or close associates, currently serve or previously served in the capacity of an official/senior official in the administrative, legislative or executive division of the government, military or judiciary of your country of residence or in any foreign country?  Yes  No

Do you, any immediate family or close associates, currently serve or previously served in the capacity of assistant commissioner or higher of the police force or as a senior executive of a state owned company of your country of residence or a foreign country?  Yes  No  
If you have ticked "Yes" to any of the above, please state the capacity? \_\_\_\_\_

**Authorization, Declaration and Consent:**

I understand that the information provided in this form will enable the Administrator to manage operations and risks and allow for the enhancement of customer experience. I further comprehend that the information provided may be used to appease information requests of the regulators or in order to satisfy legal or regulatory requirements and hereby grant permission for the usage of the information for the purposes herein stated or as may be required from an operational standpoint.

I hereby apply for membership in the Tourism Workers Pension Scheme and declare that, to the best of my knowledge, the information given and the statements made in this application are complete and true. I also understand that failure to disclose important and material information may invalidate my membership in the scheme or affect future benefits.

In accordance with the Tourism Workers Pension Scheme Act, I hereby agree to pay my mandatory and voluntary contributions from my earnings as indicated, in Section B.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Witness: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_

FOR INTERNAL USE ONLY

MEMBER ID#: \_\_\_\_\_ Effective Date of Participation: \_\_\_\_\_ TRN: \_\_\_\_\_

Index by Member ID Number, TRN and Name. Scan both pages of this document

TOURISM WORKERS PENSION SCHEME (TWPS)

"Board's Email address"

Dated this 30<sup>th</sup> day of March, 2020.

  
Minister of Tourism

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Dated this 30th day of March, 2020.

EDMUND BARTLETT  
Minister of Tourism.

